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Chair

Mr. Neil Ellis

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• (1705)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good evening, everyone, and thank you for coming out tonight.

I will call the meeting to order. This is meeting number 19 of the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are studying service delivery to veterans.

Tonight we have in front of us two witnesses, Mr. Jerry Kovacs and Mr. George Zimmerman.

We will give each witness time for a statement of up to 10 or 11 minutes. Then we'll have an hour of questioning, and we'll go from there.

Welcome, gentlemen. Good evening and thank you for coming. Mr. Kovacs has given Mr. Zimmerman first up.

Mr. Zimmerman, you're up.

Mr. George Zimmerman (As an Individual): Thank you very much.

My name is Captain RCN (Retired) George Zimmerman. Let me first start by thanking you for the opportunity you've given to me to work with you on an issue that is so important to millions of Canadians, which, of course, is the well-being of our military and naval veterans in a just society.

Second, please accept my gratitude for your service to Canada. I understand very well the very deep sacrifices and the challenges and the long hours that go into public service. I served the navy in the Canadian Armed Forces for 38 years; 10 years as a reservist, and then 30 years as a military chaplain. Despite the significant demands of my military taskmasters over all that time, I'm immensely proud I had such an opportunity to dedicate myself to the two pillars that, of course, hold up a modern civilization, and those are the church and the state. I would, without equivocation, do it again in a heartbeat.

I retired as a senior officer in the office of the chaplain general with the rank of captain navy six years ago. I watched in sadness and somewhat in horror a government policy that on the one hand lauded our military members with the praise that probably had not been seen in generations but on the other hand tightened fiscal policies so much so that they ended up disrespecting the very people who had given so much, including, in many cases, their well-being, if not their lives, to this amazing country.

Political activity is often anathema to retired military people, as we've been so conditioned to defer to authority. But I was motivated,

because of the last four or five years, to speak out with truth to power due to the amazing and distressing evidence of injustice that has been perpetuated against veterans and their families.

I'm part of a group called Canadians for Veterans, and our role is to amplify, through social media or any other means, the voices of those who are speaking in favour of well-being for veterans. We pay attention to and we repeat veteran issues as reported in the media. We advertise upcoming and commemorative events involving veterans. We raise awareness of issues raised through government actions or announcements. We laud all veteran support groups, including, for example, Quilts of Valour, which is not a political organization; it just wants to support veterans.

We see you and we see all of these organizations as Canadians for veterans. While we try to avoid being drawn into one political organization or another, we know there are injustices against the veterans. There is unfairness out there, and so with due respect, we are privileged really to speak truth to power, and I thank you for that.

The position of Canadians for Veterans is simply that we don't really care who fixes the issues; we just want to see them fixed. You, of course, as elected officials, are dedicated to the leadership of this paradise of a country. The last bastion of the privileges we all enjoy in this astounding country of ours, this amazing land, versus horrific chaos is really the uniformed men and women of the Canadian Forces. They are the very last bastion between order and chaos.

Of course, they are willing to make the ultimate sacrifices for this cause. They sign an unlimited liability clause, as you know, as volunteer citizens. In our opinion, their sacrifice in a just society as advanced as ours calls for real, substantive, and fair compensation, especially when their lives have been adversely affected by the orders issued by the Government of Canada.

I'm very aware and sensitive that you've probably been fed a firehose of information over the last six or eight months. I do not wish to add to that burden today.

Canadians for Veterans are also aware that there are many complicated issues in the pursuit of fairness for veterans' services and benefits; that is not an easy fix. However, the complexity is no reason not to get it right, not to get it done. We are very well educated, we are a mature nation, and I believe we can do this and we can do it right.

I understand the Prime Minister requires 15 deliverables of the Minister of Veterans Affairs. They were found in the mandate letter issued in November. I know that Rome was not built in a day. It takes time. These issues and the new ones that have emerged since then can't be fixed quickly.

However, our recommendation to you today is to cut through a lot of the noise and focus on three really big issues.

The first item of course, which is on all advocates' lips, is finding a way to deal with the lifelong pension as an option for veterans. We're aware of the Equitas class action lawsuit that is regrettably active again, but we still think that Veterans Affairs can advance this file without compromising the integrity of that legal process.

We think it would show good faith to Canadians if the minister were to give target dates, some milestones, and any other barriers that the department may be facing in completing this deliverable. If that alone were to happen I think the collective sigh of veterans across the nation would be heard in a very significant way.

Canada does not want to read about unfairness and injustices like those experienced by Major Mark Campbell, who had the horrific experience of losing both his legs in his second tour in Afghanistan, which was after the 2006 new Veterans Charter. As a result he missed by a tour the opportunity for a long-term pension.

The second deliverable, which is probably worth looking at as a priority, is that one of the most marginalized groups requiring the deepest study about fairness are those who have served Canada as reservists. It's very difficult to work with reservist veterans because in many cases they are living in areas under-served by medical services. I understand that.

