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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, May 19, 2016**

**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

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• (1105)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** I call the meeting to order.

Good morning, everybody. I'd like to start the meeting.

Pursuant to Standing Order 108(2) and the motion adopted on February 25, 2016, the committee resumes its study on service delivery to veterans. At the end of the meeting we'll go in camera to discuss future business.

As witnesses today, we have the Aboriginal Veterans Autochtones, Robert Thibeau, president; the Korea Veterans Association of Canada, Bill Black, president, Unit 7; and by video conference from Calgary, Donald Leonardo, national president of Veterans Canada.

Each organization will be given 10 minutes to make an opening statement; then we'll proceed to questions and answers. Because of the video conference, can we direct our questions specifically to Robert, Bill, or Donald?

Let's start with the national president of Veterans Canada, Donald Leonardo.

Welcome.

**Mr. Donald Leonardo (National President, Veterans Canada):** Thank you very much for this invitation to speak to the ACVA committee on service delivery.

I'd also like to say hello to my colleagues and friends in the room.

The study on delivery of service to veterans suggested questions, so I polled the 8,000 members of Veterans Canada on three of these questions. I'll go over those polling results.

The first question that we submitted to the membership was as follows:

According to your organization and the veterans you represent, would you say that wait times for decisions have been reduced? If so, can you provide concrete examples or evidence in this respect?

Ninety-seven members responded to this question, and 90% of them said no.

I'll give you some of the live quotes that came from them. Here is one: "The answer would be a definite no."

I can only refer to the veterans I personally have served with in my own case, which was a year or more ago.

The second quote was, "I can only speak about the apparent policy of Veterans Affairs to refuse claims outright, then hope that the person claiming will give up and go away. I'm presently in my fifth month of wrangling for medical benefits and see no clear end in sight."

These are the responses from that first question.

I'll go on to the second question of that part, which was as follows:

Given that the primary reason for processing delays is incomplete applications, are you aware of any new initiatives to help veterans ensure their applications are complete?

One hundred and two people responded, and again 90% said no.

Here are a couple of the answers to that question.

One reads "I believe the staffers in offices often take the easiest route by returning files deemed incomplete, even though sufficient information was provided by the applicant to answer or act on the request."

The second says, "I asked the advocate for help in filling out the application because I'm not competent in representing my medical situation. I told her I knew a doctor who is, but was denied permission to negotiate with him for his expertise. I feel as a result my claim will be negatively affected."

Again, my response to this is that there appear to still be problems with incomplete applications, and as I have stated before, assistance used to be provided by the Bureau of Pension Advocates.

My suggestion once again is to return to the pre-1996 practice and have them hire full-time veterans to assist with applications once again. Please remove the Legion from access to back files, since we recently learned that that has been a problem. The Legion can still provide their service without accessing back files.

I'll go on to the next question, which was as follows:

Since delays can also be related to the transfer of medical records between the Department of National Defence and Veterans Affairs Canada, are you aware of any changes in the way these transfers occur?

One hundred members responded. Ninety per cent said no or that it was not applicable after release.

Here is one of the answers: "In my opinion, DND is prompt and efficient in forwarding retiree files. Time is lost when DVA delays assigning staff to review the file once received. DND should also transfer its existing clients' VAC files to both VAC and the veteran automatically, so those that have already released from DND and their files haven't been transferred, both should be automatically transferred."

Now I'll go on to the next question, which was as follows:

Have you witnessed improvements in the way veterans with complex needs can interact with their case manager?

There were 102 responses, and 90% said no.

Here is one answer: "No. I was informed by the caseworker that she had done everything she could for me and would therefore no longer handle my case. Veterans Canada members have noticed that they have lost their case managers in the last few months to veterans service agents, even though they have complex needs and injuries."

• (1110)

The second part of that question reads:

For veterans whose needs are not sufficiently complex to warrant the involvement of a case manager, do you think that the number of veterans' service agents, and their competence, is sufficient?

There were 108 responses, of which 90% said no and 10% said yes.

I'll go on to a quote from that one: "No, veterans service agents do not have enough training or understanding to help a veteran."

Here's a second quote: "The service agents that I have encountered fill out the forms and process paper. There is no consultation on probability factors, questions, and otherwise any discussions with the veteran. There appears to be two standards and two classes of veterans."

Do I still have time, Mr. Chairman?

**The Chair:** Keep going. You have lots of time, Donald.

**Mr. Donald Leonardo:** Okay. The next question is:

How do veterans evaluate the services provided in the operational stress injuries clinics setup by Veterans Affairs Canada?

There were 96 responses from our membership, of which 40% said they didn't know.

The quote was "I have never been asked to evaluate OSI set up by VAC. I've been in treatment now for more than nine years and only have been treated follow-up by the OSI doctor since October 2015."

Many members of Veterans Canada at the OSI clinics across the country have been referred to family doctors after a two-year period. This makes the stats for the OSI clinics look good when patients are let go right after the two-year treatment period. They therefore have to fend for their own medications and treatments with their family doctors. If they relapse after the first two years, many find doctors who will prescribe medical marijuana, or else they find their own therapy through psychologists.

The next question is:

Do you think that family members of veterans suffering from mental health problems should receive psychological and financial support from Veterans Affairs Canada?

There were 115 responses, of which 93% said yes.

Here is a quote from members: "Yes. PTSD does have a toll on spouses and children like second-hand smoking."

Here is another quote: "If the families have to provide comfort and support for their family members, I believe they should receive

psychological and family support. If the individual was in an institution, their support would be paid for and the staff trained, so why not for the individual who lives with family?"

My response is that the last quote says it all.

Now, how long are we going to talk about this before we act on these replies? I believe this was in the 2008 new Veterans Charter advisory group's recommendations.

I thank you for this opportunity to speak, Mr. Chairman. Although we've been doing these committees, these reviews, and these studies for the last 10 years—not to mention all the reports that have been written—there probably haven't been more than five or ten recommendations in that time that have been put through. I hope this doesn't go unheard this time.

**The Chair:** Thank you.

What we're going to do now is switch to Mr. Thibeau and Mr. Black, and then we'll come back for questions.

Mr. Black or Mr. Thibeau, the floor is open.

**Mr. Robert Thibeau (President, Aboriginal Veterans Autochtones):** Mr. Chairman and members of the committee, good morning.

