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Chair

Mr. Royal Galipeau

Standing Committee on Veterans Affairs

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• (0850)

[English]

The Chair (Mr. Royal Galipeau (Ottawa—Orléans, CPC)): Good morning.

[Translation]

Good morning, Mr. Lemieux.

Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC): Good morning, Mr. Chair.

[English]

The Chair: I told the committee two weeks ago that my calendar showed today would be Holy Thursday. Today is Holy Thursday. At the end of the meeting, if anybody wants to have his feet washed, I have the bowl.

[Translation]

This bowl was handmade by Lynda Chénier, who makes pottery in Orleans. The entire history of Orleans is depicted on it, starting with the St. Joseph's church tower from 1860.

[English]

Before we wash feet today, we have some business to do.

Today is meeting number 44 of the Standing Committee on Veterans Affairs.

[Translation]

Today, we are continuing our study on the continuum of transition services.

We will be hearing from some distinguished guests, including Commodore Mark Watson, Director General of Morale and Welfare Services at the Department of National Defence.

[English]

As well we have two of his colleagues, Colonel Gérard Blais, director of casualty support management, and Phil Marcus, associate vice-president of operations, policy and product management. They're with us to discuss the service income security insurance plan, and we're very pleased they could come today.

I also wanted to advise the committee that I've received a letter from the chairman of the Standing Committee on Canadian Heritage, and I'd like to say a few words about that at the end of the meeting, before the washing of the feet.

Mr. Stoffer, you had a question. Do you want to ask it now?

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Yes, sir, if possible, very quickly.

The Chair: Go ahead.

Mr. Peter Stoffer: I just want to ask the parliamentary secretary something. A while back we had asked if it was possible to invite the minister or the deputy minister to come before committee. I'm wondering if there's been a date set for that.

Mr. Pierre Lemieux: Thank you for the question, Mr. Chair.

Certainly I note the request and I thank you for your patience.

We've had a couple of things. The first is that a number of meetings have been interrupted, as you know, by votes, so in a sense it was good that we had not booked an appearance then. Second, the minister has had a number of announcements. Those have required, of course, preparation as well as the announcements themselves. It's been a very busy time for him and his office. Third, we know the budget is coming up, so to my mind it would be appropriate for him to appear once the budget has been tabled.

Mr. Peter Stoffer: Thank you.

The Chair: I also wanted to advise the committee that I have received a request from the ombudsman to appear. We're arranging for that to happen, probably as soon as we come back.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Just quickly, Mr. Chair, on the first item, I would like to inform you that I've already taken my shoes off.

Mr. Ted Opitz (Etobicoke Centre, CPC): I can confirm, Mr. Chair, that he did that.

The Chair: I had a whiff of that already.

I suppose, Commodore, you will start.

Cmdre Mark Watson (Director General, Morale and Welfare Services, Department of National Defence): Yes, sir.

The Chair: We're just waiting with bated breath.

Cmdre Mark Watson: Thank you very much, sir.

Mr. Chairman and members of the committee, it's a great privilege to be here this morning.

I should explain that in the role of director general at morale and welfare services, I oversee an organization of over 5,000 people, made up mostly of non-publicly funded employees, followed by a limited number of public servants and military personnel.

In this role, I'm responsible for all the personnel support programs; our retail services, CANEX; our citizen financial services, better known as SISIP; casualty support management, or taking care of our wounded, ill, and injured; our military family services, or looking after our families; our support our troops program, which is all the various military charities; and as well, the Canadian Forces appreciation program.

I'm very pleased to have the opportunity to talk to you today about the transition programs and services provided by the Canadian Armed Forces to military personnel and their families as we help them successfully transition from the hands of the Canadian Armed Forces to their local communities and into the hands of Veterans Affairs.

Joining me today, as you mentioned, sir, are Colonel Gerry Blais, who is the director of casualty support management as well as the commanding officer of the joint personnel support unit, and Mr. Phil Marcus, assistant vice-president of operations at SISIP Financial.

When a Canadian Armed Forces member is seriously injured or suffers an illness to the extent that they cannot function in their regular duties, they are admitted into the care of our own program, consisting of three phases: recovery, rehabilitation, and reintegration. Administered by the 24 integrated personnel support centres, or IPSCs, across the country, this program is compassionate, tailored to the member's needs, and has no set timeline, as recovery from an illness or injury doesn't have a schedule.

In some individual cases, the post-recovery road to transition is measured in months because the member requests that the process be expedited in order to take advantage of employment opportunities that await them outside the military. In these cases, the process takes as little as six months. More typically, however, the path to recovery, rehabilitation, and reintegration is measured in years, from the point of injury to when our members no longer need our help.

We are extremely proud of the resilience and perseverance shown by our recovering personnel and how, through their will and determination, combined with the care and comfort we provide, they demonstrate that anyone can overcome their injury or illness and move on in their lives to do amazing things.

The reintegration phase of our Caring for Our Own program is a shared responsibility among the member, the medical staff, and the chain of command. As soon as a medical officer determines that the ill or injured person can begin to reintegrate, a return-to-duty plan is developed by the return-to-duty coordinator, in conjunction with the individual and their commanding officer. With the concurrence of the medical officer and the care team, the individual starts down the critical path of return to duty. The intensity and complexity of their assigned tasks increase as the member's condition continues to improve. The ultimate aim is to return the person to full duties.

This step is vital, as the individual gains therapeutic, psychological, and social benefits from their return and can actually recover more quickly. The purpose of reintegration is to reinstall confidence, self-esteem, and a sense of pride and self-worth, all key ingredients on the road to recovery.

Unfortunately, the medical limitations assigned to some of our ill and injured do not allow them to continue to pursue a military career,

as they no longer meet the conditions of universality of service. For those who transition to civilian life, DND and Veterans Affairs Canada staff begin to work together six months prior to their transition in order to ensure that the process is as smooth and as seamless as possible.

