



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 010 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Thursday, May 5, 2016

Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

Thursday, May 5, 2016

• (1100)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call the meeting to order and welcome everyone here today.

Pursuant to Standing Order 108(2) and the motion adopted on Thursday, February 15, 2016, the committee is resuming its study of service delivery to veterans.

Today we are welcoming a great group. We have the Canadian Peacekeeping Veterans Association, and Louis Cuppens and Ray Kokkonen. We have Deanna Fimrite from the Army, Navy and Air Force Veterans in Canada. We have Denis Beaudin and Brigitte Laverdure from Veterans UN-NATO Canada. We also have Dean Black of the Royal Canadian Air Force Association. Thank you for coming.

The procedure today is that each organization will be given 10 minutes to make opening statements. After all are done, we will proceed with rounds of questions. If we have enough time, we'll do a second round of questions.

We'll start with the Canadian Peacekeeping Veterans Association for 10 minutes, please.

Mr. Ray Kokkonen (President, Canadian Peacekeeping Veterans Association): Thank you, Mr. Chair.

Before we continue with the presentation, I would like to make an administrative clarification. You have been given our brief, as translated, and our presentation is clearly going to be quite a bit shorter than that. We won't be following that script exactly.

Mr. Chair and respected members of this vital committee, good morning and thank you for the opportunity to present the views of the Canadian Peacekeeping Veterans Association on service delivery to veterans. I am Ray Kokkonen, national president. With me is retired Lieutenant General Louis Cuppens, who is our special advisor. Also with me from the Canadian Peacekeeping Veterans Association is retired Colonel Tim Sparling, and retired Major David Hyman, who was the private secretary to Senator Roméo Dallaire for many years.

I should mention that General Cuppens has been helping veterans for 20 years. He was the Legion's representative on the Veterans Affairs Canada and Canadian Forces advisory council that eventually led to the creation of the new Veterans Charter.

About the Canadian Peacekeeping Veterans Association, the CPVA was founded in 1991 as a national, all-veteran, all-volunteer,

not-for-profit, apolitical organization with chapters from Vancouver Island to St. John's, Newfoundland. We receive no public funding.

Our mission statement is to be a strong and leading advocate for all veterans and to provide a forum of comradeship for veterans. Our association is open to all veterans, and its membership includes World War II veterans, Korean war vets, peace support, NATO, the Balkan and Afghanistan missions, as well as RCMP and civilian police and some international members.

The CPVA has been instrumental in improving conditions of veterans with initiatives such as the start-up of the 1-800 VAC assistance line, the creation of the position of the Veterans Ombudsman, the initiation of the August 9 National Peacekeepers' Day, and the Canadian Peacekeeping Service Medal. The CPVA has also been active in work with the Veterans Ombudsman's office. Our members have served on numerous committees related to the NVC and other VAC committees. The CPVA has appeared before this committee several times over the years. I must say that I got to know all the other people; now I don't recognize anyone.

One fundamental element sets veterans in a unique place in Canadian society. They have served their country under the unlimited liability clause, which committed them, if necessary, to lay down their lives as the ultimate sacrifice. They have served under the legal obligation to obey all lawful commands, regardless of consequence to themselves. The significance of this commitment is an obligation most Canadians citizens do not fully comprehend. In return for their service, Canada has a duty to provide adequate and appropriate care for its wounded, injured, and sick veterans and their families so they can live out their lives with dignity.

Veterans Affairs Canada is the vehicle by which Canada meets its duty to the veterans, and by and large the department does a reasonable job, although it's seldom given credit for doing that. In recognition of that, the Canadian Peacekeeping Veterans Association has created an outstanding service award, which it has given to elements of VAC that have done outstanding service. We do that at the provincial and the federal level.

As far as this study goes, there is a clear need for this study as media across Canada have brought the matter of VAC service delivery to the court of public opinion. The CPVA congratulates the Standing Committee on Veterans Affairs for undertaking this study. The CPVA has reviewed the terms of reference of the study and has examined the 13 questions that have been posed.

I would now like to turn it over to General Cuppens for the presentation.

•(1105)

Lieutenant-General (Retired) Louis Cuppens (Special Advisor, Canadian Peacekeeping Veterans Association): Thank you. There's a distinct difference in how an injured citizen and a veteran are supported. The citizen may apply to workers' compensation facilities, and assistance in various forms is provided. The veteran cannot apply to this entity for assistance. VAC is the workers' compensation system for veterans. The veteran should at least receive equal treatment and compensation for injury as that given to civilian workers.

Within VAC, there's been real progress since the deputy minister has brought his leadership to the department, and there's clear evidence that change is occurring. The major factor in the delay of VAC delivery of service is the lack of documentation about injuries in veterans' records and files. Some delays occur at the VAC scanning centre in Matane, Quebec.

Archives Canada has reported that Canadian Forces members' records of service, including medical and personnel documentation, are not being archived in a timely fashion. They advise that DND has embarked on a new method of digitizing and preserving records, and delays of several months are being encountered when these records are requested. We're aware that the personnel resources of the department are being adjusted to repair personnel reductions and that a reallocation of resources to case management is occurring. Case managers are the front line of Veterans Affairs Canada's service delivery. These changes are most welcome.

Desired outcomes, not just treatments and compensation, were the goal of the new Veterans Charter when it was introduced. Unfortunately, what we experience today is a continuance of layering of regulations and policies that make it difficult for veterans and even VAC staff to come up with an appropriate action. There doesn't seem to be a focus on outcomes, but rather a development of a quick prescription to solve problems. The department needs to focus on outcomes, not repairing and adjusting the labyrinth of programs and regulations.

In some NATO nations, there is a focus on the release process, so much so that the releasing veteran is examined holistically by empowered medical staff to document the medical condition of the veteran. In so doing, the lengthy and very frustrating process in post-release applications for disability awards is diminished or avoided.

I'll use some acronyms, so I'll introduce them. SISIP is Service Income Security Insurance Plan, and LTD is long-term disability. On complexity, not including mental health, disability applications, and the issues related to long-term care disability provisions, there are signs that some processes of VAC are being streamlined. SISIP is a CF-wide compulsory insurance policy. This warrants further examination by your committee so that the impacts of long-term disability by SISIP on VAC services are clearly understood.

A veteran applying for a disability award will be processed using the date of initial application as a reference point. If the application was made before March 2006, the Pension Act is used as the adjudication for an award. For applications after March 2006, the Canadian Forces Members and Veterans Re-establishment and Compensation Regulations Act, referred to as the new Veterans Charter, is used. If there's a negative decision under the Pension Act,

the member can request any number of departmental level reviews and/or appeals to the Veterans Review and Appeal Board, with set limitations. Under the new Veterans Charter, only one application per departmental review is authorized, and the option thereafter is to go to the Veterans Review and Appeal Board. Why is there a difference?

The existing VAC service standards for departmental level reviews and for the Veterans Review and Appeal Board appeals are not promulgated. We have been advised by the Bureau of Pension Advocates that there is a backlog of cases and that they have personnel shortages.

In regard to wait times, because of the lack of documentation, internal and external to the department, delays in decisions occur. In client satisfaction data, we can find no reference to the achievement of the service standard of 16 weeks in rendering a decision on disability awards. The reasons for the timeline are not provided. Perhaps the reasons are document retrieval and a shortage of adjudication personnel. This should be examined further.

•(1110)

Decision times to allocate personal care have improved, but further improvements can be realized.

There is a lengthy process to obtain aids for living such as wheelchairs, walkers, canes, hearing aids, lift chairs, and the like. The present system is not timely and is rather cumbersome. The VAC service standard is three weeks, but delays can and do occur when financial approval of the needed service is delayed for months as the veteran's entitlement to service is studied.

As for complexity, the more complex the case, the longer the adjudication takes. Factors such as privacy concerns, gaining the testimony of physicians and medical specialists, the effectiveness of the case managers and service officers, and internal processes are all linked to delays.

We realize that service personnel generally do not apply immediately for a disability award for injury while serving. The "suck it up, boys" attitude still prevails in the military and some stigma is attached to reporting and recording an injury while in the service.

Another issue is the VAC claimed benefit of the doubt. It's our experience that without a Canadian Forces 98 report on injury, or without the testimony of a witness, veterans' claims are not ruled upon favourably.

The number of trained case managers has increased and this will surely benefit veterans over time. The training and placements of these managers is redressing a long-standing need. The days of the walk-in trade are past and most applicants now apply for assistance from VAC by telephone or by the Internet. Some veterans still need active case management, and they require visits by the case manager to their homes.

Regarding partnerships with National Defence, since the promulgation of the Neary report that led to the creation of the veterans charter, there remains a quest to have a stronger relationship between VAC and DND. The initial aims were to have VAC hire more ex-military personnel and to provide timely counselling to releasing Canadian Forces members. Much progress has been achieved. The creation and joint staffing of the joint personnel support units are achieving superb results, and we note that further initiatives in this partnership are being trialled and examined.

At the federal and provincial levels, some good regulations and policies are in place for hiring veterans, both able and disabled. However, despite what is written as policy, the public service unions seem steadfastly against any priority hiring or employment being given to veterans. Policies have been announced, but more needs to be done. Ministers, VAC, and DND could lead and set an example and set realistic goals and demand adherence. For instance, setting a goal of hiring one veteran per ministry per month would send a powerful message to all the other ministries. Another suggestion would be to do what the U.K. government does, in stating that Her Majesty's government will not do business with any firm that fails to have an active veterans hiring practice in place.