I wish to acknowledge that we meet today on Algonquin territory, land that has never been ceded or surrendered. I think the Algonquin nation for the privilege to meet here to speak to all of our warrior veterans, both aboriginal and non-aboriginal. I wish to also acknowledge a personal friend and comrade, Mr. Bill Black, a Korean veteran well respected in the veterans community.

As president of the Aboriginal Veterans Autochtones, I once again appear here to represent the aboriginal veterans from my organization as well as veterans from the Congress of Aboriginal Peoples. I take my responsibility very seriously and thank the committee members for allowing me once again to speak on veterans' issues.

I'm here to discuss the delivery of services for veterans. I will speak only on matters that I feel need to be addressed, only on issues that need to be mentioned on behalf of aboriginal veterans from coast to coast to coast. We do not wish to be classed only as veterans. Rather, we take pride in our service to Canada and our service with all Canadian veterans. With them we stand united.

A decade ago, Veterans Affairs introduced the veterans transition action plan, which was designed to assist veterans leaving the Canadian Armed Forces and moving into civilian life. This plan has certainly had its challenges, but for the most part it has provided the help veterans needed to transition out of the Canadian Armed Forces.

Many veterans moved smoothly through the programs and received the entitlements and benefits. There were some, though, who faced obstacles. The delay of services or benefits may well have been concentrated in the transfer of medical documents between the Department of National Defence and Veterans Affairs Canada. I am not aware if this problem has been rectified, but I know that coordination and effective communication between release sections and Veterans Affairs caseworkers will certainly help to alleviate any problems.

Veterans Affairs announced recently that it will be hiring enough new caseworkers to reduce the caseworker-to-client ratio to 25:1. This could be a positive factor in improving wait times and document transfers.

The closing of offices by the previous government had an adverse effect on some of our aboriginal veterans, notably those in the Saskatoon area. This was the only office that was reasonably close to our first nations or to rural communities where Métis lived as well, although in some cases the drive to get to that location was four hours. When the office closed, veterans were forced to deal with Veterans Affairs online—if they had that capability—or by phone. With the reopening of this office, we hope that caseworkers will also be required to visit face to face for consultations.

I would add that the vast majority of veterans in Canada did not support the move to Service Canada for veterans' services. The main reason was that the person on the phone was not conversant with our policies and procedures, nor did they understand the scope of any of the veterans' issues.

On the issue of reaching out to less populated areas—our remote first nations, rural communities, and communities in the north—in the four years I've been involved with this committee, I haven't seen much movement on the key issues put forward by my organization, by the Legion, or by other veterans' groups.

For example, I advocated for veterans in our rural and isolated communities, communicating with them on benefits and entitlements. I explained that the technology enjoyed by mainstream Canadians is not necessarily the norm in remote communities and that we needed to develop a better plan to deal with the issues. I was happy to hear last week at the minister's summit that there is apparently a plan to answer the communication problems in the north. Although we did not hear specifics, it would appear that somebody has put it on the table, and my hope is that there will be no delays in the implementation of this plan, which has to include face-to-face consultation.

● (1115)

When we speak of post-traumatic stress disorder and mental health in general, I believe that OSISS offices across the country are in most cases meeting the needs of those veterans who have sought help. I can only hope more injured service personnel take advantage of these offices.

Families of veterans who are suffering must be included in the treatment of the veteran, because they are the ones closest to the veteran and are also affected by that injury. Our aboriginal communities see post-traumatic stress disorder, and those affected by it, as being disconnected from mother earth. The warrior needs to

be reconnected, and our ceremonies such as sweat lodges help our wounded warriors to cope and to and move on down the path of healing to deal with those demons and eventually reconnect with mother earth, their families, their friends, and all relations.

The vocational rehabilitation program appears to have a great deal of positive components to assist not only the veteran but also the families of veterans, depending on the degree of injury. It is not reasonable to have a policy that must be activated after release within two years of that release date. Veterans need to be healed before they can do any type of vocational rehab, or any type of program, or even apply for it. You must take into account that with some of the more severe cases, be they physical or mental injuries or a combination of the two, it may be wise to consider interaction with caseworkers, health care professionals, and others involved directly with the veteran and the veteran's family to decide if and when rehabilitation is practical. It may very well be longer than the current two-year policy.

Veterans within my organization living in Quebec, as well as other veterans' groups, were disappointed to see that the Ste. Anne's Hospital was transferred to provincial control. The so-called traditional veterans are few in number, and the government feels it's time to change the way it deals with veterans seeking long-term care. There will be no veteran-specific floors in the provinces, and the fear is that obtaining space in the provincial system will be slow at best and that veterans will be treated like other people seeking the same type of care.

The department must remember that we still have veterans and that facilities for long-term care should be available for veterans, at least as a first option. It may be felt that at this time the need may not be critical, but the future will see veterans counting on these facilities to be there when they feel the need. There may very well be a tidal wave of veterans coming near the time they will require long-term care facilities. How will the government cope with this reality when that time comes?

Effective communication is the cornerstone to ensure success. If you can communicate your message to everyone, and it is understood, then you have achieved the first and most important step in providing care to veterans.

I recently sat with two retired chief warrant officers, with a combined service of approximately 65 years of regular force service. Their response to communicating with service personnel was to go through the leadership that is already there in the Canadian Armed Forces.

One of their suggestions was—of course, being chief warrant officers they would use this one—that if Veterans Affairs Canada wants to ensure information regarding benefits and programs are available, chair a base chief warrant officers' conference once a year for three to five days and give them the information on all of the programs and benefits and entitlements that Canadian Armed Forces members may be entitled to once they move from the military. Then have those chief warrant officers, when they go back to those bases, deliver or disseminate the information to the units within their base structure.

I am quite sure there are other ways to do this, but as a soldier and as a leader of soldiers, I was responsible for the welfare for those under my command. Leaders will always look after their soldiers, and that includes communication.

Mr. Chairman, committee members, and fellow veterans, thank you. *Meegwetch, marsi, merci, qujannamiik*, all my relations.

• (1120)

**The Chair:** Thank you.

Next, from the Korean Veterans Association of Canada, is Mr. Black, president, Unit 7.

**Mr. Bill Black (President, Unit 7, Korea Veterans Association of Canada):** My name is Bill Black. I'm 82 years old, and our battles were 65 years ago.

We have a different statement to make. We probably live in an isolated world because of our age, which is close to that of the Second World War veterans.

Ladies and gentlemen, 30 years ago, the chartered Korea Veterans Association of Canada, or KVA, held a total membership of approximately 4,000 to 5,000 veterans from coast to coast, comprising 55 units. We were well represented across Canada. That's an average of nearly 100 men per unit. However, Ottawa Unit 7 was the largest in Canada, with a strong membership of over 400 Korean War veterans.