For those leaving with complex transition needs, an integrated personnel plan is prepared with the full involvement of the member and all the potential partners who can contribute. This plan ensures that measures are in place to facilitate the transition to health, education, future employment, and VAC supports. The member is strongly encouraged to bring family members to these planning sessions, as their involvement is critical to a smooth transition. Once the process is complete, the member signs a plan indicating agreement or why they do not believe the plan adequately addresses their needs. It is rather rare that a member does not agree with the proposed plan. If that does occur, a review of the plan is completed in order to address the concerns raised by that member.

The focal point for this effort is the joint personnel support unit and its 24 integrated personnel support centres, employing 117 civilians and 199 military staff and housing family, spiritual, social, and financial support specialists, along with health services, care managers, and Veterans Affairs staff, all in one location. This cohesive and collaborative approach has greatly facilitated the comprehensive care for our members and families.

The JPSU and integrated personnel support centre staff members are extremely dedicated and compassionate, and they do everything possible to ensure a smooth transition for those leaving the Canadian Armed Forces. For those transitioning from our care into the hands of Veterans Affairs due to medical employment limitations, we offer an extensive variety of programs and services to meet their specific needs. All individuals leaving for health reasons have the opportunity to participate in the vocational rehabilitation program for service members in the form of on-the-job training and an education upgrade program.

● (0855)

The service income security insurance plan, known as SISIP, the Canadian Armed Forces long-term disability, is a form of income replacement protection for military personnel, whether they are released for medical reasons or depart voluntarily. SISIP LTD, or long-term disability, is the Canadian Armed Forces disability insurance program. It is similar to all other public service disability plans. Treasury Board is the benefit plan sponsor and is responsible for establishing and modifying the plans and developing policy. Each group benefit plan has a principal administrator, and SISIP is the administrator of the Canadian Armed Forces long-term disability plan.

The program offers the same benefits to all service-related and non-service-related disabled personnel. Personnel who leave the Canadian Armed Forces due to medical limitations receive income support for up to 24 months, or age 65 if unable to return to work. Those who leave of their own volition are eligible for the same benefit if they are deemed to be totally disabled.

A component of this program is SISIP's vocational rehabilitation program, which enables participants to restore or establish their vocational capacity to prepare them for suitable gainful employment in the civilian workforce. The vocational rehab program, or VRP, focuses on the veteran's abilities, interests, and medical limitations and on the potential economic viability of their chosen path to help establish their future. SISIP VRP support can start up to six months prior to release, and is often coordinated with the member and the Canadian Armed Forces VRP program to ensure continuity after release.

My organization is also the portal for third party agencies who wish to assist Canadian Armed Forces members with job opportunities. For example, our latest initiative is the military employment transition program, or MET, a three-partner initiative jointly pursued by the Canadian Armed Forces, Veterans Affairs, and Canada Company. Through this endeavour, more than 200 employer partners are offering jobs to veterans through the "10,000 jobs in 10 years" campaign. Currently there are more jobs than applicants, but that's because we're in the early stages of this program.

We are also working diligently to provide post-service employment opportunities on a wide variety of fronts. For example, Prospect, another not-for-profit enterprise based in western Canada, has an 85% success rate in securing employment for ill and injured veterans in the Edmonton area. It offers follow-up coaching services to both the employer and the employee. This program will soon be piloted in other parts of the country.

Under the auspices of the Prince's Charities, one-week university-based training is available for those who wish to establish their own business. As well, ongoing follow-up assistance is available free of charge.

Helmets to Hardhats offers apprenticeship programs to achieve a journeyman qualification in the building and construction trades, as well as potential management opportunities in the industry. In addition, we continue to work to obtain Red Seal qualifications for as many of our trades as possible to facilitate direct post-military employment in similar civilian occupations.

We also continue to work with the Canadian Franchise Association to explore franchisee opportunities at favourable terms for those who would like to explore this second career avenue.

Regrettably, time does not allow me to describe to you in detail the breadth and depth of many of the transition programs we offer to all military personnel. We will continue to explore opportunities to ensure that members are provided with every possible opportunity to leave the Canadian Armed Forces with the knowledge that there's a wide array of opportunities available for them to launch their second careers.

I'm available, sir, to answer any questions at this time.

● (0900)

The Chair: Thank you very much.

[*Translation*]

Mr. Blais and Mr. Marcus, would you like to comment?

[*English*]

Mr. Stoffer.

Mr. Peter Stoffer: Thank you, Mr. Chair.

I thank all of you very much for coming today.

Sir, in your opening statement you indicated that you had partial responsibility for military family services. Does that also include military family resource centres?

Cmdre Mark Watson: Yes, sir. The director of military family services oversees the funding for the military family resource centres in Canada. We provide roughly 80% of their funding. We provide guidance to them, but as you know, each MFRC is independently monitored.

Mr. Peter Stoffer: Right. Exactly.

Now, recently the government made an announcement with three ministers in Halifax about an expansion of mental health services across the country over a certain period of time. One of the effects of that announcement was that for a veteran, obviously when you're in the service you can use military family resource centres, but you lose that ability when you leave the CAF. Part of that announcement was to allow veterans and their families access to military family resource centres as they leave the CAF in that regard.

From my conversations with some of the MFRCs, they haven't been given that initiative or directive yet. Do you know when those announcements may be coming so that MFRCs will be able to have the human and financial resources in order to assist those in the veteran community and their families as well?

Cmdre Mark Watson: Yes, sir. We're working very closely with Veterans Affairs Canada to identify those resources. We've been working with them. We're giving the information, as it becomes known to us, to our military family resource centres. We hope to have all this in place by later on this year.

Mr. Peter Stoffer: Very good.

You talked about the rehabilitation program and the recovery program for the veteran. You ask them to include the family when they're leaving, but do you include the family as well when they go through the rehabilitation process?