As for regional offices, modern clients communicate with VAC through the Internet and telephone. However, since several veterans rely on the office people to assist them, we support having VAC offices across Canada. The matter of providing VAC services to rural areas is easily solved using the advertisement and arrival methodology previously practised.

The initiative wherein Service Canada personnel are to provide assistance and services to VAC will benefit veterans across Canada. However, the complexity and the construct and linkages of the VAC programs are such that present Service Canada personnel are not capable of rendering a one-stop shopping solution for today's vets.

There are differences in the quality of medical care across Canada and in rural and urban centres. The quality of care that a veteran receives depends on the circumstances of the health care process where he lives. Special needs people residing in rural areas need more help.

Dedicated VAC counsellors greatly assist veterans in addressing their needs. Most VAC offices are staffed with nurses and occupational therapists who can refer the veteran to the appropriate medical system. Once a referral is made and costs are involved, it's our experience that with the exception of prescribed medical aids, claims are repaid in a timely manner.

• (1115)

In the case of mental injuries, once treatment is prescribed by a specialist, including group therapy sessions, the veteran is compensated in a timely manner. We note that RCMP veterans

diagnosed with PTSD may receive treatment by specialists, and compensation is provided by VAC. This service should also be provided to veterans and their families.

As for mental health services, Canada has a shortage of mental health specialists, and DND and VAC are taking actions to try to resolve this. Operational stress clinics go a long way towards solving and addressing these issues.

With respect to rehabilitation, VAC has disbanded the program evaluation directorate, under which VAC would remain unaware of program satisfaction trends without conducting a client satisfaction survey, and there they would only get partial answers. VAC has a lot of data available, but staff to analyze the data are not present. We consider that the criteria for access to rehab programs should be re-examined. The SISIP, in which long-term disability recipients receive little or no VAC support until the two-year assessment period for a long-term disability is completed, needs to change. Once the long-term disability period has expired, veterans and releasing military personnel have appropriate access to rehab services.

As for long-term care, we're aware of the plans concerning St. Anne's in Quebec, but access to long-term care facilities for veterans across Canada has been and will be necessary for a long time. The present construct does not facilitate the co-location of the veteran and the spouse in a VAC-funded facility. In addition, depending on the province of residence, there is no guarantee that the veteran will be located in a facility close to his family. This situation is a matter of availability of beds, and VAC could provide enticement to the provinces to realize this simple need.

The veterans independence program is an excellent program. We consider it a model for the treatment of aged, stay-at-home persons for the consideration of provincial jurisdictions. VAC uses a telephonic tool to determine the amount of VIP assistance that the veteran may be entitled to. For some veterans this tool would be of benefit to VAC and to the veteran. We have complained to VAC that this tool is not useful for some veterans who have hearing disabilities or for those who are frail. We recommended that this tool not be used in assessing the needs of these veterans. Unfortunately, our criticisms were not heeded. We can attest to a number of cases where a veteran has been granted two hours per week of housekeeping. I could go on to explain that, but I won't. It's our considered opinion that the minimum should be three hours per week. Another matter is that, while VIP services are extended to the spouse at the time of death, the percentage of the deceased veteran's spouse disability benefit is diminished.

I've already spoken about the handling of claims, and I said that most of them are done in a timely fashion.

At the Veterans Review and Appeal Board, there are staffing issues and delays. The service standard for the delivery of VRAB services should be reviewed. Some cases take a long time to resolve. During this time, veterans are denied benefits and they become frustrated. We're aware of the past transgressions by VRAB in law and practice, and the quest for change is noted. The practice of appointing members through political patronage, as well as the embarrassment of failing to heed directions of the Federal Court of Canada, has angered veterans to the point that many have lost confidence in this appeal process. Nonetheless, veterans must have an appeal process.

We're most grateful for the opportunity to provide this testimony. We realized that you were well into the information-gathering phase and that you'd soon be doing investigation and analysis before rendering your report. The CPVA stands ready to assist you and respond to your requests as needed.

Thank you very much.

• (1120)

The Chair: Thank you.

Next we will have The Army, Navy and Air Force Veterans in Canada, represented by Ms. Fimrite, Dominion Secretary-Treasurer.

Ms. Deanna Fimrite (Dominion Secretary-Treasurer, Dominion Command, The Army, Navy and Air Force Veterans in Canada): Thank you, Mr. Chair.

I am Deanna Fimrite, the dominion secretary-treasurer of The Army, Navy and Air Force Veterans in Canada, or ANAVETS for short. It's a great honour to represent dominion president Brian Phoenix, our executive, and the approximately 15,000 members in 65 units from coast to coast of Canada's most senior veterans organization.

Our association traces its history back to 1840 when a charter was granted by Queen Victoria to create a unit in Montreal, and we were formally incorporated under a special act of Parliament in September 1917. We therefore have a long history of contributing to the consultation process with governments of the day in relation to services and benefits affecting the well-being of veterans, current serving members of the Canadian Armed Forces, former members of the RCMP, and their families.

When the men and women of this country decide to proudly don the uniform of the Canadian Armed Forces, they do so with the understanding that they have committed to a calling that may require the supreme sacrifice. With such a noble commitment comes an obligation from the people and Government of Canada to honour that commitment, that in such service, if they become ill, injured, or make the ultimate sacrifice, we will ensure that they and their families are cared for. It is the mandate of Veterans Affairs Canada to provide such service and care for those veterans, their families and survivors, on behalf of a grateful nation.

Today we are here to discuss the way that care is delivered and the opportunities that we have to make the process less complex and cumbersome for veterans and their families. We must bear in mind that the men and women leaving or being forced to leave the service often do so with physical, psychological, or a combination of injuries

which can be exacerbated by trying to navigate themselves through a complicated system of benefits and eligibility requirements.

There have been a number of changes that Veterans Affairs has made to reduce the complexity of their application process and to improve service delivery. Some forms have been reduced in size, and there is ongoing work being done to make them more user-friendly. There have been efforts made to connect with members in the pre-release stage earlier than they previously had been.

The use of telehealth services has been employed for veterans in isolated or rural communities. The introduction of operations codes to connect service relationship to musculoskeletal injuries of the neck, back, hips, knees, and hearing loss for those military occupations that often see such injuries is a step in the right direction. The cultural change in the department demonstrating the new philosophy of care, compassion, and respect is slowly starting to take hold and brings with it the prospects of a comprehensive change in the way we service veterans and their families.

To facilitate the best possible transition from military to civilian life, we would like to see a better integration of the programs and services offered by the Department of National Defence and Veterans Affairs Canada. Certainly one of the first barriers faced by transitioning members is the overlapping programs offered by DND's SISIP long-term disability program and the VAC rehabilitation program. For medically releasing members, SISIP is the first provider of services. Additionally, veterans must apply within 120 days of release to access the VAC rehabilitation program.

With past and proposed improvements to the income replacement and educational allowances on the Veterans Affairs side, we foresee increased problems and confusion in keeping both these programs separately. We would like to see the Department of National Defence and Veterans Affairs Canada work together to eliminate redundancy and better streamline the transition process.

We believe that a more proactive and early engagement from Veterans Affairs in the release process would close some gaps in transition. As soon as the decision to release has been made, a VAC veteran service agent or case manager should meet with the veteran and his or her family to discuss their unique situation and needs.

As there is a minimum of six months between that decision being made and the release date, this would give Veterans Affairs' front-line staff the time they need to receive and review the service file, proactively communicate with the veteran and his or her family all the programs and benefits that they are entitled to, and to start the application process for those veterans. An early involvement of front-line staff will hopefully allow for benefit decisions to be made and program and treatment plans to be in place as soon as the release from the forces occurs.

This is a fundamental shift in focus, from having the onus being placed on the veteran to navigate the system to making Veterans Affairs responsible to clearly communicate the benefits and services to which he or she may be entitled. Moreover, assistance in applying for these benefits is certainly a more veteran-centric approach and corresponds with the ethos of care, compassion, and respect.

• (1125)

With the department hiring more front-line staff, and the government's mandate to reduce the case worker ratio to 25 to 1, we believe that this vital transformation is achievable, but we are not there yet. Additional training and understanding of the programs and benefits, and the interrelationships between these benefits, by front-line staff is required to ensure that they can properly explain the services. I believe that the department is already taking this into consideration when training its new hires.

We also have to remember that operational stress injuries often take months or years to come to the surface—or indeed for the veteran to accept that they require help. We need to be ready to assist those veterans whenever they are ready to come forward.

We applaud the government's decision to reopen Veterans Affairs offices where the need dictates. Certainly, the feedback in regards to Service Canada locations was not positive. Many veterans were frustrated when the Service Canada agents failed to provide knowledgeable feedback to their questions. From the responses we have received, Service Canada serves as no more than a post office for veterans applications.

In today's computer age, with so many people looking for information and access online, the department has some work to do on the technology side of things. The My VAC Account requires a redesign, the website could use improvements in providing ease of access to clear information on programs and benefits, and the IT department should be constantly monitoring for any technical errors in its delivery of information.