I was advised some time ago by the Embassy of the Republic of Korea that Ottawa's is the largest unit in the world, notwithstanding that there were 21 countries involved in the Korean War, 16 of which sent combat troops. Unit 7 is now reduced to 190. That includes the 38 Korea veterans in the Perley and Rideau Veterans' Health Centre. They are being well cared for.

Overall, the KVA of Canada is now at a low of just over 1,000 members and is diminishing rapidly every year. For example, within our unit, there are only approximately 50 members who are still active. We're all in our eighties and nineties. Many are in retirement homes, and those still in their own homes don't travel too far anymore.

Recently I reached out to some of our units and individuals within our Ottawa unit and received feedback on this question: "Describe how well you are being treated by Veterans Affairs Canada". Everyone's answer was nearly identical, such as, for example: "No complaints"; "More than I expected"; "We're being well cared for"; and, "If it were not for VAC, I'd be on the street."

I posed the question about the local offices being closed. In Ottawa, that has not adversely affected our members; however, our unit has several members in the Chatham area who initially voiced concern about having to travel to Windsor for treatment. However, VAC is taking care of transportation and pocket expenses for them, so no complaint was registered.

With regard to disability pensions and VIP assistance, they are often mentioned in terms of expressing appreciation. Many have been vocal in saying how much consideration has been given towards helping Korea veterans who now suffer from a myriad of health problems, such as PTSD, alcoholism, heart failure, various

cancers, lung disease, asbestosis, arthritis, hearing loss, etc. Feedback indicates that, for whatever reason, VAC seems to have excelled in putting forth a great deal of compassion in providing meaningful assistance to Korea veterans.

Although the care aspect seems to be on the favourable side for the octogenarians in our association of veterans, I do not have any idea of the condition of the remainder of Korean War veterans or how they are managing. It is estimated that there are 7,000 or 8,000 Canadian Korean War veterans who have remained distant, insofar as never having joined the Royal Canadian Legion or any veterans organization. To my knowledge, there are no stats for us to use to draw any conclusion regarding their well-being or the accuracy of their numbers.

• (1125)

One more point I'd like to mention is the downsizing of the Canada Remembers directive in Ottawa. It is certainly gratifying to have the partnership deal with our veterans and Veterans Affairs Canada. However, it has become somewhat burdensome now to have our very senior veterans thrust into the business of negotiating, contracting, and purchasing, etc., to accommodate for parades, services, and various other requirements that formerly were accomplished by the Canada Remembers team. Perhaps VAC is thinking of the future and perhaps advancing a little too rapidly in getting prepared for when the inevitable occurs.

Even though the Korean War was often called "the forgotten war", I believe Veterans Affairs Canada has done a colossal job in its care of our men and their families.

Thank you very much.

**The Chair:** Thank you.

We'll start our questioning with six-minute rounds, and Mr. Clarke will be first.

• (1130)

[*Translation*]

**Mr. Alupa Clarke (Beauport—Limoilou, CPC):** Thank you very much, Mr. Chair.

[*English*]

Mr. Leonardo, it's a pleasure to meet you. I have read many of your articles and heard a lot about you.

You talked about the fact that there are two classes of veterans. Could you please explain what you meant when you say that?

**Mr. Donald Leonardo:** I say there are two classes of veterans, and you just heard the differences. There are those who come under the old Veterans Charter and those who come under the New Veterans Charter. Then there is a third class of veterans who are under a little bit of each.

We're doing a study here on delivery of services to veterans. For the past 100 years, if you go back in history, there have always been problems in delivering services to veterans with a magnitude of programs all across the board, so I'll give you a new idea today: let's change the way we give services to veterans. Let's talk about going out to the veterans, finding their needs and meeting them.

There are four different needs. One is the transitioning; the second is treatment; the third is rehabilitation; and last, if they're not able to be rehabilitated, they need lifelong support.

Let's go out to the veterans to find their needs. Their needs will be financial, their needs will be family, and their needs will be spiritual. Instead of a magnitude of programs, let's cater the programs to each veteran and let's save money overall, because there are so many programs that are running and so many bureaucrats working to run those programs. All you need to do is find the need and meet it.

**Mr. Alupa Clarke:** Mr. Leonardo, I understand you made a series of surveys and you had a series of answers.

According to the law, I am a veteran myself. I was released from the army a few months ago, and three days ago I received a letter from VAC informing me of my rights and telling me they want to meet me in Quebec City—that's where I'm living—to inform me of the benefits and whatever I can receive.

I think that's a new approach. Have any of your recent members spoken to you about that? I mean, is this working? Do you think it's good?

**Mr. Donald Leonardo:** Many of our members are already retired and many are already considered disabled, so they have been dealing with Veterans Affairs for a year, two years, three years, or ten years, since the new Veterans Charter and beyond.

I'm very glad that they contacted the Conservative critic, who is also a veteran. Finally, after all these years—

**Mr. Alupa Clarke:** I was also wondering if there was a connection, yes, but let's be....

**Mr. Donald Leonardo:** It would be nice if the service was the same for everybody, sir.

**Mr. Alupa Clarke:** Seriously, I have a doubt about that. Maybe there is a reason.

Mr. Black, throughout your testimony I found your analysis overall to be positive toward the benefits and services given by VAC.

First of all, thank you for being here. You're the first second-generation veteran we have received before this new committee since the last election, and it's the first time I have heard something positive concerning VAC. How do you explain this gap between your experience and the experience of your mates of your generation and what the Afghanistan veterans of modern warfare and of the nineties have experienced?

**Mr. Bill Black:** I think that the Korean veterans, who still come under the old pension charter, benefit very much by that. Also, belonging to an association like the Korea Veterans Association of Canada has brought in a wealth of information regarding dealing with Veterans Affairs Canada.

Does that answer your question?

**Mr. Alupa Clarke:** Yes. It seems apparent that it's better to be under the old system.

• (1135)

**Mr. Bill Black:** Of course.

Our Korea veterans have noticed a difference. Several years ago I attended Parliament. I think General Hillier was Chief of the Defence Staff, and there was a presentation on the new charter, or the change. I said at the time that you might be doing a disservice to veterans by changing that. You're going to have two or perhaps even three classifications of veterans: Second World War, Korea, and afterward.

**Mr. Alupa Clarke:** Why do you think they changed the system in 2005, in December, when the charter came about? What were the problems that they tried to answer with the new charter?