Cmdre Mark Watson: As much as possible.

Mr. Peter Stoffer: Thank you.

Sir, it says here "the member signs the plan indicating his agreement" to the plan. Obviously the person signs on to the program and then they leave. But if a person is suffering from an OSI or PTSD, I would assume that they may not have the full mental capacity to fully understand what they're signing. Are there allowances for them to seek additional assistance or delay signing an agreement until they're fully capable of fully understanding what they're signing?

Cmdre Mark Watson: I'll ask Colonel Blais to respond. He is more detailed in that area.

Col Gérard Blais (Director, Casualty Support Management, Department of National Defence): Absolutely. When an individual is brought in to do their integrated transition plan, their medical case manager is actually at the table with them and is fully conversant with their medical situation. The individual is also encouraged to bring in his family, so his spouse would be with him as well.

If at any time there are changes in circumstances, and we've done this on a number of occasions, such as a change in a person's prognosis or in their situation, that plan can be revised at any time.

Mr. Peter Stoffer: Thank you very much.

I hope you and your families have a good Easter as well.

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

Mr. Lemieux, are you ready?

Mr. Pierre Lemieux: Yes, Chair, I am.

I would like to thank the witnesses for coming today. I know it's been an extremely busy time, so I'm glad we were able to lock in this meeting.

I just want to confirm some information.

First, what SISIP offers to members is that when they release, if they have an injury due to service or not due to service, SISIP is there for them. It's there for them for the first two years, and if it's a disability from which they cannot return to work, it's there until the age of 65. Would that be right?

• (0905)

Mr. Phil Marcus (Associate Vice-President, Operations Policy and Product Management, Department of National Defence): Yes, that's absolutely correct. Any initial benefit for service-related or non-service-related disability benefit is up to 24 months, and they will continue to age 65 if the person is totally disabled and incapable of engaging in either vocational rehabilitation or of returning to work.

Mr. Pierre Lemieux: This is particularly valuable because it covers non-service-related injuries.

Mr. Phil Marcus: That's correct.

Mr. Pierre Lemieux: Okay. So the person is in the service, but their injury could have been due to a car accident at a shopping mall on a Saturday afternoon. It was not service-related, but they were injured while they were with the military. They're covered by SISIP.

Mr. Phil Marcus: Correct. It's the same as the public service coverage.

Mr. Pierre Lemieux: All right.

During those first two years, or up to the age of 65, SISIP covers 75% of their salary before they left...or just as they were leaving the forces.

Mr. Phil Marcus: Correct.

Mr. Pierre Lemieux: What happens when someone is medically released and they have an injury related to service? They actually have a choice, I would guess; or maybe you could explain this to us.

They could go to SISIP, because they have an injury that is related to service—you cover that as well—or they could go to VAC.

What's the step forward for that? What does the member normally choose? Is it completely up to them? What does the system say to them?

Mr. Phil Marcus: I understand your question.

According to Treasury Board, and according to the program arrangement or agreement that was signed between the Department of National Defence and Veterans Affairs Canada in 2006, re-signed in 2012, Treasury Board's agreement on this issue is that because this is the employer-sponsored disability program, the SISIP LTD program is first payer.

So if anyone is eligible for those benefits, they must, or they should, come to SISIP first.

Mr. Pierre Lemieux: Right.

Mr. Phil Marcus: Obviously we have no control if people choose to do other things and are accepted into other programs. We can't control that.

Mr. Pierre Lemieux: So DND is the employer and SISIP is a DND-managed program. VAC programs are other programs.

Mr. Phil Marcus: Correct.

Mr. Pierre Lemieux: And you're saying that most or all cases will go through SISIP first, and then transition into VAC.

Mr. Phil Marcus: Correct.

Mr. Pierre Lemieux: Okay.

Now, DND is the owner of SISIP, but we see Manulife on the forms. What's the role of Manulife with respect to DND and the administration of SISIP?

Mr. Phil Marcus: In all government-supported disability plans—I'm reading from the Treasury Board cover page on public service benefit plans—Treasury Board is the benefit plan sponsor. In all of these plans, they pay the lion's share of premiums to the different insurers who cover employees of different departments.

In addition to that, each group benefit plan has a principal administrator. In this case, SISIP was created to administer this plan on behalf of the CAF members and an insurer; in this case, Manulife is the LTD insurance provider.

Mr. Pierre Lemieux: Who has the most interaction with the veteran? Is it SISIP? Is it Manulife? Is it DND? Is there a coordinated response?

If I'm a veteran, and I'm injured either due to service or not due to service, and I want to start interacting with SISIP, who will I be talking to, let's say, first, second, and third? How is that coordinated for the veterans so they have a clear understanding of what SISIP is doing for them?

Mr. Phil Marcus: It depends at which stage of their injury they're at. Do you want to discuss the initial stage?

Mr. Pierre Lemieux: Sure.

Mr. Phil Marcus: I would refer you to Colonel Blais, and then we'll take on the last stage prior to release.

Mr. Pierre Lemieux: Okay. Let's go with both stages.

Col Gérard Blais: In the initial stage the person comes into the integrated personnel support centre. We listen to everything they have to say to analyze all of their various needs. If insurance or vocational rehabilitation is needed, they are then sent to the SISIP representative on the base. At that point they discuss the individual's insurance needs.

Mr. Phil Marcus: On the SISIP side, when a member does get an effective date of release, we engage with them up to six months prior to that date to establish the continuity of the vocational rehabilitation plan.

As well, we encourage them to fill out their LTD application. That application is adjudicated within a week or two after release, assuming we have all the information. Then they deal with a separate cell within Manulife, which is called Manulife/SISIP Services. These people are exclusive to the operation of this program. There are case managers, vocational rehabilitation case managers, and LTD case managers for every case within the program.