Currently there are still delays in disability adjudication, which should be improved. Processes must be simplified, and communication with the veteran as to what is required must be enhanced. There is certainly a disconnection between the length of time the process takes from the veteran's perspective versus that of Veterans Affairs. The current 16-week timeline, which starts only after the determination of a complete application being received, is unwarranted. When coupled with wait times to see specialists, or to be assessed at an OSI clinic, the overall process will well exceed the current four-month commitment.

We encourage veterans to seek help with their applications, and we instruct our service officers to connect them with the Royal Canadian Legion service officers who have professional training and client service delivery network access. They can help to ensure that the application goes forward in a complete fashion the first time around.

The department has also hired more adjudicators to work through the backlog of cases and to improve services delivery times. I hope we start to see some more evidence of improvements in that area.

Recently we had a veteran whom the department asked to pay back thousands of dollars relating to an overpayment. We requested

a departmental review, provided additional information, and received a positive decision back within six to seven weeks of the request. That was certainly an encouraging outcome.

With regards to health care and the VIP program, we have received some reports of difficulties garnering approvals for health care for consequential health issues related to the pensioned conditions. This causes frustrations for the veteran and often out-of-pocket expenses. We would like to see more partnerships with provincial health care systems in regard to assisting veterans and their families, and to finding family doctors and other health care providers.

We are encouraged by the department's use of telehealth opportunities for those living in rural areas, and would like to see this explored further. Long-term care for veterans in their communities, or close to family, should be further explored with provincial authorities. We would like to see veterans retain priority access, with Veterans Affairs providing the funding similar to what they provide currently for veterans of World War II and Korea.

The VIP program is well received by most veterans, who would like to stay in their homes for as long as possible. We have encountered some delays in approvals for necessary home adaptations to make the lives of our veterans safer and easier. For the elderly World War II veteran, who needs a walk-in bathtub with a seat, months of waiting for approval and financing for the renovation is clearly not acceptable. The response needs faster consideration and action.

We all know that families play an integral part of service to country. When there are severe illnesses and injuries, it is not only the veteran but the entire family that is overcome with the stresses of adjusting. We would like to see family members have access to related treatment in their own right and increased training to understand how to best care for their loved ones and themselves.

• (1130)

In this regard, Veterans Affairs and DND have partnered with The Royal Ottawa to create a new online OSI resource for caregivers, as well as the veteran family program pilot project in conjunction with seven of the military family resource centres across the country. We look forward to hearing back on whether these programs are helping families transition.

Mr. Chair, on behalf of President Phoenix and all of our members, I appreciate the dedication and effort of this committee to ensure that we give our veterans and their families the best possible service and care, which they so justly deserve.

Thank you.

The Chair: Next, we will hear from Veterans UN-NATO Canada. Mr. Beaudin is the founder, and Ms. Laverdure is here for peer support.

[Translation]

Mr. Denis Beaudin (Founder, Veterans UN-NATO Canada): Thank you, Mr. Chair.

Good afternoon, everyone.

I would like to begin by thanking the Standing Committee on Veterans Affairs for inviting us to help explain the difficulties that veterans face when they submit a claim to the Department of Veterans Affairs for benefits or compensation to which they are entitled.

I hope the answers to the questions that will be asked today will enable you, in a direct and helpful way, to understand the process aimed at facilitating veterans' access to their benefits, so that the processing of pending and future claims for these benefits will take less time.

First of all, I should note that our group, Veterans UN-NATO Canada, has over 9,000 veterans—new generation veterans and others—throughout Canada. We also have service points for Canadian veterans who live abroad, in places like Germany, France, and Thailand, and who have the right to receive all the benefits to which they are entitled.

We have set up a very effective communication system, which includes more than 27 private or secret Facebook sites, an official national website at www.veteransunnatohq.com, and my Facebook page, *Fondateur Veterans Un Nato Canada*, which is devoted to the accomplishments and events to date, and is open to the general public. These sites enable us to get information out very quickly, and save lives.

Through our group, we've become acquainted with veterans who give of themselves voluntarily, without the slightest compensation. What they have is heart, along with natural abilities they can use to help their brothers and sisters in arms. All these veterans have the same objective: to secure the appropriate benefits and care for all veterans in need who are having trouble navigating through the relevant benefit processes put in place by the Department of Veterans Affairs.

In this regard, I would like to introduce Ms. Brigitte Laverdure, who is part of the Veterans UN-NATO Canada group and who, as a peer support worker, has looked after more than 42 cases in four years, with a 100% success rate. The answers to the questions she will be asked today will show you how challengingly complex the department's administrative system is when it comes to us veterans obtaining the benefits we're entitled to. We have the evidence to back up everything Ms. Laverdure will be saying today. A list of names that must remain confidential, and cannot be disclosed here, can be made available for your consultation outside the context of these proceedings.

We are speaking here about veterans who achieved success with their applications, and who, thanks to peer support workers like Ms. Laverdure, now enjoy a better quality of life. As a result, these people, whose personal and family situations were critical and desperate, are still among us. I can assure you that I know what I am talking about: I was one of those people.

Bear in mind that it's not the mission of Veterans UN-NATO Canada to do administrative work and complete case files for the purposes of benefit or other applications. Rather, our mission is to bridge the gap between the street and the Department of Veterans Affairs. This is why, after our involvement, the veterans concerned are entrusted to the care of other veterans, who have the skills necessary to give them urgent help in the short, medium and long term.

I want to point out that many of the instances in which we managed to obtain benefits and care for veterans were cases that had been rejected by other official bodies that provide assistance. The veterans had been told that, according to the administrative criteria of those bodies, they were not entitled to the benefits or assistance programs involved. This suggests that these bodies are misinformed about the criteria or the benefits to which veterans are entitled.

Since the creation of Veterans UN-NATO Canada some eight years ago, nearly 500 veterans have benefited from front-line assistance through our involvement. When I say front-line, I am talking about finding a veteran in major psychological or financial difficulty, who might even have become homeless. The task at that point is to help the person out of that predicament within about four weeks, and ensure that the person can obtain a guaranteed income, and personalized medical and psychosocial support, through the Department of Veterans Affairs.

I will now turn things over to Ms. Laverdure so she can answer your questions.

Thank you.

• (1135)

Ms. Brigitte Laverdure (Peer Support, Veterans UN-NATO Canada): Thank you.

I'll begin by briefly introducing myself. I am a peer support worker with Veterans UN-NATO Canada. I've been doing this work as an unpaid volunteer with the organization for five years. In this capacity, I will answer any questions you might have.

I will give the floor to my colleague.

[English]

The Chair: Thank you. We have 10 minutes before we go to questions. I'd like to introduce Dean Black, executive director of the Royal Canadian Air Force Association.

Mr. Dean Black (Executive Director, Royal Canadian Air Force Association): Thank you, Mr. Chair and members of the committee.

I'm grateful for the honour to participate in your important study today. With your encouragement, I prepared a short statement describing the nature of the RCAF Association.

The association was conceived in 1944 as the Second World War continued to be waged. Formalization of the association came in May 1948, with an order in council that also provided for a \$15,000 annual grant. You'll probably be grateful to know that that will be the extent of my historical recap of the association. Unlike my colleagues in the ANAVETS, I'm not able to reach back to 1840. The technology of airplanes just wasn't there yet—

Voices: Oh, oh!

Mr. Dean Black:—although when Lieutenant-General Cuppens started his flying career, it was somewhere around that time.

Voices: Oh, oh!

Mr. Dean Black: That's the point, namely, the technology of airplanes. Your predecessors in the mid-20th century determined that it was so complex through the war and immediately after the war that they would benefit if Canadian citizens were informed of the whole sphere of those activities. That's what motivated the creation of the air force association. We were there to serve Canadian citizens, to keep them informed, and to provide them with information so that they, in turn, would be able to help your predecessors pursue the right kinds of projects, products, and activities that would benefit and be helpful to Canada and Canadians going forward. We were on the same payroll as your predecessors after the war—on the same side, definitely.

As the association was established, uniformed personnel were encouraged to make as many social connections as possible through the association's chapters across Canada, and with individual members everywhere, all in an effort to ensure that the dialogue that would ensue between Canadians and parliamentarians on the subject of national air power would be understandable, reasonably accurate, helpful, productive, and positive. All of this is to say that the kinds of needs on which this committee is focused, the needs of veterans, were not part of the original mandate and mission of the RCAF Association. For that I apologize.

Today it's a different story. The care of air force veterans emerged long ago as a latent function of the association. Today, our RCAF Association community leaders have argued that caring for air force veterans needs to be a bigger part of our mission going forward. The state of global security and the military operations in which Canadians have participated over the past several years have contributed to this evolving need.

When it comes to supporting veterans, our default has been and continues to be to defer to the Royal Canadian Legion, where the expertise and resources are truly to be found. To that end, the RCAF Association is an active participant with 30 or so organizations in what's referred to as the Veterans Consultation Assembly, so that the information and requests you receive have at least been constructed by a group of similarly-minded folks who agree to reach some sort of helpful consensus for your benefit.

With this background in mind, I would be pleased to respond to your important questions, which I will do to the best of my ability.

Thank you, Mr. Chair.