**Mr. Bill Black:** The problem with the new charter is that the disability pensions would disappear, the life pensions would disappear. When I was told that if you died, your next of kin—I guess your mother or your wife or whoever you had on your will—would receive \$250,000, I thought, “There's the money; go away and don't bother us anymore.” That's the impression our Korea veterans had of what was going to occur. Notwithstanding the fact that Parliament decided that we'd look after them healthwise for the rest of their lives, that health—or rather, disability—benefit was going to disappear.

**The Chair:** Thank you.

Mr. Fraser is next.

**Mr. Colin Fraser (West Nova, Lib.):** Yes. Thank you very much, Mr. Chair.

Thank you, gentlemen, for appearing before our committee today and sharing your thoughts in a very helpful way. I know that it's not the first time you've appeared before our committee. In fact, you've been here a number of times to tell various committees your story. I'm telling you that we're listening and we hear you and I'm very grateful for your attendance today.

Mr. Thibeau, sir, you mentioned hiring more caseworkers and the ratio going down to 25:1. You've said that could be a positive factor on services and wait times, certainly for individuals living in rural or remote areas. Could you explain what you mean by “could be a positive factor” and what concerns you have that might not be addressed, even though there are more people being hired?

**Mr. Robert Thibeau:** “Could be” is if you hire the right people, number one, and the training that those individuals will receive.

When you're going to a remote community that is a first nations, Métis, or Inuit community, you also have to understand that you're entering another culture. As veterans, we're a culture of our own; however, there is a unique culture that existed prior to my becoming a part of the veteran family. There is a unique culture in some communities that you have to respect and you have to understand.

It's the same thing that our recruiters do in the Canadian military. They have to take aboriginal awareness training in order to deal with people appropriately and understand the significant differences and uniqueness of some of the communities that they go into.

**Mr. Colin Fraser:** Would it make sense, Mr. Thibeau, to have indigenous people hired to deal with those situations who may have special sensitivity and understanding of the cultural background?

**Mr. Robert Thibeau:** Yes. I have a couple of names if you....

**Mr. Colin Fraser:** Sure. We can talk afterward.

With regard to specific services needed for indigenous communities in particular or indigenous veterans in particular, can you offer some suggestions or ideas about specific services that may be unique to indigenous veterans?

**Mr. Robert Thibeau:** What we're dealing with now is something that we've only started dealing with, and that was with the transfer of the Canadian Rangers to the army. Prior to that, they fell under D Cadets in Ottawa.

Because of that, they weren't necessarily considered as military members. Now they are. They're considered to be in the same class as a reservist, with some differences that I'm not 100% sure about.

My question some time ago was about how we get information to the Rangers who are serving and some of the veterans who may have been in the regular force or a reserve force in southern Canada when they go back home? How do we get that information out?

My response at that time was that we have regular force cadres who work with the Rangers. They're the ones who go into the Ranger communities year round, because that's their area of responsibility. As I say, if you have a caseworker with 25 people, we also have a Ranger cadre that has  $x$  number of people they're responsible for. They go into those communities. Why can we not attach either a Veterans Affairs caseworker or provide the information to those regular force people going into the communities to provide the information to those people in the north?

• (1140)

**Mr. Colin Fraser:** Thank you.

You also mentioned that families need to be supported as well. If you're talking about a veteran with PTSD, there needs to be access to special services for the families too.

I'm just wondering what kind of access there is for indigenous veterans and their families right now, in particular with regard to mental health services, and how do you see that being improved upon?

**Mr. Robert Thibeau:** I will state what I believe is the situation now.

Most of the indigenous communities—my sister is living in the first nations community in Oromocto First Nations—do have a

health centre with a mental health component to it. I would suggest to you that the same thing is happening through most of the communities in first nations for sure. The Mi'kmaq community in Nova Scotia has actually done something for their mental health program.

I talked a little bit about traditional healing methods. First nations, Métis, and the Inuit have their own ways of dealing with it. Eskasoni, for example, has actually brought in health care workers who are going through university. They're non-aboriginal and they're bringing them into the health services centre on their reserve to deal with the problems that they would actually see in a reserve environment, and that will be everything from suicide to other mental health issues. They get to see that first-hand, so now they're getting into that understanding component of what those communities go through.

The problem that you'll have is that in remote communities, and not only in the north.... Let's talk about what you have in some of the provinces, such as the reserve where Tommy Prince was. I consider that to be a remote community. The suicide rates and those kinds of things are ever on the rise.

**The Chair:** Thank you.

Ms. Mathysen is next.

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

Thank you to our witnesses.

I would like to start with you, Mr. Leonardo. We've heard from witnesses and veterans that dealing with Veterans Affairs can cause more stress and it can trigger some veterans suffering from depression, stress, anxiety, or PTSD. I wonder if you could comment on that.

**Mr. Donald Leonardo:** Oh, can I ever. I'd be happy to.

First of all, let's talk about the bringing in of the Pension Act once again. The Pension Act is based on \$32,000 tax free at 100% disability. The average PTSD pension so far is about 30%. That means you would receive 30% of the \$32,000 tax free for the rest of your life. It's pretty hard to live on \$1,100, and you wouldn't be entitled to the old program called the exceptional incapacity allowance because you have to be over 98% disabled to receive that, so you wouldn't get the extra \$1,500 or \$3,000 a month.

Just going to the old Pension Act isn't the answer for those suffering from PTSD. The thing is, if you have PTSD and you've been deemed totally and permanently incapacitated—and they're changing the name of that—then I would suggest that if you're totally disabled, you should be moved up to 100% and then offered the Pension Act at \$32,000 and offered the exceptional incapacity allowance, which is another \$32,000 or \$3,000 a year tax free. Then your superannuation pension, if you have that, isn't deducted as it is now on the earnings loss benefits.

We need to have the committee look at the fact that not everybody is at 100% disability.



•(1145)

**Ms. Irene Mathysen:** It's interesting. Mr. Black commented about his Korean compatriots feeling very well served under the old pension act, and you talk about the new pension act and the percentages. It seems to keep coming down to money.

Why on earth was the switch made? What was the purpose of the new Veterans Charter? Was it to save money?

**Mr. Donald Leonardo:** I don't know if it was to save money. I think it was all about financial compensation for an injury, both for pain and suffering and for earnings lost. I think that was the reasoning behind the.... I have been an advocate going on 17 years now, and these conversations were going on a long time even before I started.