• (0910)

Mr. Pierre Lemieux: Perhaps I could ask just one last question.

A veteran leaves the Canadian Forces. In his mind, he is not injured and his body is not injured. One year later, he has an injury that he wants to make the system aware of. His release has already happened. He could go through SISIP. He could go through VAC. He would be obligated to go to SISIP first under those circumstances as well, because SISIP pays first. Is that the thinking?

Mr. Phil Marcus: That is the principle. However, both SISIP and VAC policies on LTD and VAC ELB state that there is a point of entry outside of the 120-day application period, which is the standard policy period within which someone should apply.

For example, latent PTSD is very recognized.

Mr. Pierre Lemieux: Yes.

Mr. Phil Marcus: Someone could come in and say they are now suffering the effects of their military engagement. If they can prove that and we can show that through medical and psychological evaluations, then we will reactivate the claim as if it had happened at the date of release.

Mr. Pierre Lemieux: Okay. Good.

The Chair: Mr. Valeriot.

Mr. Frank Valeriot (Guelph, Lib.): Thank you, Chair.

Thank you, gentlemen, for appearing before us.

Mr. Lemieux and Mr. Stoffer have been pretty thorough in their examination of the financial services that are available to our forces members. Are any of you able to discuss the non-financial services that are available, the psychological services that would be available through any of these programs for someone who may have suffered from PTSD?

Cmdre Mark Watson: I'm not exactly sure how to answer that question. For example, I oversee several charities under the "support our troops" umbrella. We have Soldier On, which provides support to serving or retired personnel and to veterans who have suffered mental or physical injuries to get them back into sports and athleticism. We provide supports by buying them physical training

equipment or sending them to various training camps, such as fly fishing or skiing camps, and we do that with our allies as well.

Mr. Frank Valeriot: Would you be able to answer questions on getting access to one of the OSI treatment centres across Canada?

Col Gérard Blais: The mental health questions would be best addressed to the surgeon general, because they control those services. However, one psychological service we do offer through our programs is operational stress injury peer support, in which we have hired as public servants a number of people who have suffered operational stress injuries themselves.

Once they have had the chance to get better and their physician certifies that they are better, they come back and are hired as peer support coordinators. They meet one-on-one with individuals. They are not clinical in any sense, but they listen to people and they refer them to the services they need. Very often those suffering from post-traumatic stress are much more open to listening to one of their peers. When they get this service, they then find their way into the medical system to actually be referred to one of the clinics.

Mr. Frank Valeriot: You're familiar with the term "skills translator", and I understand from reading the document that you presented to us today that there are some great programs out there through third parties like Prospect, which is based, I think, in Edmonton. We heard about that the other day and it seems to be a great example of an efficient, effective model that could be adopted.

We've had people from the United States come before us, including a former admiral you may be familiar with, who has engaged with Monster.com, which has adopted a computer program that will better translate the skills of an active forces member into those associated with a potential job. I remember being out at Wainwright for five days and then on the HMCS *St. John's*, and I was just amazed at the skills that are learned by our forces members when they're on active service that could better be used in the industry for things way beyond security positions. I have a concern that sometimes we rely too heavily on organizations like Prospect or Canada Company, third party agencies that have to raise money independently of government sources to help our forces transfer into private industry.

Do you see the value of a Monster.com kind of protocol being introduced into the forces so that our force members, more quickly, more ably, have translation services and are linked to the various programs that are out there—I'm not saying it's all up to government—so that we have better use of our resources and a better opportunity for our forces members to find jobs?

●(0915)

Cmdre Mark Watson: We've had discussions with Monster.com over the last couple of years, but they deal with the American military. The American military is so mammoth. It's very different from what we have in Canada with our limited number of people retiring each year. There are two trains of thought. One is that we need the translator to explain to people what we do, and the other is that some people would rather do one-on-one counselling in which we can find what the person wants to do with his skill set and then work individually. A lot of the time, that's what Prospect and Canada Company are doing. They work individually as opposed to putting information into a computer and pumping it out.

Having said that, we are working closely to accredit a lot of our programs as Red Seal programs, or programs for journeyman cooks, and all the others through our Canadian Defence Academy, and we're also looking to make sure that various trades are being recognized by various professional institutions across Canada. We are working towards the same, if you want, desires, as Monster.com is. We're not necessarily working through their system, but I think we're achieving the same effects.

Mr. Frank Valeriote: Thank you.

Col Gérard Blais: We are also working with Human Resources Development Canada and Veterans Affairs to develop a skills translator. We're examining this public option first before we potentially look down the road at a private sector option.

Mr. Frank Valeriote: I'm just curious. Given that they already have the translator, and they told us what the cost was, which was, frankly, quite minimal, why would we try to reinvent the wheel when there's something available right there in front of us?

Col Gérard Blais: The solution that's offered in the States would not be identical to the Canadian model. Our trades and the officer classifications are quite different in a lot of cases, and it wouldn't be just as simple as taking an off-the-shelf solution and importing it here. It would require a lot of extra work done, and as you can imagine, any IT work does tend to become quite expensive.

The Chair: Mr. Hawn.

Hon. Laurie Hawn (Edmonton Centre, CPC): Just to follow up on the conversation with the Admiral, the numbers you were given were to get us in the door. If we were going to do a follow-on program it would get a lot more expensive than that.

I have a point on the MFRCs. I visited the MFRC in Halifax recently, and I'm from Edmonton and I spent time with the MFRC there. They seem to be pretty aware of taking on the veterans and they seem to be already moving in that direction. Maybe they're just doing it on their own initiative without waiting for direction, which I think is a good thing.

When somebody comes back after being away—they missed the 120 days point—and a couple of years later they say they're suffering now, and so on, we allow them to come back and obviously assess them and so on. One of the things that have always concerned me is burden of proof. I have a feeling that sometimes we set the burden of proof too high. I have seen, in the last couple of years, a more reasonable standard applied such that maybe someone can't prove it medically 100%, but it's a reasonable assumption or conclusion that their current condition is related to being there.