• (1140)

The Chair: Great. Thank you. We'll start with the first round of questions for six minutes. We'll start with Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you so much for being here. Everything that you bring to the table is extremely helpful, especially as most of us are new to this committee and have a lot to absorb.

As we hear from different people, there are two things that really stand out for me today. I come from a province that is fairly rural, especially my riding, and there is a lot of conversation here about meeting the needs of all of our veterans. My veterans are often far apart, being a fair distance away from any kind of direct interaction as far as offices and care and those types of things are concerned.

We were talking about long-term care and palliative care in our country. Right now this is a huge topic in our government, particularly how we in this country have dropped the ball pretty well across the board on that. We believe it should have been a significantly higher priority in general. However, as it applies to our veterans, when it comes to our small communities in Saskatchewan and long-term care facilities, it's a different dynamic.

How would you suggest that we take care of our veterans? Is it best to let them decide where they want to go, or to have specific places where veterans would know there would be more veterans if they went there? How would that best be handled?

I don't know who would like to respond to that question.

LGen Louis Cuppens: I'll attempt to answer part of your question. You spoke about palliative care a moment ago, a subject that is dear to most of us. Yes, our nation has not spent a whole bunch of money and resources on enhancing palliative care across Canada. We have focused on other things.

The past practices of Veterans Affairs, when it was a much larger organization with many more facilities at its fingertips, was to publish in newspapers and other media that a Veterans Affairs counsel or staff would arrive in Lac La Biche, for example, and would be there on certain dates between assigned hours, and that if you had needs you should go to see that person. That's what I meant in my presentation.

However, the construct of Canada in the rural sense is such that entities like the Royal Canadian Legion exist in some 1,500 branches across Canada in remote villages and towns, but also organizations like ours and the others that presented to you today and before also have the types of service officers who can certainly counsel and reach out to veterans. The biggest issue is for the veteran to reach out and to know where to reach out to, and my suggestion is the same as I made a moment ago. Put it in the media, because veterans see what's on television, veterans hear what's on the radio, and veterans read. Knowing where to reach out to, the second part of the equation, would happen if the resources were there.

Mrs. Cathay Wagantall: A huge part of that, though, for rural areas is really handled by other organizations.

• (1145)

LGen Louis Cuppens: Yes, it's not direct service delivery by VAC at the present.

Mrs. Cathay Wagantall: No, it's finding and connecting and helping with forms.

LGen Louis Cuppens: Indeed. In fact, doctors, nurses, occupational therapists, medical organizations across Canada, all know where a veteran can access help. If Veterans Affairs does a good job of communicating their information to these medical resources in Canada, then when a veteran tells his doctor he needs help with something, they will know precisely whom to refer the veteran to.

Mrs. Cathay Wagantall: That's great. Thank you.

LGen Louis Cuppens: You're welcome.

Mrs. Cathay Wagantall: The other issue is mental health. I was at the Sam Sharpe breakfast this morning. It was a phenomenal event that showed us that we have a huge issue in opening our eyes and dealing with an elephant that's in the room—which probably didn't need to be as big an elephant as it is.

Deanna's report talks about the use of use of telehealth services for veterans in isolated or rural communities and the introduction of operations codes, which I understand are for physical conditions. We have talked about this at the committee a little bit in the past. Individuals who have mental challenges have faced some kind of significant situation while serving, but we don't seem to recognize that. It seems to be part of the culture, from what I'm reading, that you simply don't go there if you don't have to, so it doesn't get dealt with until much later.

With the culture, is there something wrong with saying that a person in the infantry just saw his buddy blown up and our making a deliberate note of that, saying to a veteran as they leave, "You have gone through some tough things here"? Maybe they want to stay in and don't want to deal with it right then, but is it not an option to have an operational code that would say, "Your knees aren't hurt from jumping from planes, but you've had to deal with this, and we want you to know that we're going to be here"? Is there not a way that we can implement something on the mental health side sooner?

Ms. Deanna Fimrite: Yes, I would agree. I think that would be a logical next step for Veterans Affairs.

Again, once they have done that, in a situation where they would be able to review the entire file of the veteran and see what they've encountered in their service, they would proactively be able to tell them that maybe they don't need that service right now, but it's there and they're eligible for it, so whenever they're ready, they can just let them know and they'll be there to set that up.

Mrs. Cathay Wagantall: That—

The Chair: I'm sorry. We've run out of time.

Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thanks to all of you for being here today and sharing with us the information you have. As we've said, it's very useful for us as we try to get a grasp on how we can positively impact Veterans Affairs.

I have some questions for you, Mr. Cuppens. I'm pleased to see you here today. We met last fall back in New Brunswick when we were planting tulips to commemorate the liberation of Holland. I appreciate your being here today.

I'm going to ask you some questions about the services that we have in New Brunswick and how they're delivered, partly because I'm biased in representing Fundy Royal, but also because I think it does represent a scenario where we have some urban and rural services.

Could you tell us a little about what service delivery looks like for veterans in the Saint John area and the rural areas surrounding it?

LGen Louis Cuppens: As I mentioned in our testimony, veterans can access Veterans Affairs services either on the Internet or by telephone, or by going into a Veterans Affairs district or area office. Those are not extant in all communities.

You mentioned Saint John. There is the area office in Saint John that has quite a staff. Also, they're next door to the largest army base in Canada, Base Gagetown, where they have a Veterans Affairs group of people embedded in the joint personnel support unit. Serving veterans and even veterans who live in the nearby communities can go there for assistance.

If you reside in other rural areas in New Brunswick—in Sussex, in Moncton, or out in the countryside—and need special assistance, you would have to commute to those facilities and meet with a counsellor or a case manager. You can contact the Canadian Peacekeeping Veterans Association, the Legion, or ANAVETS, and also the many reach-out organizations, including the Red Cross and the medical society. All these folks know how to find resources to help veterans, and if they don't know, Veterans Affairs hasn't been doing their job to communicate.

You were asking about veterans facilities. It's very much the same in many places in Canada. New Brunswick has four large wings for veterans. One is located in Saint John and is called Ridgewood, and we have one in Moncton, one in Fredericton, and one in Edmundston. These are located near the big centres and affiliated with the local hospitals there. Veterans have access to these facilities, but only World War II and Korean veterans may go there. Spouses cannot be collocated with the veteran when admitted there.

As the client base from World War II diminishes to zero, which according to demographic predictions will happen within 5 years, then you're into the Korean veterans, and the demographic prediction for them is the same only 11 or 12 years away, so these facilities will have no veterans in them. The whole methodology then would be to transfer them, since we haven't changed the eligibility criteria, to provincial health authorities for full-time use.

Modern-day veterans—and I'm talking about those who have served since Korea—can access the facility if their disability is related to a service condition and they're being treated for something they've already been given a disability award for by Veterans Affairs. They can go there, but again, spouses may not.

I hope I've answered your question, Alaina.

● (1150)

Mrs. Alaina Lockhart: Yes, thank you.

As we see this change in demographics, which is going to happen, are those facilities...? I understand that they're managed by the province, correct?

A voice: Yes.

Mrs. Alaina Lockhart: What condition are they in? If we were able to move forward, do we have the infrastructure to say that we could extend services?

LGen Louis Cuppens: Most of these facilities opened within the last 15 years. They're very modern, state of the art, and well staffed. They don't have palliative care facilities. They just have a ward, a two-room facility, for people who are dying.

They are state of the art, though, and they're supported strongly by the regional hospitals in their area. There are people there from veterans support entities. Many volunteers go there to help transport them, to play music for them, or to do anything they can to make their lives better. The facilities are quite new.

Mrs. Alaina Lockhart: As we move forward and talk about how we provide veteran services to new veterans, too, are there any other things that we should be doing—and this could be for you or any other witness—and be focused on to kind of start to build that bridge?

LGen Louis Cuppens: I'd jump a little bit bigger and talk about what I mentioned in our written testimony to your panel. We mentioned things like the larger facilities, Ottawa, the Perley and Rideau, Toronto, and the Deer Lodge Centre in Winnipeg. All these old facilities that Veterans Affairs Canada initially funded are still working, and veterans are going there, and volunteers are going there to help the veterans. These facilities are diminishing in population, and perhaps Veterans Affairs Canada might want to look at placing veterans with other veterans.

I'll give you the example of the Colonel Belcher centre in Calgary. When I was on the advisory council, we went to visit that. We were shown a very modern new hospital that was opened up. We went into one area, which was a veterans wing, mostly populated by World War II and Korea veterans, and then we went to see the state-of-the-art systems that they had in place to help aged people.

Then we came across another area where there were long-term care people, and we encountered four modern-day veterans there, two of them were amputees from Afghanistan, and we asked, "How come they are not with the veterans in the veterans wing? It's simple, because they have an affinity to one another. We're a family, we're a brotherhood". They said that they were not eligible. That's an area I think we should pay some attention to.

The Chair: Next we have Ms. Mathysen.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you to this extraordinarily talented panel for all of this information.

I wanted to take up where my colleague left off in terms of long-term care. In London, Ontario, we have the state-of-the-art Parkwood hospital, and they are closing the beds. They're closing the veterans beds, and we need them. We need them for modern day vets, and it's as simple as that.