**Ms. Irene Mathysen:** Okay.

**Mr. Donald Leonardo:** After 1996 the veterans' advisory groups were talking about this and trying to come up with a better solution. The best one I can see is to find a need and meet it, meet the financial obligations.

A veteran who is leaving the military with an injury should be paid 100% of his salary while he's transitioning. These are injured veterans. The veteran should be paid 100% of his salary while he's going through treatment. He should be paid 100% of his salary while he's going through rehabilitation. If he's successful at that, then you won't have to pay anymore, but if he's not successful, then he should receive 100% of his salary for life, and not just a whole bunch of programs that you have to apply for, like the PIA supplement. All they require is to receive their salary for life.

**Ms. Irene Mathysen:** We've heard a great deal about the Veterans Review and Appeal Board and how it plays a significant role in terms of service delivery to veterans, etc.

From your perspective, how is the VRAB working? If it's working fine, okay; if not, what needs to be changed?

**Mr. Donald Leonardo:** The Veterans Review and Appeal Board should be disbanded and replaced with a board that has served the military in a medical capacity. Medical doctors and nurses who have served the community and doctors' assistants, which are medical assistants at the 6A and 6B level, should be the ones who are serving on this board and making the medical decisions based on medical evidence. They should mirror the medical review board that the Department of National Defence has and always has had.

**Ms. Irene Mathysen:** Thank you very much. I appreciate that.

I want to go back to Monsieur Thibeau and Mr. Black. I hope I have enough time.

**The Chair:** You have 30 seconds.

**Ms. Irene Mathysen:** Oh, dear. Well, perhaps I will re-ask this question, but I'll give you some time to think about it.

You talked about Ste. Anne's and long-term care there, and Mr. Black, you talked about the Perley. One thing that bothers me very much concerns the hospital I have in London, Ontario. Parkwood is an excellent hospital, but they're closing the beds because they're only for World War II and Korean veterans.

I'm very worried about long-term care for modern-day veterans and the men and women coming back from Afghanistan. I will ask you about long-term care when I get another opportunity.

Thank you.

**The Chair:** Thank you.

Mr. Eyolfson is next.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Thank you.

I'd like to thank you all for coming and for your service.

Monsieur Thibeau, I'm glad you mentioned Tommy Prince. I'm from Winnipeg, so Tommy Prince is talked about a lot. His name appears all over the community. He lived a lot of his civilian life there.

I'm also a physician, and I work in an inner city hospital where a lot of our patients are first nations. One of the things we know from the history of Tommy Prince and from what our first nations deal with is that racism is a terrible burden on the first nations community, both through society, at the street level, and in the systemic racism that they face. It was one of the things that was a challenge for Tommy Prince and for the patients I see.

In your dealings with Veterans Affairs, have you seen any evidence of any forms of systemic racism, perhaps not deliberate, that might be a barrier to care for first nations veterans?

•(1150)

**Mr. Robert Thibeau:** Actually, I can honestly say no, and I'll tell you why.

As far as I'm concerned, I did 38 years of service to this country as a native. I have a great number of friends who have spent that much time in as well, and there may have been undertones of racism, but I was in combat arms, and as far as I'm concerned, racism didn't exist. That's because as a combat arms soldier, you rely on the person standing beside you, regardless of skin colour or race, because we all bleed the same colour of blood. It doesn't matter.

In dealings with Veterans Affairs Canada, it's the same. You're dealing with a veteran, so there has never been, in my estimation, any racism within Veterans Affairs, nor have I heard of any. I'm certainly glad you brought up the point about racism, though. It's certainly something that's still out there in the Canadian public.

**Mr. Doug Eyolfson:** Absolutely. Absolutely, it's there, and I'm not proud to say that it's present in the health care system in which I worked. I'm very pleased to hear that among the burdens you and other veterans have had to deal with through the years, this is not one of them. It makes my day a little brighter to hear that.

You made reference to how there are a lot of different culture-specific practices and beliefs in the first nations community. Is there a lot of programming or help in Veterans Affairs that's tailored to first nations veterans and that helps with their particular place in society and their culture?

**Mr. Robert Thibeau:** In terms of what I'd like to see, I can give you an example of what Veterans Affairs did.

An individual who's part of my organization was in the navy. He suffered from post-traumatic stress disorder, to the point where he had to be released. He was very angry when he got out. He was very angry for about two years afterward. A close friend of mine got hold of Veterans Affairs and suggested that they might want to send this guy back to his community. He was in Nova Scotia, but he was an Ojibwa from either Manitoba or northern Ontario. Veterans Affairs paid his way back. They paid for the two weeks he was there. The processes he went through with his elders and the community assisted him in becoming a better person. The healing process for him was significant because of it.

I think that's a very good success story. It's also something that Veterans Affairs Canada should be acknowledged for in going outside the box in for the healing process.

**Mr. Doug Eyolfson:** Again, that's good to hear. I'm hearing some refreshingly happy answers today. We hear some testimonies of a lot of problems, and I'm glad to see there's one area of concern that seems to be going in the right direction.

You talked about the challenges that people in the remote communities have. They have long driving distances, and the communications technology that we take for granted is not always the norm. Would it help if there was more infrastructure in these communities? I don't mean infrastructure just tailored to veterans, but if these communities were given better communications infrastructure—for instance, if high-speed Internet was the norm—would that be helpful? Do you think it would be embraced by the veterans in these regions?

• (1155)

**The Chair:** You have about 30 seconds to answer.

**Mr. Robert Thibeau:** Okay.

The infrastructure in most of those remote communities certainly does need to be upgraded. You still have boiled water advisories in effect in some of these places.

However, yes, it would certainly help. If the veteran can't use the item, the grandchildren or children can. They can assist. Yes, you have to educate communities on the technology.

**Mr. Doug Eyolfson:** Right. Thank you very much.

**The Chair:** Mr. Bratina is next.

**Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.):** Thank you.

We were talking about service delivery generally. Mr. Leonardo, a lot of the issues you brought up are vital. They deal with compensation amounts and so on. Can you speak to the service delivery aspect?

You did touch on that. From your point of view, what are the big gaps in whatever is available, and however good it is, in getting to the veterans or not getting to the veterans? Could you speak to that?

**Mr. Donald Leonardo:** I'll give you an example.

Yesterday I had dental surgery, so last night I was in severe pain. I had a prescription in my pocket and went to the pharmacy. I have A-line and B-line coverage on my Veterans Affairs card, which means

I'm covered for everything, and my prescription was declined. That was just getting a prescription.