How hard are we being on burden of proof and are we softening on that?

Mr. Marcus.

Mr. Phil Marcus: The burden of proof is based on policy, which once again I'm going to say is sort of governed by Treasury Board policy. The LTD policy itself is quite clear that you have to demonstrate that, number one, your current condition was related to military service, or that it was not related to military service but you are totally disabled, and both of those conditions satisfy the requirement and the policy that you cannot work. As long as you cannot work and you can demonstrate that through either physical, psychological, or other evaluations, then you are eligible for the benefit.

Hon. Laurie Hawn: So there is room in the process, I hope, for somebody to say, maybe strictly against policy, "You can't prove that, but you know what? That is reasonable". Is there room for that?

Mr. Phil Marcus: Because the SISIP, LTD, and life insurance policies are owned by the CDS, it gives the CAF through SISIP a unique advantage in the management of life and disability insurance cases, where through delegated authority under CDS, SISIP has the authority to overturn Manulife decisions. Our job is to look at the second level of appeal for all those cases and to always try to find a way to give people benefits, if they're deserving of those.

●(0920)

Hon. Laurie Hawn: Good, that's what I wanted to hear. I've heard some cases where that has been applied quite effectively.

You mentioned that people should go to SISIP first, but they can go to VAC and bypass this altogether. How often does that happen? I'm not sure who would be the best to answer that.

Mr. Phil Marcus: We don't know that. You would have to ask VAC that.

Hon. Laurie Hawn: Okay.

Do the other two witnesses have any insight on that?

Cmdre Mark Watson: No, sir.

Hon. Laurie Hawn: Okay. It hasn't caused SISIP a problem from your knowledge. You may not know, I guess.

Mr. Phil Marcus: Because we don't know, the only thing I can say is that maybe some day it will cause concern at Treasury Board.

Hon. Laurie Hawn: Okay.

Talking about the peer program, and peers, in my experience, are the best folks to provide actual counselling, non-professional, but very effective. Are we short of peers? Are peers coming forward? Are they readily available, Colonel Blais?

Col Gérard Blais: As a matter of fact, they are. We have 53 on staff at the moment. Veterans Affairs is looking to add another 15 on the family side as well in the near future. We also have a robust network of about 120 volunteers who provide peer support. We also have the peer support program for families of the fallen, called the HOPE program. Other than one public servant who manages it, it is all volunteers, families, who have lost a loved one in service.

Our program at the moment is quite robust.

Hon. Laurie Hawn: Those are spread across the country, the numbers you gave.

Col Gérard Blais: They are, sir.

Hon. Laurie Hawn: How do we deal with...? This is always one of the difficult situations, particularly with reservists. Somebody who's from Timmins, for the sake of argument, how difficult is it to get some peer support for a person there?

Col Gérard Blais: It is not. We would provide the service first by telephone, and if there's a need, a sort of a crisis situation, we have not hesitated at any time to send somebody to the individual to provide them with the support they need.

Hon. Laurie Hawn: And we have a budget for that.

Col Gérard Blais: Yes, we do.

Hon. Laurie Hawn: Good. One of the things we've looked at a lot on this committee with all of the things that VAC offers and now all the things that SISIP offers, and some of them are not in conflict but they're sort of operating side by side, is how to find the best ways to align that so that it is seamless. SISIP picks up this part, VAC picks up this part, or whatever. How far along are we on that because it can get pretty complicated?

I guess Mark or—

Cmdre Mark Watson: Are you referring to between VAC and us, or within my organization?

Hon. Laurie Hawn: Between the VAC benefits and the SISIP benefits, because they're not stacked. Some come in here; some come in there.

Cmdre Mark Watson: I should say we work very closely with Veterans Affairs. The Veterans Affairs liaison officer is on my staff. I'll just talk first about SISIP and the joint personnel support unit. They work very closely together because they're just down the hall. We've overcome the silos and they work very efficiently.

At the integrated personnel support centres, in the field we have Veterans Affairs personnel actually situated with our military personnel and our public servants to work cohesively. I think over the last several years we've actually done a great deal to eliminate any problems of duplication.

I think what you're also referring to, sir, is some of the perceived duplications. We're working now with Veterans Affairs to examine areas to make sure things are more seamless.

Hon. Laurie Hawn: Okay, good.

How am I doing, Mr. Chair?

The Chair: You're over.

Mr. Chicoine.

[*Translation*]

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

I also want to thank the witnesses for being here this morning.

Mr. Hawn started talking about this, as did Mr. Lemieux.

I'd first like to ask a simple question. Do you know approximately how many military members retire annually?

Col Gérard Blais: About 5,000 people retire, 1,200 of whom do so for health reasons.

Mr. Sylvain Chicoine: Great. Thank you.

Could you explain some differences to me? I gather that there are differences between rehabilitation services available to military members under the Service Income Security Insurance Plan, or SISIP, and those available through Veterans Affairs Canada.

What are the major differences between rehabilitation services received through SISIP and those received through Veterans Affairs Canada?

Mr. Phil Marcus: Two years ago, a change was made to the rehabilitation services at Veterans Affairs Canada. An envelope approach is now used, where a total benefit amount is provided to cover the costs of providing services to an individual for a maximum period of four years. SISIP's disability policy uses a different approach, and no changes have been made so as to harmonize it with the VAC program.

As I said earlier, our approach is based on the initial 24 months, and that includes a specific amount for education, travel, Internet, book and other costs. Frankly, the amounts and the approaches are very similar. The Veterans Affairs Canada program was actually created in 2006 with the SISIP program serving as a model.

● (0925)

Mr. Sylvain Chicoine: So there is no major difference. Military members can obtain roughly the same rehabilitation services in both cases.