Mr. Cuppens, you touched on the fact that spouses are separated, and I want to tell you about Victor Rose, who was 97 years old. He passed away last November. Victor was separated from his wife of 70 years for 10 of those years, and it was the most cruel thing I think I've ever seen. If you were to suggest that veterans and spouses be allowed to have long-term care in the same facility, I would support that very, very much, because, ultimately, it's about families and how we support those families.

I have a number of questions. Do you support the principle of one veteran, one standard, that veterans should be treated equally no matter what?

• (1155)

LGen Louis Cuppens: I sure do. You've heard from the Veterans Ombudsman, even from the deputy minister of VAC, the Legion, and others that a veteran is a veteran is a veteran. They are all people who have committed themselves under the unlimited liability to serve and so they should all be treated equally.

Is there a difference between a veteran who went overseas to England in 1939 and remained in England until they went to the continent in 1944 and the veteran who went to Afghanistan or the veteran who went into the invasion of Cyprus? There's none. They all went into harm's way because the people of Canada asked them to, so one standard of delivery should be extant for them all.

Your opening remark, though, deserves some comment. These facilities that we talked about, with the exception of Ste. Anne's, do not belong to Veterans Affairs. Veterans Affairs provides funding for them, but the health care that's rendered to people across Canada is the responsibility of Health Canada and the provincial governments. The veterans facilities that we talked about are co-funded by Veterans Affairs Canada and the provinces, but the provinces have the ultimate responsibility for delivering health care in Canada since Veterans Affairs is no longer in that business.

Ms. Irene Mathysen: No, but I think the point is that the funding is only limited in terms of veterans, and a lot of modern day veterans cannot access those facilities. They're closing down beds in very, very good places and denying people the supports they need. You alluded to that comradeship, that need to be with people who understand the situation that you have lived, and the support that comes from that.

LGen Louis Cuppens: Your question and your observation are most valid, and they should be included in your long-term report.

Ms. Irene Mathysen: Okay, thank you. I expect that's probably going to be the case.

We've had veterans and spouses here in the last few meetings. One of the spouses said that she didn't know what was available to her. I was speaking with someone who works with veterans, who said that in DND there are 27 definitions for a family, which has created a great deal of confusion about how you support that family.

First of all, what supports would you suggest for the family, because that's the unit that helps the veteran to manage and to get through what that individual needs to challenge given what they've come up against? What do you do for a veteran who doesn't have that network, who doesn't have that support system? How can they be supported? Should Veterans Affairs be looking at that?

LGen Louis Cuppens: You've asked another significant question: the business of redressing the awareness of releasing Canadian Forces members and their families, about what's available to them. You may recall that in my testimony I mentioned that in a lot of NATO nations—not ours—the process of release is jointly managed by those who support veterans and the military. There's an examination process that takes place months before their release, in which the case is studied by competent people. In the case of the U.K. forces, for example, the joint veterans support entity and the military write down, "This veteran is pensionable for these conditions." The family is also involved in the same process in providing that pre-release counselling. The Neary report, which I was a part of, recommended that to Veterans Affairs. Unfortunately, it never happened. They're working away at trying to enhance and repair the release process for military members so that they, too, receive counselling and the families receive the counselling they need too. Again, I would urge you to put that in your recommendations in your final report.

• (1200)

Ms. Irene Mathysen: Okay, thank you.

I think my last question—

The Chair: You have 15 seconds.

Ms. Irene Mathysen: —is in regard to homeless veterans. We've discovered that there are thousands of homeless veterans in this country, who up until very recently no one seemed to know about.

What kinds of supports are currently in place for them, and how can we improve on them, if there are indeed thousands who have been lost?

The Chair: We're out of time unless you can make it a 10-second answer.

LGen Louis Cuppens: You've already had testimony from the legion concerning the monies they've set aside to look for the homeless veterans. Provinces have become involved too, as has ANAVETS, and others. It comes down to a part of your study, the mental care of veterans, including PTSD and the issue of pride. A lot of them won't reach out for help and find themselves homeless, and they suffer through that. It's a matter of reaching out. A whole bunch of volunteer entities need to do that, but the government could go a long way in repairing the releasing process of sick veterans.

The Chair: Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you all for your service, and thank you for coming.

Mr. Kokkonen and Mr. Cuppens, there doesn't seem to be an adequate time frame, once you start the evaluation, between when they may need to be released and their actual release. What would you recommend as a time frame? You have a service person who has an injury, either physical or mental, and it's determined that they will have to be released. What would be your recommended time frame for that? How long should they be kept in the service so they can be transitioned to being a veteran?

LGen Louis Cuppens: I don't know if you've had testimony from the defence department in this area, but I've read the testimony of the deputy minister when he talked about the releasing process. There is

an accommodation process within the military. When you're injured, they will retain you for a period of time, until they can no longer see a way to look after you because of the universality-of-service requirements. In the Neary report we recommended that this release process commence as soon as possible when the release is the final mechanism decided upon by the defence department. That can be as early as two years, one year, six months, but it should start as soon as the defence department has decided that it intends to release this person. Then the counselling should occur for both the member and the family. Those recommendations have been made to Veterans Affairs Canada before, and maybe your panel should ask them what they've done about it.

Mr. Doug Eyolfson: What are your views on the universality of service requirement in a service person who you know is going to have to transition to being a veteran?

LGen Louis Cuppens: Your question is best directed to the defence department. However, I would tell you that there's not a soldier, sailor, or airman in this country who doesn't believe in the fact that all of us have to be prepared to fight when your country sends you abroad. Whether it's the so-called non-combat mission in Iraq, you still go there. Even the cook has to know how to fight when the chips are down. If you can't do that, then you cannot serve your country and therefore you shouldn't be a member of the military.

But you'd best ask your question of the defence department.

Mr. Doug Eyolfson: You also mentioned there was some difficulty in hiring veterans into Veterans Affairs and with Service Canada. You said there was some pushback from public service unions. Have there been any ongoing negotiations with public service unions to try to solve this?

LGen Louis Cuppens: I can't answer your question, sir. I do know that the attitude existed when we mentioned it in the Neary report. Much more could be done.

When I first experienced Veterans Affairs Canada's offices in Charlottetown in the year 2000 when we went on a tour there, about 15 people were working in adjudication; one had previous military service. In the Veterans Review and Appeal Board, one had military service. Elsewhere in the department, there were two on secondment. Today, the numbers are much greater.

That's in Veterans Affairs, but there's a quest in Canada to place injured and non-injured veterans in government departments where their talents can be used. If some of the departments were to take a leadership role like I mentioned in my example, with one veteran per ministry per month to be hired—even if they are injured, they can still do a functional job and a very good job with all their experience—I think it would set a hell of an incentive for the unions to reach out and start attracting veterans to work for them.

• (1205)

Mr. Doug Eyolfson: Ms. Fimrite, you had talked about a 120-day deadline for applying for benefits. Considering that many different witnesses have noted there are people who don't recognize their injuries right away—either chronic repetitive stress physical injuries or the psychological injuries that they just don't realize are going on, or just don't want to talk about—would you agree that removing this 120-day deadline would be the right thing to do?

Ms. Deanna Fimrite: Certainly for veterans who have service-related injuries, there's always a back door to get them into a VAC rehabilitation program. Whether they have applied right away between the 120 days or two years down the road, they can still come in and show a service relationship and have access to the VAC rehabilitation program.

The problem with the SISIP being the first provider is that it only does the first two years. Their program is limited. Then if you wanted to continue with a VAC rehab program, my understanding is that you should have applied for that within 120 days of release. I don't think a lot of people realize that when they do release. They just think, "I'm going into the SISIP program", because that's what they've had and paid into their entire service career.

There are a lot of other areas that have timelines for access that we find unreasonable. Specifically, survivors only have a year in which they can access the VAC rehabilitation service. When you've lost your spouse and you're dealing with young children and perhaps a move off a base back to a hometown, it might take much longer than a year to be ready to start school.

The Chair: I'm sorry, but we're out of time.

I know that you had your hand up, General. You have 10 or 20 seconds.

LGen Louis Cuppens: I mentioned in our CPVA testimony that you should look at the long-term disability provisions in the service income security insurance plan. It is an impediment to the veteran getting care from Veterans Affairs. I can give you an anecdotal example, but the chair has limited me to 10 seconds.

The Chair: If I see general consent, so I will let you have a minute. Is that fine with everybody?

LGen Louis Cuppens: I have been intimately involved with helping a number of veterans. This particular veteran was released from the Canadian military with the diagnosis of a mental disorder. The Veterans Affairs counsellors in that region did a super job. They did what they are supposed to. They counselled him about six months before he took his release and they pre-qualified him for all veterans care programs. That is as far as they could go, because SISIP long-term care kicked in. He gets 75% of his salary before he took his release. That is what he lives on. He cannot get veterans independence program services. He cannot get money for drugs. He cannot get money for his wife to take further education so they can enhance their income.

That is the barrier of this mandatory Canadian Forces-wide insurance program. You really should study it. Get the SISIP people in here to explain it. The policyholder is the Chief of the Defence Staff.

The Chair: Mrs. Romanado, go ahead.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): First of all, I would like to thank you all for your service to our country.

[*Translation*]

Thank you very much for that.

• (1210)

[*English*]

Every week it is getting harder and harder to listen to this testimony. I am a mother of two sons currently serving in the Canadian Armed Forces, and to hear what our vets are going through is really tough.