Not long ago they got rid of the Veterans Affairs treatment authorization centres all across Canada. This was the overruling body for Blue Cross. Now there are no treatment authorization centres. Years ago they got rid of the people who were in Moncton in the Blue Cross office, so now Blue Cross is on their own, and by the way, they only work Atlantic banking hours, so if you go after hours.... I'm in the west, so the pharmacist couldn't even call them, because they're closed.

Just on prescriptions, when we're talking about service delivery, these are the implications of cutting and cutting. Just on that portion, we need to change the way we do things.

You've heard over and over from the testimony that there are so many programs and nobody knows them all. A case manager told me this morning that Blue Cross authorized four pills the next day, but my pharmacist didn't receive this information. My case manager didn't even know this was policy, and she's been there 32 years. There are so many programs and policies for veterans that it's confusing.

The best way is meet the veterans and find their needs. If they have a treatment plan, authorize the medications for their treatment plan. This is simple. Let's change the way we've done things for 100 years and instead let's meet the needs of the veteran in transitioning, treatment, rehabilitation, and lifelong support.

**Mr. Bob Bratina:** Thank you for that. I jotted those down when you spoke before.

Mr. Thibeau, on the notion of service delivery again, I think you made some important points, especially for the remote communities. Despite the fact that we're going to come up with much better technical things, the face-to-face component is critical, and the training of the people is also critical. Is that fair to say?

It was interesting when Mr. Black referred to the "forgotten war". I was born in 1944, so I remember the Korean War and the notion that people weren't paying as much attention to it as they had to the Second World War. We'd been through the Second World War and we knew how important that was, so these men and women were forgotten to a large extent.

That compares, Mr. Thibeau, with your experience from the first nation communities that seem to embrace warriors, if I can use that term, the people who did go off to war, in much more of a community setting. Is it fair to say that in the first nations, there would be more respect and understanding of people who went to war?

• (1200)

**Mr. Robert Thibeau:** When you talk about veterans in a community, whether it's first nations, Métis, or to some extent the Inuit—the Inuit weren't engaged as much in the first, second, or Korean wars—they are held in the highest regard. If you go to any type of a ceremony where there's a grand entry, the veterans lead, followed by the elders, so that's the respect they have received.

First of all, when you say “warrior”, it does not indicate or even suggest that all our indigenous people are a warrior culture. The warrior culture has been taken falsely. When a conflict between nations took place, ceremonial dances were done to ask for protection before warriors went into battle. That's no different from any Christian going to church and asking for protection from God Almighty when they go into battle. We have to make sure that we label a warrior in the right context.

**Mr. Bob Bratina:** I understand that, and I wanted to be sure that you knew I understood how the men in first nations are deemed in having to go off to battle.

Would you say that compares, Mr. Black—

**The Chair:** Sorry, we are out of time. We will have to come back to that.

**Mr. Bob Bratina:** I am sorry.

**The Chair:** Mrs. Wagantall, go ahead.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you very much, all of you, for being here today.

There is something about being further down the pecking order. So many of my good questions have been asked.

That said, I really appreciate hearing your views, Mr. Thibeau, and this concept of the appreciation in your community for veterans and also the fact that you are rural, in a lot of circumstances. I am from Saskatchewan, so I am very aware of the situation with Saskatoon and with many of our veterans across the board having trouble connecting.

Would there be any advantage in VAC sitting down with veterans from these rural areas in a true consultation and talking about how best to meet those needs in very practical ways?

**Mr. Robert Thibeau:** When you do that, you have actually said to the veteran, “We are interested in you now.”

I want to go back and just touch on this very briefly. I want you to understand that... I teach aboriginal awareness, and I talk about the military component of awareness and the fact that the highest percentage of ethnic groups that entered any of the war campaigns were aboriginals from Canada, who did not have to serve. In most of the treaties, there was a clause that said they would never have to pick up arms to fight for queen and country, or king and country.

Then I go back to a true story. An individual was fighting on the battlefields in France or Germany during the Second World War. The mother was at home with the five-year-old child, with the Indian agent and the policeman showed up to take that child away to residential school.

You ask why those first nations or those indigenous people actually picked up arms to fight for this country. In their mind, they thought things were going to improve.

I listen to everything that goes on with all the consultations and all the groups, and I say, “Welcome to the real world, folks.” We have been behind the eight ball for a long time. Are things getting better? I think so. However, it is you guys who are going to make it work.

**Mrs. Cathay Wagantall:** Thank you very much. I appreciate it.

Mr. Leonardo, we are talking about service delivery, but at the same time we are aware of the budget, and it is all intertwined. The three major veterans' financial services receive support in the budget.

In looking at that, if you could choose just one thing that you think would impact the welfare of the veterans, what service should be delivered that maybe wasn't there? Is the priority right? Generally, veterans seem pretty pleased with what came out in the budget. Could we have a perspective from you?

• (1205)

**Mr. Donald Leonardo:** As I have said many times before, the item in the budget that met the stakeholders' three priorities was increasing the earnings loss benefit. We asked for 100%. We got 90%. I think that is the biggest impact.

As I have said before, the only problem is that they demoted those who are in the reserves and those who served in the 1990s, those who didn't get the pay raises in the late 1990s from Paul Martin. Those who were sergeant and below will now be paid as privates. First Veterans Affairs said they were going to demote them to a senior private rank, so the senior private rank was a demotion. Then they said, “We will give you 90% ELB.” That means a person being paid as a senior private will get a \$130 increase, and those in senior ranks will get a \$12,000 to \$18,000 increase a year.

Under the old Pension Act, which all these people are fighting for, it is \$32,000 for everybody. Under this new increase of 90% ELB, however, the private is going to get just over \$40,000. The assistant deputy minister of policy said that this is just over the poverty level that has been designated, so that is the reason they reduced them to senior private. Mind you, the major is still going to get \$100,000 plus his PIA—permanent impairment allowance—so he gets about \$132,000, while the private has to support his family.

**Mrs. Cathay Wagantall:** Thank you. I'll have to read through that once we're all done here.

Mr. Black, I appreciate your service and your perspective on so many things.

Your numbers are dwindling. We're approaching Canada's 150th birthday and this may be off topic a little, but it is important. As we look towards the celebration in 2017, as a veteran in Canada, what would you like to see in terms of the celebration of where we are today and how we got here?