Mr. Phil Marcus: They can, in principle, but the program for veterans is administered by Canada Company.

Col Gérard Blais: Canada Company is an independent body.

Mr. Phil Marcus: Exactly.

Col Gérard Blais: I am not familiar with the details of their operations.

Mr. Sylvain Chicoine: The ombudsman has occasionally criticized the rehabilitation services in the past. Military members are often retrained based on their skills. Shortly after the latest ombudsman's report was published, the minister responded with an announcement. Of course, more funding has been set aside to help military members pursue a university education.

Do you have any statistics on what has been happening since that announcement? Do more military members have access to a university education than previously?

Mr. Phil Marcus: I am not familiar with the Veterans Affairs Canada figures, but our figures show that, on average—without getting too specific—less than 10% want to take university courses.

Mr. Sylvain Chicoine: Less than 10%.

Mr. Phil Marcus: It's much less than 10%. I think it may even be less than 5%.

The rehabilitation program is not based solely on the experience and training members acquire during their military career. That's not how our approach works.

First, the point of our approach is rather to determine what the members are capable of doing based on their life experience, and not only based on their military experience.

Second, we try to figure out what the members can do in spite of any medical limitations they may have.

Third, we want to know what their interests are.

Those three criteria are used to develop an education plan with each member.

Mr. Sylvain Chicoine: If I understand correctly, not too much has changed on your side since that announcement.

Mr. Phil Marcus: Not really. Of course, it's always a good thing when the authorities want to create an envelope and provide more funding.

Mr. Sylvain Chicoine: That announcement probably affected the rehabilitation services at Veterans Affairs Canada.

Mr. Phil Marcus: It affected the envelope approach Veterans Affairs Canada adopted two years ago.

Mr. Sylvain Chicoine: Thank you very much.

Mr. Phil Marcus: You're welcome.

[English]

The Chair: Mr. Hayes.

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

This may be out of your purview, but I'm not sure. I don't know who I'm directing this to, but I want to understand what determines a medical release. Some injuries are obvious, and for most folks who are injured, it's self-referral. They'll come and say they need help.

I expect that there are situations where an individual is asked to leave the armed forces because it is determined by somebody that the person has a physical disability or an injury that means they are no longer capable of continuing service in the military. Are there

situations like that? Who determines a medical release in a situation like that? How is it determined?

Cmdre Mark Watson: Sir, I think the best people to ask are the medical community. We don't really deal with the releases. The surgeon general would probably be the ideal person to answer.

Mr. Bryan Hayes: Do you all agree with that?

Mr. Blais, it looked like you wanted to add something.

Col Gérard Blais: I can explain the actual process to a certain extent. A person reports to the doctor and the doctor would assign what is called a medical category. That relates, basically, to what parts of your job you can and cannot do for a certain period of time. You get one, possibly two, or three 6-month temporary categories, and at that time, once you've stabilized, the doctor assigns a permanent category.

If it meets the needs of your military occupation, then fine, you go back to work and all is solved. If not, the file goes up to the director of military career administration and they, with the employment limitations assigned by the medical community, decide whether or not a person meets the universality of service principle and whether they also meet the bona fide trade requirements. Based on that, a decision is made as to whether you can stay in your own military occupation, whether you could be transferred to another military occupation, or whether you should be released.

● (0930)

Mr. Bryan Hayes: Very good.

If it's determined that an individual should be released and therefore is eligible for SISIP, how long is the wait time to actually receive that first SISIP payment? What is that process from start to finish, payment in hand?

Mr. Phil Marcus: I'm going to assume that the application is filled out and that all the medical information has been passed on to Manulife case managers to do the case adjudication. If that's the case, within a month the person has their benefit.

Mr. Bryan Hayes: The adjudication by Manulife, how long is that process? Again, we're talking about an individual who has been medically released.

Mr. Phil Marcus: Yes. We encourage people to apply before their medical release, so that way we have all that information in hand. If all goes well—again, we can't control medical information transfers, doctors filling in their attending physician reports, and so forth—within a week or two we have a decision.

Mr. Bryan Hayes: So here's the rub. As a member of Parliament, we deal with constituents all the time who come in with concerns. If a constituent comes in with a concern to me, as a member of Parliament, and his concern is specific to SISIP, and his concern is, "Bryan, I need you to help me out here. I've been told that I have to be medically released. It's going to take five months before I receive my first payment. That's what I am being told."

Now I'm hearing that shouldn't be the case. As an MP, if I were going to assist that constituent, how would I go about doing that? Who would I contact? Is there a SISIP person I would speak with? How would I direct a constituent in a circumstance like that?

Mr. Phil Marcus: We deal with ministerial inquiries all the time. They go through the chain of command and they end up with me, usually.

To answer your question, I think you used the words, “If someone is waiting for their release”, which means they're still on salary.

Mr. Bryan Hayes: Yes, I would expect they're still on salary.

Mr. Phil Marcus: Therefore, why would they want disability benefits while they're still on full salary?

Mr. Bryan Hayes: Well, I don't think they're going to be on salary for very much longer. I think their release is imminent and they've been told it's a five-month wait period.

Mr. Phil Marcus: By whom?

Mr. Bryan Hayes: That's a good question. You've answered my question in terms of where I need to go, so I'm very good with that.

Cmdre Mark Watson: Sir, could I just elaborate on one point?

Mr. Bryan Hayes: Sure.

Cmdre Mark Watson: A lot of times people say they're looking for benefits. There is a difference between what Veterans Affairs offers and what we do. SISIP is insurance. They're very expeditious. There are very few layers.

Mr. Bryan Hayes: Yes, this was specific to SISIP.

Cmdre Mark Watson: SISIP specific, we're very quick.

Mr. Bryan Hayes: Very good.