In terms of the transition, as I have said before—and we have heard this through many witnesses—when members are told that they are going to be given an involuntary release, you are essentially firing them from their job. Now, if you are doing so because of a mental injury, you are adding to that problem. You are basically saying, "We are going to take away your livelihood; we are going to take away your friends, your colleagues, and your servicemen. Here, you are now being pushed into a different department."

You have the service members under DND until they are released, and then they become VAC members. Right now, it looks like they fall between cracks, and there is nobody with overarching responsibility to say, "We are going to get you through this. We are going to hold your hand, and we are going to take care of you from this point to the point when you are okay." I would like to get your recommendations, your thoughts on how we can improve that because, I hate to say it, when they are left to their own devices, it is not happening on either end. I would like to get your comments on that.

The Chair: Anyone who is willing, go ahead.

[*Translation*]

Ms. Brigitte Laverdure: I'd like to answer that question.

Throughout Canada, especially near military bases, there are already organizations providing support during this transition. People who used to be in the military are working on the transition side of things. They meet with people who are about to be released, perhaps even medically released, from the forces. They assist these people until the date they're released from the forces. It's at that point that peer support workers suggest various options to them, in terms of applying for the services they need.

However, in recent years, I've seen cases throughout Canada where the applications had already been submitted at the time of release. During the transition, the person receives some benefits and is informed that the department recognizes the disability for which the compensation is being claimed, whether it be a psychological issue, post-traumatic stress disorder, or depression. And these cases are growing in number.

We, at Veterans UN-NATO Canada, intervene in such cases throughout Quebec. In several regions, we hold weekly gatherings in the early evening, from around 5 p.m. to 7 p.m. The people who go to these gatherings talk to each other. The people who are already members of our organization reach out to these individuals, who can then gather with some of their brothers and sisters in arms.

Mrs. Sherry Romanado: Thank you very much indeed, but doesn't your organization's existence suggest that something isn't working? Isn't the government responsible for taking care of our veterans?

Ms. Brigitte Laverdure: Precisely.

[*English*]

We have four groups here, today alone.

[*Translation*]

Mr. Denis Beaudin: I think I can shed some light on the subject.

On December 7, 2010, I came to meet this committee and I explained all this. You can refer to what I said at that time.

DND is responsible for the active forces. When those soldiers leave the army, the responsibility passes to VAC. The problem is simple. Soldiers who are still active are told by the defence department, their regiment, or their battalion that they will be paid during the two-year transition from military to civilian life. However, nobody tells them that VAC will be able to take responsibility for them immediately thereafter.

So the person is in a stressful situation because they think that, once those two years have elapsed, there will no longer be any help. That's what the problem is. The way things really should work is that, when a soldier joins his or her unit or battalion—not when he or she is recruited into the forces, because that would be too early—there should be people designated by VAC to provide mandatory information sessions for them. That way, the soldiers will know that, if ever there's a psychological or physiological problem, they have a recourse. They are not just shown the door, like I was in 1992. This approach would dispel any uncertainty for them. Thanks to such VAC information sessions, they would know what help they can count on from their release onward.

I never got the benefit of a program. DND had nothing for me. I was simply sent home. Fourteen years went by before I was paid any benefits. These days, a person can get help after four weeks. This proves that VAC works very well. There's still a lot of work to do, and there are still many shortcomings to address, but it works. The key is to know how it works, however.

These days, there's a lot of focus on active military who are about to be released. The situation they face isn't so bad because they have at least two years in front of them without needing to be too concerned. They know that as soon as they leave the ranks, they'll be looked after. And yet I know people who have been waiting for three, four, five or seven years, and still haven't received a thing. They are completely destitute, and if we weren't there to look after them due to the fact that someone, by sheer happenstance, referred us to them, they'd no longer be part of the population. They would have hanged themselves.

Do you understand what I'm getting at? It's all well and good to have discussions about this, but everything that's been said up to this point was already said by me in 2010. Can we not make some progress now? Could we talk about real situations? There are people dying, and DND's response is that its statistics are not all up to date.

I'm not blaming DND, or VAC. However, a great many veterans are not being taken care of, and are ending up in hospitals in various

provinces, having fallen between the cracks. Those veterans are not included in the statistics. So there's a huge gap that still needs to be filled. VAC needs to provide mandatory information sessions when the soldiers joins their unit, so the soldiers know they'll have access to the help they need one day.

• (1215)

[*English*]

The Chair: We have Mr. Clarke next.

[*Translation*]

Mr. Alupa Clarke (Beauport—Limoulu, CPC): Thank you, Mr. Chair.

Mr. Beaudin, given the situation, I am stunned to hear you say that the Department of Veterans Affairs is functioning very well.

Mr. Denis Beaudin: It works well—arguably, very well—but only if the person concerned knows how it works. As I said, it took me 14 years to wade through, 14 years before getting a pension. And Ms. Laverdure has been working for five or six years so that others can get a pension. People come to us having lost hope, and she takes care of them from the very beginning of the process. She can tell them exactly which forms need to be filled out. Someone who is not up to speed, is sick, and receives such paperwork at home, is going to throw the damn thing in the garbage.

Pardon my direct language. It's simply my style.

Ms. Brigitte Laverdure: The document in question is 22 pages long.

The first form that the veteran receives at home is 22 pages long.

Mr. Denis Beaudin: When someone's sick at home and receives such a document, it's difficult.

Ms. Laverdure, could you read us the first paragraph of the document, please?

Have a listen to what the French version says.

Ms. Brigitte Laverdure: It's the Rehabilitation Program and Vocational Assistance Application for Veteran.

Incidentally, there are three components to the rehabilitation program: the vocational component, the medical component, and the psychosocial component. That kind of thing is already enough to create some stress for our veterans. The French version of the form can be translated as follows:

Active participation is the key to success in the Rehabilitation Services and Vocational Assistance Program. If you fail to participate actively, you might not move forward, and the program might be suspended.

Mr. Denis Beaudin: So the veteran is threatened before he or she starts answering a question.

Mr. Alupa Clarke: Right from the start...

Mr. Denis Beaudin: The English version of the form isn't worded the same way.

Ms. Brigitte Laverdure: Indeed, it's not at all the same.

Mr. Alupa Clarke: You say the department works properly when one knows how it works.

Mr. Denis Beaudin: Yes.

Mr. Alupa Clarke: But is there a culture problem there?

Mr. Denis Beaudin: We resolved that problem. When I walk in to Place Bonaventure, believe me, they know who I am.

Mr. Alupa Clarke: I'm very happy that you're here with us. You're the first French Canadian group representing veterans to come before us.

I have some questions for the other witnesses.

Ms. Fimrite, on the second page of your document, it says that the culture change at the department reflects a new philosophy of care, compassion, and respect that is starting to take shape and is a hopeful sign that radical changes will be made.

[English]

What are those radical changes you're talking about?

Ms. Deanna Fimrite: I think they're similar to what Denis and Brigitte have just stated. I think a radical change would be to have the caseworker filling out the form, not the veteran, with the veteran signing it and reading it over, making sure that the information is correct. It's not for them to find out which form they should be filling out to get their benefits. It'll be Veterans Affairs that is reviewing their file, explaining to them everything they are entitled to, and then actually filling out those forms for and with them, in the hope of alleviating the stresses they're dealing with.

• (1220)

Mr. Alupa Clarke: So if the caseworkers don't fill out the forms and they're not reviewing all the processes, what are they doing, actually? What are the caseworkers doing right now? Are there any other radical changes that you have in mind?

The Chair: Ms. Laverdure?

[Translation]

Ms. Brigitte Laverdure: I can answer that question.

The case managers work hard for veterans. I know excellent ones throughout the country. In fact, I talk with case managers in Victoria, British Columbia, Prince Edward Island and even Quebec.

Mr. Alupa Clarke: I see.

Ms. Brigitte Laverdure: I have an example of this.

Two weeks ago, I helped a veteran in distress with documents that had already been filled out. I always do that. I don't want them to have to fill out the documents on their own, because they could get discouraged and leave them aside. I went with the veteran to the VAC office in Saint-Jean-sur-Richelieu. The case manager, whose name was Isabelle Martin, sat down with the veteran and told him not to worry because she'd be taking responsibility for his case. They are the ones with the power to determine, at that point, whether the people are eligible or not. They need to use them.

Mr. Alupa Clarke: Thank you.

I'll be very quick now, because I have other things to mention.

[English]

Madame Fimrite, following this, I would appreciate it if you could send the committee a list of your radical changes. This is fundamental to us, and I want to know what changes you are talking about.

Mr. Cuppens and Mr. Kokkonen, on page 5, you say that Veterans Affairs Canada has totally pushed away its program evaluation directorate. Why is that so? It's completely ridiculous.

LGen Louis Cuppens: When Veterans Affairs was doing their own downsizing in a previous era, they chose to do away with their program evaluation section.

Mr. Alupa Clarke: That's when it happened?

LGen Louis Cuppens: Yes.

Mr. Alupa Clarke: Okay.

LGen Louis Cuppens: In answer to another part of your question, I would recommend strongly to this panel that you ask the co-chairs, one from Defence and one from Veterans Affairs, to come to speak to you about the role of the joint support units. It's an innovation.