**The Chair:** Mr. Black, can you handle that in about 30 seconds?

**Mr. Bill Black:** Senator Martin is working on that now, at least for the Korea veterans. We should have not only the Korea veterans, but all of the veterans accumulating on the Hill, and have a ceremony like the one we had many years ago, when Adrienne Clarkson was the Governor General. We should have all the veterans up on the stage on July 1, or at least being entertained. It should be something like that.

Is that what you're...?

**Mrs. Cathay Wagantall:** Yes. I haven't heard, so good.

**Mr. Bill Black:** If we could make that happen, it would be great. I'm going to suggest that to Senator Martin, by the way.

**Mrs. Cathay Wagantall:** Excellent. Okay. Keep us tuned.

**The Chair:** That's an excellent answer, Mr. Black. We can all suggest that.

Go ahead, Ms. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** Thank you.

Thank you to all of you for your presentations today. You have given us really balanced information to consider, and I appreciate all the different perspectives.

One of the areas I've been focused on with previous witnesses we have brought in has been that transition period. You have each brought up some interesting points.

One of the things we've been talking about, which seems like an easy fix but comes up in every scenario, is paperwork and how overwhelming that is for veterans.

Could you tell me what the most common issue is, and whether you have any quick or easy fixes or suggestions?

I'll start with Mr. Leonardo.

**Mr. Donald Leonardo:** Thank you very much.

Every year I get a multitude of paperwork. I pay child support for my disabled 33-year old son, so I get an additional pension amount for my son. Every year I have to prove that I pay this child support, even though I go through the Alberta maintenance enforcement program. This paperwork comes in every year, and I have to fill out this paperwork proving I paid the child support, even though they don't cover the full cost of \$435. They only pay \$100-and-something, but they still want me to prove it every single year. With all this extra paperwork, I have four Rubbermaid bins full of Veterans Affairs Canada paperwork.

If you have some extra money in the budget, could you send some help to file this for me?

•(1210)

**Mrs. Alaina Lockhart:** Thank you. This is one of the things I've been thinking about. We've talked about additional caseworkers, and you brought up veterans service agents and the training they're receiving. Do you have any suggestions on how those two groups could work together to provide better service, and maybe assist with some of this paperwork?

**Mr. Donald Leonardo:** We need to go back to the idea of case managers going to meet the veteran and filling the needs. This morning, I was told that a lot of this paperwork occurs because sometimes a veteran dies and Veterans Affairs doesn't know it. That's why they send out this paperwork. I think that if they had more contact with the veteran, they wouldn't have to send out the paperwork.

**Mrs. Alaina Lockhart:** That caseworker would be the best person to do that.

Can you explain to me your experience with a veterans service agent? What is their role?

**Mr. Donald Leonardo:** I haven't had a veterans service agent so far, but I've been told by my 8,000 members that many of them have lost their case management. Even though they're still on a treatment plan, they've lost their case managers and have to go through the veterans service agents. As I mentioned in my opening statement, many of the members said that the veterans service agents don't have the experience to work with case management.

**Mrs. Alaina Lockhart:** Mr. Thibault, do you have any experience with case managers versus the veterans service agents and how those groups work together?

**Mr. Robert Thibault:** No, I don't.

**Mrs. Alaina Lockhart:** All right. Very good. That's okay. We'll have other witnesses, so we can keep going down that road. Thank you.

**The Chair:** You have two minutes.

**Mrs. Alaina Lockhart:** You also mentioned that a lot of the veterans didn't know about the OSI services. I guess that goes back to that communication during the transition period. Would you agree?

**Mr. Donald Leonardo:** It certainly does. As I stated, several of my members have said they were released to their family doctors from the OSI clinics and then relapsed. Once you do that, you have to find your own way. I don't know what the reasoning is or why the OSIs would release anyone from their care, other than for having statistics to show they're being successful.

**Mrs. Alaina Lockhart:** We had a conversation with previous witnesses about what the outcomes are and what they consider outcomes, so we'll look into that a bit more too. Thank you. That's great.

**The Chair:** Thank you.

Mr. Kitchen, you have five minutes.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Chair, and gentlemen, thank you for your service and for being with us here today.

Ms. Lockhart must have been looking at my notes or hearing the same things I was hearing, because she asked basically the same questions I wanted to ask. I'm going to try and ask them, but maybe in a different way. I'll rephrase them a bit.

A lot of what we've heard throughout the last couple of weeks has dealt with caseworkers and paperwork and whether the caseworkers are educated and trained. I'm glad to hear today from you, Mr. Thibeau, that they should be trained and should understand aboriginal awareness and be aware of that part. I think that's an important matter.

I understand, and I'm led to believe, Mr. Thibeau and Mr. Leonardo, that you attended the veteran stakeholders' meeting this past week in Ottawa. None of us was there, and I'm wondering whether you might be able to enlighten us a bit on whether the minister or deputy minister indicated whether there would be any training or further instances of training, or set any dates for opening the offices. Can you comment on any of that?

●(1215)

**Mr. Robert Thibeau:** They did talk about the opening of the offices, and they did mention about going out face to face. That was when he talked about the northern communities. I think face to face is probably the most important element of any organization, especially when you're dealing with veterans. We know that probably about 75% of the veterans don't necessarily need to have that much interaction, but they still should have the opportunity. For the other 25%, that's probably your main group, and they should be the priority.

Having said that, I don't recall anything coming out regarding that.

**Mr. Robert Kitchen:** Mr. Leonardo?

**Mr. Donald Leonardo:** Let's talk about the person with the mental disability PTSD and the other stress injuries that go along with that.

If you're only having a phone conversation with a veterans service worker or a case manager, the fact is they don't see your living conditions if they don't come out to where you are. You're talking about a person with mental disabilities, and you're trusting that he's living in a good clean safe environment. You don't know if he's living in his basement. You don't know his situation if you're not face to face with him. The majority of the injuries today are PTSD. I believe a face-to-face meeting is a necessity to make sure the veteran is getting the care he needs.

**Mr. Robert Kitchen:** Mr. Thibeau, you also mentioned dealing with the rural areas. I come from Saskatchewan, and I do have a lot of...I'll use the term "warriors", and families who are out there trying to reconnect with mother earth, which I think is a wonderful thing.

One of the things I've talked a lot about in the last little while is the same concept with our soldiers as they leave the forces and are decommissioned. It's a similar concept, I think, to what you talk about with your warriors and the aboriginals reconnecting with mother earth. It's the same thing with our soldiers in reconnecting them to civilian life.