Do you gentlemen have any recommendations in terms of improvements that you feel should be made to the SISIP system, the benefits system specific to your role, something that legislatively you feel would benefit veterans, that you feel we as members of Parliament should be bringing forward to make the system better?

Mr. Phil Marcus: SISIP specific, I can say that, based on the comments some of your colleagues have made so far today on the alignment of benefits, it is the government's responsibility to ensure that benefits are aligned. We would like to see that happen. Those things take time. They require Treasury Board oversight, TB submissions, government agreement, cost expenditures, and those things.

I'm confident it will happen over time, but that's a constant battle because you have different providers of different benefits, and you want to make sure that level of parity is maintained.

Mr. Bryan Hayes: Does anybody want to add to that?

Cmdre Mark Watson: I'll add to it from my perspective. I'm just finishing my third year in this job. The support that our IPSCs are providing is the envy of many other western countries, I'll tell you that. When we talk about it, and when I talk to the people who are receiving the benefits, the number of accolades our staff get far outnumber any complaints. On the systems side, because it's so robust and able to respond so quickly, we get a lot of compliments as well.

I think that a lot of the time the only thing I can do is educate people on what our staff is doing on morale and for services, because they are providing great services out there. You do hear horror stories, but a lot of the time it has nothing to do with these people. It's something else in another realm.

● (0935)

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

[*Translation*]

The Chair: Mr. Lizon, go ahead.

[*English*]

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

Thanks to all of you for coming here and thank you for your service.

I have a follow-up to a question that my colleague asked about medical release, but I want to ask the question differently.

On the determination of medical release, I would assume—I don't know whether it's true or not because I'm not familiar with it—that the determination now is different from what it was for a person 50 years ago in the Canadian army who was deemed to have a medical release. The way the army has changed—the duties have changed and there's progress on the technology, etc.—probably makes it easier for people with certain injuries to keep serving if they choose to do so.

Can you comment on this? How has it changed? I've heard a Second World War story about a fighter pilot who lost both legs and eventually was able, with two artificial legs, to fly a plane on combat missions. Is there an effort made within the army so that if a person with serious injuries is determined to serve, he can serve?

Col Gérard Blais: Definitely. When somebody gets into the rehabilitation program while they're still serving, our first goal is to return them to duty. That is the very first thing we want to do. If there's any way we can retain the member, that's our objective.

The criteria do change regularly. Our health services constantly review literature. For example, two or three years ago, I believe, a revised chart was presented to the Armed Forces Council, and now, for heart treatments and other conditions that were once an automatic release, you can be retained in the forces, depending on what medicine you're taking and the severity of the condition.

This is constantly examined with regard to new medical practices, etc., to ensure that the benefit of the doubt goes to the member. Also, that's for the well-being of the Canadian Forces, because we want to keep our people.

Mr. Wladyslaw Lizon: Thank you.

Second, in your presentation, you stated that you have 24 integrated personnel support centres employing 117 civilians and 199 military staff and housing spiritual support specialists, etc. Is that enough? I would assume that this is a demand-driven service that you provide. Therefore, at some point you may need more, or you may need less. How does it change? What flexibility do you have in hiring people if you need more services?

Col Gérard Blais: There's an ongoing review of the number of staff. At the moment, the chief of review services for the Department of National Defence is looking at the joint personnel support unit to examine the governance and the structure of the unit. Based on that, we are going to the program management board to look at the resources assigned to the unit and to determine if it's the right number, if more should be assigned, and if the manner in which we are organized should be different or not.

Mr. Wladyslaw Lizon: We've heard from many witnesses before now that there is an information gap between the services you provide for serving members and the services when they go through a transition period. They're not fully aware of what they are entitled to when they become clients of Veterans Affairs. Do you have any suggestions for how the system should improve so that those people leaving the Canadian Armed Forces are fully informed?

I don't know whether there's something that should happen after they are released. Sometimes, as you know, people don't really pay attention or full attention to what they are presented with, even if you have presentation sessions, because they're in a state of mind that makes them maybe not able to fully understand. Then, when they realize the situation they're in after they leave...maybe there is something that's missing there and they should be helped. Do you have any suggestions on how it should happen? We're always hearing from many witnesses and many groups about the information gap. How should we address it?

• (0940)

Cmdre Mark Watson: Communication marketing is extremely important to me. I think that we don't necessarily do enough of it, but we have done a lot more in the last couple of years than we ever have before.

First of all, we have SCAN, as you probably know, the second career assistance network. Before someone releases, we try to provide them all the information that's available, not only in DND but also in my NPF world and through Veterans Affairs and the Legion. We bring in all kinds of partners to explain this to people. They can go to these SCAN presentations. We encourage them to go to these five or 10 years before they're released in order to understand some of the ramifications of the support networks out there.

We have an ongoing relationship now with Veterans Affairs Canada, in which we are providing briefings to them on everything we offer to make sure they understand all the latest initiatives. In fact, in the last year and a half, we've gone to various places across Canada to brief all the reserves, the regular forces, and any veterans. I go to brief them, along with a staff of 30 or 40, and we take Veterans Affairs people along.

Mr. Wladyslaw Lizon: Actually—

The Chair: Actually, your time is up.

Voices: Oh, oh!

Mr. Wladyslaw Lizon: That's quite surprising, Mr. Chair.

The Chair: Do I understand from the official opposition that they're vacating the next spot?

Mr. Peter Stoffer: Yes, sir.

The Chair: Mr. Opitz, you might like to share your time.

Mr. Ted Opitz: I'm going to let Mr. Lizon finish his thought, because I only have a couple of points.

Mr. Wladyslaw Lizon: What I was asking about is that I understand there are programs in place, but despite the fact that these programs exist, there is an information gap, which has been indicated to us by many people. That's why I was asking how you wish to address it.