Mr. Alupa Clarke: Yes, we heard about it a lot.

LGen Louis Cuppens: You should get both together to explain how the hand-off occurs. That would answer many of the questions you've already posed.

Mr. Alupa Clarke: Okay.

The Chair: We'll now move to Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): The issue is human resources, technical resources. I don't believe we've heard from case managers yet. From what we're hearing today, I think it would be helpful to the committee to turn to Ms. Laverdure, who is kind of a front-line person. What's the stress like for the service provider, for the case manager, for you? Is it hard work for you mentally?

Ms. Brigitte Laverdure: No, not really, sir, because I went through the whole process in 2004 when I was diagnosed with PTSD as well as with a physical condition.

I have this way now to analyze the needs of the veteran. It's not a matter of saying well, we'll get you in the system and we'll see. We just analyze the needs right away. The first thing I would do if the person is in distress is call the 1-800 help line for the public function. And right away I would call—on the speaker phone with the veteran sitting beside me—a case manager whose on duty. There's always a case manager on duty everywhere in the district office. I would tell this person that I'm sitting with Mr. or Mrs. Whoever and that this person is in need of help.

It just goes with what I know and what I do.

• (1225)

Mr. Bob Bratina: What do you suppose it is like, though, for the tasked case manager who has, we hear, a very large number of cases? There must be a kind of burnout.

Ms. Brigitte Laverdure: Actually, sir, yes.

Through the years we've seen case managers getting sick. They have their cases, and people would call back.... I would tell them to call their case manager, ask her to check this and that. They would get the answer that their case manager is on leave now for depression and that she'll be replaced with somebody else, but they're not getting called back.

Yes, I presume it is hard for case managers. Sometimes they hear things they're not supposed to hear, things that are not natural to hear. I'm not telling them what to do, but I would suggest that VAC train their case managers.

I think training is the key word here. For instance, some case managers have it. They know what to do. They turn around and do their job. Some of them screw up everything. I'm sorry about the word, but that's what they do.

Mr. Bob Bratina: No, it's a good word.

Ms. Brigitte Laverdure: Yes.

Mr. Bob Bratina: Let me then go to the point that Mr. Cuppens made, which was on Her Majesty's government not doing business with any firm. How many ex-military people are involved in this kind of work? You made a suggestion earlier about veterans coming into the public service. What about specifically? Would a veteran be a good person in some cases to be trained to do this kind of work?

LGen Louis Cuppens: Very much so. Your question is whether a releasing veteran would be a good case manager. You're looking at one. I've been a service officer now for 18 years. I've had all sorts of training.

Lots of veterans would volunteer to work as service officers when they take their discharge, and many do. The point in my testimony was that there are lots of medically releasing veterans who could do a second career in other departments of government, but there are obstacles in the way to seeing that.

One of the things that's really key in trying to restore a veteran is to make that veteran think that he's a responsible member of Canadian society, that he can do something. We're not in the business of treating symptoms. We're in the business of making them well, and one of the steps in making them well is to make them feel that they can do something in society.

The Chair: You have 40 seconds.

Mr. Bob Bratina: In earlier testimony I asked about whether during the period of service there needs to be a better relationship between the active servicemen and the Department of National Defence to assist in the transition, with consultation and so on.

LGen Louis Cuppens: It's the same comment I've made several times. This concept is being pursued jointly by Veterans Affairs Canada and the Defence Department with the establishment of joint support personnel units right across every military base, jointly staffed by Veterans Affairs case managers and Defence Department officials, usually at the medical centre of each base. It's a wonderful concept. It wasn't in being four years ago, so you're hearing anecdotal evidence of failures, poor outcomes. But when you talk to the more recent examples, there are really good outcomes.

You'd do well to get the people who founded this and are responsible for it to come and talk to you.

The Chair: Mr. Kitchen, you have five minutes. Then we'll end with Ms. Mathysen for three minutes. We'll probably have time for a second round of about three minutes each, and we'll get Mr. Black involved in that, hopefully.

Mr. Kitchen.

• (1230)

[*Translation*]

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): I'd like to thank all the witnesses for their presentations.

[*English*]

Mr. Alupa Clarke: I just told him that.

Mr. Robert Kitchen: Better integration of the programs and services by DND and VAC is what I'm hearing we need, both today and over the last little while as well.

Ms. Fimrite, in your presentation you suggested six months to start that process. Earlier this week we heard from Mr. Westholm, who recommended that the integration should start from day one of basic training, and be programmed from day one as we step forward; and that each time as the soldiers progress, as they hit certain ranks, their modules should increase and increase.

Could you comment on that thought process, whether you think that's right or wrong?

Ms. Deanna Fimrite: Yes. Certainly. In my article I'm saying there's a minimum of six months from the time a release is decided to when that release occurs. Sometimes it's a year, sometimes it's two years, but Veterans Affairs should be involved right away with that particular veteran and their family as soon as the decision is made that they will be released.

I certainly agree with previous testimony that the knowledge of Veterans Affairs and the benefits and services they will eventually provide the men and women of the Canadian Armed Forces should be taught to them as soon as they choose to join. It's a natural progression of their career. As well, veterans benefits and services are always being adjusted, so as those changes are made, there needs to be the appropriate knowledge transfer to those who are in the Forces about what they can expect when they decide or are forced to leave.

Mr. Robert Kitchen: General Cuppens, would you have any comments?

LGen Louis Cuppens: You get a pamphlet. I could have brought it with me. It describes a whole bunch of things, including the various benefits that were available to a veteran at the time the book was published. This is changing as we speak.

I agree that education should continue throughout the serviceman's and servicewoman's life, but more intense briefings and explanations should occur when the person is deciding to take a normal discharge, or when he is warned that he may be medically discharged. The information is evolving so rapidly that you can't give the fellow a little bible to take home with him. I still have mine from my original sign-up. It was quite thin. The one they were using at the time of my release is about that thick. I suspect it's even thicker now.

Mr. Robert Kitchen: Monsieur Beaudin, I'm going to get you to answer in a second, but I'm first going to ask Mr. Black if he has any comments or not.

Mr. Dean Black: I'm just reflecting on a theme that has come out from all around the table, which reminds me of the principle of homophily, for what that is worth. General Cuppens just spoke about making vets feel confident in their responsibility as a contributing member of society. Ms. Mathysen and colleagues have touched on the subject of the role of the family. The same or similar references have been made by others.

We all get it, and this is what we get: we derive identity from our social connections—friends, family, fellow soldiers, sailors, aviators. The fraternal aspects are key. Remove the veteran from these connections and you contribute to their demise. Strengthen them, support those connections, and you actually save lives.

Associations are made up of these connections, these friends, these families, these fellow soldiers. Why? Because of the principle of homophily. We love connecting and bonding with similar-minded people. That's where our identities come from. The associations here at the table and others you've spoken to, that's where they work. They thrive in those spheres. They have a tremendous amount of stuff to offer, but they have no resources, or the resources are significantly limited.

A lot of us get involved in other projects, such as Soldier On. If you participate in a Soldier On event, you can't help but be broken down by what you see happening. Those events actually save lives. Why? Because they grab those disenfranchised members who have lost their identity and they bring them back into that sphere. They remind them, through the connections in the communities that are supporting them, that they do still have something to offer, that they are important, and that there are folks who still respect and need them.

That's what it's all about.

•(1235)

Mr. Robert Kitchen: Do I have time to go to Mr. Beaudin?

The Chair: No, sorry. You'll have to ask during the second round.

Ms. Mathysen, you have three minutes.

Ms. Irene Mathysen: Thank you, Mr. Chair.

[*Translation*]

Mr. Denis Beaudin: I was prepared to take the floor, but will do so later.

[*English*]

The Chair: Next round.

It's Ms. Mathysen, then we're on a break for about two minutes, and then we're coming back with three minutes each. We'll have enough time for a second round.

Ms. Irene Mathysen: I have a couple of questions.

First of all, we've heard testimony and concerns around the Veterans Review and Appeal Board. Certainly that's been out there for a very long time. There's the fact that the appointees are appointees instead of being medically trained people who understand what they're seeing, or ex-military members who likewise understand what the veteran is talking about when they come to the appeals. There have been suggestions about changes to the board, but in addition to that there's a lot of criticism about providing clear and reasoned decisions and in a timely way.

I'm wondering, with all of this criticism, are you seeing any improvements in the way the VRAB communicates the reasons for the decisions it makes? That's for whoever would like to answer.

Mr. Ray Kokkonen: I think there's been a distinct improvement in VRAB. A lot of the feedback we're getting is old. When you look at the new structure of the board, everybody is represented, particularly veterans. The police are represented, legal is represented, and medical is represented. It's a good construct now, as far as I'm concerned.

It needs improvement, but they are actively working on improving, not just being there.

Ms. Irene Mathysen: What about the timeliness of decisions?

LGen Louis Cuppens: The timeline is a function of having the people. Generally speaking, according to the regulations at present, the case is presented by either a Legion service officer or a Bureau of Pensions Advocates lawyer.

There is a shortage of Bureau of Pensions Advocates lawyers. Demographically, they all progressed at the same age, without anybody analysing it. All of a sudden, they're all gone. That needs to be repaired, and they're working on it.