In Saskatchewan, we don't have an OSI clinic. Have you had any discussions with any of your warriors as to where they might be able to deal with issues of PTSD and how closely they can access that?

**Mr. Robert Thibeau:** I'm surprised to hear that there was no OSI clinic in Saskatchewan, based on the number of aboriginals who actually enrol in Saskatchewan. I would take it that some of these remote communities may be handling their PTSD through their

cultural ceremonial aspects. I know there's one in Manitoba that has a PTSD ceremonial or cultural program, not necessarily for military people, for three or four days. That could be the case in Saskatchewan.

I'm certainly going to ask my director in Saskatchewan and find out if he has statistics or information regarding.... I haven't heard anybody ask for that type of thing. I was just surprised that OSISS wasn't there in Saskatchewan.

**Mr. Robert Kitchen:** We'd appreciate it if you could forward to that to us.

**Mr. Robert Thibeau:** Certainly.

**The Chair:** Ms. Mathysen, go ahead for three minutes.

**Ms. Irene Mathysen:** Thank you. I have a lot I would like to ask, but I'll give you an opportunity to comment on the long-term care piece, because the loss of beds is of profound concern to me.

Mr. Thibeau.

**Mr. Robert Thibeau:** I've listened to Mr. Black. When I joined the army, the Colonel Belcher Hospital in Calgary was alive and well and full of veterans. Of course, that's gone by the wayside now. You brought up a good point when you said you are concerned about today's veterans—the modern-day veterans, if you will. There may not be the requirement today for those beds, but there certainly will be a requirement. That's something that I think Veterans Affairs and the federal government have to keep in the back of their mind.

Although the closures are certainly saving a lot of money, I'm not sure that's the right approach. I think there's going to be an influx or at some point in time there's going to be a surprise, and veterans will be looking for that support.

●(1220)

**Ms. Irene Mathysen:** It's very specialized care and it has to do with the camaraderie and the understanding of experience. I think you're absolutely right, and I worry very much about that future.

Mr. Leonardo, you talked about the treatment authorization centres and the problems that you had just yesterday with regard to needing medication. Earlier you referenced the Bureau of Pensions Advocates. I wonder if you could expand on that.

**Mr. Donald Leonardo:** Prior to 1996, veterans could go to the Bureau of Pensions Advocates to make an initial claim, and employees there would help them fill out their applications and send their applications in. After 1996, that stopped. The Bureau of Pensions Advocates was not a separate arm. It became part of Veteran Affairs Canada itself. I think it should be able to assist those who need help with their initial claims as well as in appealing their claims.

I'd like to also make a point on your last questions having to do with long-term care. The Colonel Belcher in Calgary is still going strong, even though the numbers are growing. There's a brand new Colonel Belcher as of 10 years ago, built by the Alberta government and run by Carewest, but I'd like to remind everybody that modern veterans are not entitled to go to those facilities. The responsibility has been downloaded onto each province. They will probably pay the costs for some modern veterans to go to a long-term facility, but only for those who are designated SDA and designated severely TPI, totally and permanently incapacitated.

**Ms. Irene Mathysen:** That's a problem.

**The Chair:** Thank you.

That wraps up our round of questioning.

I have just one question to clarify something. It goes to Mr. Leonardo, and maybe the other two members could give a yes-or-no answer.

When you talked about not receiving your prescription last night, was that a one-off occurrence? Does this happen quite a bit, and have you also noticed this with other veterans?

**Mr. Donald Leonardo:** This has happened since a year ago last February. Veterans are having difficulties having their prescriptions filled.

**The Chair:** Okay.

Perhaps I could ask the other two members, Mr. Black or Mr. Thibeau, if you've had any instances in your groups with getting prescriptions and medications through VAC's program.

**Mr. Robert Thibeau:** Because of my parachuting activities and other things, I've certainly got a few bumps and bruises, but I'm extremely well looked after.

There was a case when something was denied, and while I was standing there I was adamant that the prescription was what I needed, because it was sanctioned before, but for the most part it has been very good.

**The Chair:** Mr. Black, could you comment on that quickly? Have there been any problems for Korean vets that you know of?

**Mr. Bill Black:** I've never experienced any problems or known of any, and none have been reported.

**The Chair:** Thank you.

What we'll do now is give each group two minutes to wrap up. Then we're going in camera. You can take the whole two minutes or not, so go from there.

We'll start with Mr. Leonardo.

**Mr. Donald Leonardo:** Thank you very much for having me here today. As I said in my opening, I hope that this time some of the information I pass on actually makes it to serving the veterans and delivering services that they need.

Once again, I say hello to all those new members of this committee. I look forward to working with you in the future.

**The Chair:** Mr. Thibeau.

**Mr. Robert Thibeau:** Once again I'd like to thank the committee—the new committee, as Mr. Leonardo mentioned. It's a new committee, and a new broom sweeps clean.

It appears to me that things are moving in the right direction. Although there may have been a lot of negative comments that came from the summit, personally, as a former member of the military for many years and now as a veteran, I look at it as being very positive that we sat in a room as veterans having a voice directly with the minister and the deputy minister.

I think that was an important step, because it tells me that veterans will now have a say in some of the policy-making decisions that the committee will be asked to work on.

I look forward to the future too.

• (1225)

**The Chair:** Thank you.

**Mr. Robert Thibeau:** Again, don't ask me to stand in front of a camera. I won't do it, because I'm a no party guy—I mean, no affiliation party guy—but I certainly respect the work that all of you do, and for the sake of our group, I hope that your good work continues.

Thank you.

**The Chair:** Thank you.

Finally, Mr. Black.

**Mr. Bill Black:** Thank you very much.

This is my first time in this room. I really didn't know of its existence until last week. I'm representing the national president of the Korea Veterans Association, who couldn't make it here today.

I want to mention that we're all accustomed to going to Billings Bridge for Veterans Affairs, where we can open our files and review all of the letters and correspondence and get immediate answers. I can understand now the chagrin that Bob is voicing here on behalf of outlying communities. Hopefully, perhaps something can be done about that, Bob.

Again, thank you very much for having me here. I appreciate the good questions. I don't know if the answers were all good, but the questions were.

**The Chair:** On behalf of the committee, I would like to thank all three of you and your organizations for what you do for the men and women who have served. Please continue your great work in helping our veterans.

Right now we will go to a five-minute adjournment and come back in camera. Process-wise, one staff per MP and one member from the whip's office are allowed in camera.

Again, thank you very much for attending and taking the time to be here today.

*[Proceedings continue in camera]*









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