Col Gérard Blais: We have actually addressed it with Veterans Affairs. For everybody who leaves the armed forces now, there are documents you must sign when you leave. They're called "clearances". You go through supply, through the pay system, and through everybody else.

One of those clearance items now is a transition interview with Veterans Affairs. Everybody who leaves has to sit down with a case manager from Veterans Affairs, whether you're injured or not, to go through what your career looks like insofar as your health is concerned. Veterans Affairs explains at that time, one-on-one, all of the benefits that are available and takes notes on anything in case you do open a file in the future. That is being done, but it is being done before you leave the service.

Mr. Phil Marcus: In addition, because we are responsible for the ongoing case management for those who are medically released, whenever we see a change in condition, or a change in incapacity, or a change in needs, we regularly refer the claimant to Veterans Affairs. That is being done on a regular basis.

Mr. Wladyslaw Lizon: Very quickly, what's your assessment of Monster's services?

Mr. Phil Marcus: I'm not aware of that program.

Cmdre Mark Watson: Are you talking about Monster.com?

Mr. Wladyslaw Lizon: Yes, Monster.com or Monster.ca. They have the Canadian....

Cmdre Mark Watson: As I said, we've talked to them before, but it's such a different program. We think there are better opportunities in Canada, and we're working with this other agency for that.

Mr. Wladyslaw Lizon: Would you invest in that service?

An hon. member: Give the guy a question and he takes—

Voices: Oh, oh!

Cmdre Mark Watson: We've talked to them at this point—

Mr. Wladyslaw Lizon: All right. I'll stand down.

Mr. Ted Opitz: Thank you very much.

I like what you've described, Colonel Blais. Basically, it's an "AAG in and DAG out" kind of thing, and getting all those things done.

To Frank's earlier point on Canada Company, just to give folks some clarity on how this all began in the first place, it actually happened in my mess, the Royal Regiment of Canada. It was something called Batoche Company before it was called Canada Company. It was geared towards just supporting the troops and the regiment and was something that all units had. But to Colonel Blake Goldring's everlasting glory, he laid the foundation stone for bigger things when he decided that this had to go much wider. Thus, Canada Company was born. The intent was not to take over government programs and plans, but to ensure that leading citizens, leading lights, and captains of industry had a role to play in supporting our troops nationally. That was really the undercurrent that drove all of it.

As we've seen, we have tremendous groups such as True Patriot Love, Soldier On, Treble Victor, and so many others that are doing great work, and they want to do that voluntarily. It's not that they feel they have to do it. They feel they have a duty to do it. I applaud all of those people for all of that great work they do.

Mr. Marcus, you said that sometimes you get a ministerial. How quickly are these ministerials resolved?

Mr. Phil Marcus: Sir, that depends on the level of complexity of the case. It depends on the evaluation and on whether further medical evidence is required, and then we give the person making the ministerial complaint an opportunity to do so. There's a variety of cases. It could be two days or it could be 200 days.

• (0945)

Mr. Ted Opitz: I agree, Commodore, on the comms and marketing; everything boils down to communications and marketing at some point.

I'll just muse out loud. I'm wondering if collectively all these groups should get together and create a glossary of all the terms and benefits we have and put it all in one place. There are great programs and great descriptions of these things, but they're in a lot of different places. Some sort of directory of these might be useful.

Cmdre Mark Watson: We have created a directory on my web page. If you're regular forces personnel, a dependant, or a veteran, it tells you what you are and about all the various services of my organization as well as any other organizations that we know about.

They can find it.

Mr. Ted Opitz: I'm definitely going to check that out.

This is my last point, because I think I'm just about out of time. You just referenced the Monster thing, but it's the description of duties—not going that way—and sometimes troops still have problems explaining in the civilian world the kinds of skills they gain. We can say “leadership” and “management”, which are very generic, but there are a lot of soft skills and a lot of nuances they learn on the job that can be very effectively applied in various civilian endeavours. I think that is something that bears a little bit of extra effort to define.

Col Gérard Blais: I think that's why, through both the MET program with Canada Company and Prospect, one of the keys to this

is individual coaching. They get assistance in writing resumé's, etc., to make sure that we're using private-sector-speak versus military-speak.

The Chair: What's left for me to do here is to thank you very sincerely.

Thank you, Commodore Watson.

[*Translation*]

Thank you very much, Colonel Blais and Mr. Marcus.

I would like to wish all of you a happy Easter.

The committee will not be sitting over the next two weeks, so that all the committee members can celebrate Easter with their families and friends, and so that they can spend some time in their ridings.

[*English*]

The 45th meeting of the Standing Committee on Veterans Affairs is scheduled to be held on April 21, starting as usual at 8:45. At that time, we will continue our study on the continuum of transition services. I learned this morning that the ombudsman will appear on that day. The rest of the agenda is still being worked on.

I also learned this morning that, notwithstanding what I just said about the meeting of the 21st, there might be a glitch. The Minister of Finance announced this morning that the budget, which the opposition has been clamouring for, is going to happen on that very day.

Voices: Oh, oh!

Mr. Peter Stoffer: Show me the money.

The Chair: Whatever is planned for the 21st, if we can have our meeting on the 21st, we will. Otherwise it will happen on the 23rd. Fair enough?

Mr. Stoffer is impatiently raising his hand, so there you go.

Mr. Peter Stoffer: Thank you for that.

I just want to acknowledge a woman in the room, Andrea Siew, who, as we all know, was the head of the service officers for the Royal Canadian Legion for many years. She did a fabulous job, and it's good to see her in the room.

Andrea, on behalf of all of us, thank you for the great work you did with the Royal Canadian Legion.

Some hon. members: Hear, hear!

The Chair: Andrea, it's in your honour that I'm wearing my Royal Canadian Legion pin today, and also to remind you that the friendliest Legion in the region is Branch 632 in Orleans.

[*Translation*]

Have a good Easter!

[*English*]

The meeting is adjourned.

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