Ms. Irene Mathysen: It seems a great deal has been downloaded to Legions. We hear all kinds of concerns about the fact that they don't have the financial resources they once did. The poppy fund is being used up in a matter of a very few weeks in terms of providing services to families that should be provided elsewhere, perhaps by VAC or by government.

My question is this. Does that mean those Legion representatives have the training and what they need to be good representatives before the VRAB?

LGen Louis Cuppens: I could answer parts of it, but I believe you've had testimony already from the Legion. I read their testimony.

Service officers exist in various capacities at the Legion. At the Dominion Command level, they have the service bureau, which has trained service officers who have access to the client service delivery network of VAC. This is a computer-driven program in which you can look at what's wrong with a veteran, what his diagnoses were, what his disability awards have been. All that information is available to those service officers. At each provincial command, they also have a trained service officer or two.

At the branches, it's almost analogous to being in the Service Canada system. I know you have a problem and I know where to send you, but I can't do very much. I can fill out an application. The Legion does this voluntarily. Veterans Affairs Canada has a paid staff to do it, and there is a gap. I'll leave it to you to figure out how to fill it.

•(1240)

The Chair: We'll have to stop there. Right now we're going to break for three minutes and then we'll come back for the second round.

•(1240)

_____ (Pause) _____

•(1245)

The Chair: I will call the meeting to order.

Mr. Clarke, you are up, and I'll warn everybody that we are going to hold to the time stringently.

[*Translation*]

Mr. Alupa Clarke: Ms. Laverdure, if I'm not mistaken, you spoke about the fact that the Service Canada service points are not all that adequate for—

Ms. Brigitte Laverdure: I did not refer to Service Canada.

[*English*]

Mr. Alupa Clarke: I'll just ask the question generally, and one of the people here can answer.

When some of the offices were closed, there was a question about Service Canada being able to respond and provide services to the vets. My understanding is that one of the problems with this new situation was that in Service Canada offices, there were no specific agents who specialized in veterans' files.

If that was the case, since there are 600 or so Service Canada offices in Canada, if in some of them that deal with a lot of veterans there was an agent specialized in Veterans Affairs, would that be a good thing to have?

General, go ahead, please.

LGen Louis Cuppens: It would be a good initiative. In our testimony, we explained that the numbers of programs, and the overlap, and reliance, and labyrinth of them all, is such that extensive training would be needed to fulfill that role. It would be a tremendous suggestion to have this one person in each of the Service Canada offices, but it is a huge human resource undertaking to get a person trained. They're trying to expand their programs to meet the current needs, but it's a great suggestion.

Mr. Alupa Clarke: We talk about the fact that the veterans affairs ministry should be responsible to communicate more of its programs and everything. I've been asking this question of the witnesses at each committee. In the United States, the burden of proof lies with the ministry and not the veterans. What do you people have to say about that? Should we do the same thing here, and would it probably work out a lot of the problems?

Monsieur Beaudin.

[*Translation*]

Mr. Denis Beaudin: I will speak to you about my personal experience.

I'll admit that I felt forced to prove my condition. I had no choice. I had to submit reports and all kinds of documents. During that time, people in such a condition are suffering and are not receiving help. But the situation has changed considerably since then.

So, if you go to a VAC centre, and you follow the right procedure and submit precise requests, the people there take responsibility for the case very quickly. It's after this first urgent intake that the situation gets complicated and things start dragging on, so much so, that the veteran can lose patience. That's often what happens, in fact. Our organization tries to offset all that.

At this stage, I now feel like I'm on an equal footing with Veterans Affairs Canada. I no longer have anything to prove to them. Many veterans are listening to me now online, so I might not win a popularity contest by saying what I'm about to say. Some people are trying to prove that they've sustained injuries, but if the evidence has some gaps in it, or some files have been lost, it's a foregone conclusion that the department will take its sweet time. This can result in the people never getting access to those services.

•(1250)

Mr. Alupa Clarke: In the United States—

[*English*]

The Chair: I'm sorry, Mr. Clarke, but we're going to have to end here. We've gone four minutes on that one.

Ms. Romanado.

Mrs. Sherry Romanado: This has been an enlightening panel today because I always scratch my head and ask myself how we can have so many organizations supporting our vets—whom I love—without it also implying that there's also a gap somewhere, that people are not getting the service they need. I started to realize—and, Mr. Black, you touched on that—that you provide a service that's not just about navigating the system and the complexity of the system, but you also a social support, which seems to go away when someone leaves the Forces because they then lose their family, as it were.

My colleague, Alupa, alluded to this, and I'm glad he did. In terms of communicating the services and programs that are available to our vets, we talked a bit about Service Canada. What are your thoughts on your federal members of Parliament, all 338 of them, being able to provide that case work—we all do case work for other kinds of files—to help veterans across Canada? That's what we're here for, to represent you and navigate the federal system to help vets. We're not experts. We don't want to take away from Veterans Affairs, but what do you think of that as a suggestion? I'm just throwing that out there.

Mr. Dean Black: I would say, from meeting your colleagues over the past number of years at Air Force Day on Parliament Hill, that it's amazing to see your ethos of service to Canadians. It's really heartwarming and positive. That's the kind of thing that works, and I think that's what you're touching on. If there is an ethos of service, regardless of the requirement on the part of our parliamentarians, that means you're going to be doing what's needed. You're in a position to help connect those Canadians to the service providers or the sources that will help them. Yes, it's very important, and you do have a role in that sense.

Mrs. Sherry Romanado: Would anyone else like to add to that?

LGen Louis Cuppens: Someone mentioned the difference in burden of proof.

I have dealt with the U.S. military and helped U.S. veterans access their programs. They have a different attitude toward being accountable for public monies. It's not "discretion", but "due diligence" is the term here. We do it meticulously. In the States, they reverse the burden of proof.

However, the one thing I remember in my service down there was that they were bemoaning the fact that in their most recent election—this goes back to the time of President Bush—only 120 of their Congress members had previous military service. I remember at that time that Canada had an election, and we had just three.

Therefore, I applaud you for taking on the role and advertising it to your colleagues, including your Senate colleagues, so that they know how to access Veterans Affairs' information and programs to help veterans who may come and look for help.

The Chair: Ms. Mathysen, we'll have to end with three minutes with you.

Ms. Irene Mathysen: I have two questions. The first is for Monsieur Beaudin.

In June 2014, this committee produced a comprehensive set of 14 recommendations. I have to say that they were quite good.

Are you familiar with this report, at all?

[*Translation*]

Mr. Denis Beaudin: Are we talking about the report referred to during the stakeholders' meeting? The one containing 14 recommendations?

Mr. Jean-Rodrigue Paré (Committee Researcher): Yes.

Mr. Denis Beaudin: I was at that meeting, and I agreed with the recommendations. Our organization said that they were good measures. Nothing is ever 100% perfect, but we supported the measures.

[*English*]

Ms. Irene Mathysen: All right. Would you suggest that this committee support all of these recommendations and that we tell this government to implement them as they are?

[*Translation*]

Mr. Denis Beaudin: I would need to refresh my memory of them, but I know I expressed support for them at the meeting. We

supported them as an organization. We found them acceptable and considered them a step forward. Naturally, some do not share this opinion, but, in my view, and in the organization's view, the recommendations were sound.

• (1255)

[*English*]

Ms. Irene Mathysen: I support that, Monsieur.

The second question is for Ms. Fimrite. You said in your brief that people are looking for information online, and My VAC Account requires a redesign and improvement in the website. Do you have specific suggestions as to what should happen there to make sure it is user-friendly?

Ms. Deanna Fimrite: Well, certainly, the feedback that we've heard regarding My VAC Account is that there are a number of issues with its usability. Right when you start with My VAC Account, when you log in, they are looking for a bunch of banking information from you. That's something that immediately makes people jump back and say, "Whoa. Why do I have to give that information?" If we can work around some of those issues and some of the compatibility issues within that, it would be good.

I was on the website just a few days ago. I'm not a veteran myself, so I can't enter My VAC Account, but I went on the benefits browser, which is a great tool that was developed by the Veterans Ombudsman, and then utilized by the department. However, once I click "yes"—and let's pretend I'm a veteran released more than two years ago—that I do have a service-related need, it's supposed to populate some of the programs and benefits you might be entitled to. It didn't. It took me to another area that discussed whether or not I had released in less than two years. Well, I had just said that I had released over two years ago, so why was this coming up? Then I hit a button that said "email me my results", which just took me to a page that said "Error 404".

I can just imagine the frustration that a veteran or their family would have when trying to utilize this.

This is why I say there should be constant monitoring of the site to ensure that the information from and usability of the site don't create more frustration. It should be there to be helpful and help people understand, very clearly, the benefits that they're entitled to.

The Chair: Thank you.

This concludes the meeting. On behalf of the committee, I want to thank all of you personally and your associations for all the great work that you do for our men and women who have served.

Also, if there are any questions or any answers that you want to elaborate on, could you send any briefs to the clerk? Our committee will get them.

I need a motion to adjourn.

Ms. Sherry Romanado: I so move.

The Chair: Ms. Romanado, thank you.

The committee is adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the Parliament of Canada Web Site at the following address: <http://www.parl.gc.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : <http://www.parl.gc.ca>