Canada is not necessarily militaristic, she is militaristic necessarily.

The reserves of Canada have made possible our international contributions to allow us as a country to punch above our own weight. The dedication of those reserve forces and their families has empowered this nation in ways that need to be recognized. Veterans Affairs is called to deliver practices and policies that implement the principle of one veteran, one standard.

Canada does not want to read ever again about the machinations needed to ensure fairness for the family of the reservist Corporal Nathan Cirillo after his murder while literally standing on guard for Canada. One veteran, one standard had to be created artificially in his case because otherwise his family would have been treated with standards less than a regular force member who is killed in the same manner. Justice dictates that it should be automatic.

As our third priority, we suggest you focus on the completion of those deliverables that support families. Like you, military members want to know that their loved ones will be well treated in the event that they can no longer provide for them as a result of injury or disease or death.

• (1710)

The second-most affected and vulnerable people of the injured or killed military are the families. I would ask that your committee speak loudly and clearly for the children and the spouses.

Unlike you, these wage earners volunteer to be placed in harm's way. An assurance that their families have longer-term security is an essential and necessary condition for good service. Completing the two relevant deliverables of the mandate letter, ending the time limit for surviving spouses to apply for vocational rehabilitation and increasing the surviving spousal pension to 70%, would deliver that condition. Canadians should not be exposed again to stories of family neglect such as we saw in the case of Jenifer Migneault.

Completing these three deliverables for veterans I think would go a long way toward reassuring millions of Canadians that indeed we are living in an advanced and just society that takes seriously the sacrifices of the volunteers to our army, our navy, and our air force.

Thank you for your time.

• (1715)

The Chair: Thank you.

Mr. Kovacs.

Mr. Jerry Kovacs (As an Individual): Thank you, Mr. Chair, and members of the veterans affairs committee.

My name is Jerry Kovacs. I have been engaged in veterans advocacy work for the past five years. Although I have a relatively short military career compared to some, such as Reverend Zimmerman, as an infantry officer, many of the things I learned and saw remain with me decades later.

My civilian career as a lawyer and educator has taken me to Ukraine, the Democratic Republic of the Congo, and Palestine. I spent four years in the former Yugoslavia, two of them in Kosovo. My work often involved collaboration with other civilians, police officers from Canada, and individuals involved in helping people in post-war countries under reconstruction.

During the past five years, I have heard numerous times the comments and complaints that you are hearing now for the first time. As the military ombudsman said in Ottawa on June 7, there have been many studies and reports, many proposals, and many recommendations. It's time for decisions.

It is commendable that this committee is travelling to hear from individual veterans who live outside Ottawa or veterans who are not members of any veterans organization. There are approximately 800,000 veterans in Canada. Of that number, only 100,000, or 12.5%, are members of any veterans organization. It's important to hear the views and concerns of the other 700,000 veterans, or 82.5%, who are not members of any veterans organization. They too are defined as stakeholders by the department. Perhaps now, or in the future, they may receive benefits and services from Veterans Affairs Canada.

Twenty years ago, from 1995 to 1997, the veterans subcommittee of the national defence committee undertook an extensive two-year examination of issues related to the quality of life of veterans. The agenda was open. There were no time limits on speaking. Members of Parliament actually visited veterans in their own homes. The final report was issued in 1997. In addition, the MacLellan report, the Stow report, and Joe Sharpe's Croatia Board of Inquiry had wide mandates to examine how military members and veterans were being treated.

Neither Veterans Affairs Canada nor the Standing Committee on Veterans Affairs, formed since then, have ever had full public hearings into the services and benefits and policies and programs offered to veterans.

On March 8, the veterans ombudsman talked about the importance of outcomes before this committee. Outcomes, in Professor Barber's view, relate to his "deliverology" theory. Are services and benefits being delivered to clients effectively? Are the value and benefits of existing services and resources being fully utilized by veterans, the RCMP, and their families?

Services and benefits must be delivered in a timely, effective, and efficient manner. Veterans Affairs employees should continually ask veterans, through customer satisfaction surveys, whether they are satisfied with the manner in which they are being treated. A comprehensive survey is also warranted. To save taxpayers money, it could be done through SurveyMonkey.

In improving services and benefits to veterans and the RCMP and their families, this committee should divide them into three categories: one, things the Minister of Veterans Affairs can do immediately without parliamentary approval; two, things the departments of Veterans Affairs and National Defence can do immediately without parliamentary approval; and three, things that require parliamentary approval where Treasury Board approval is required, such as the federal budget.

The process for the transition from military to civilian life needs to be simplified. It needs to be made clear well in advance of the release date. Mechanisms need to be in place to ensure that on the release date, the veteran and the veteran's family have everything needed for a smooth move, or a seamless transition, from a career that ended voluntarily by retirement or involuntarily as the result of a medical release.

● (1720)

Too often in the past I have heard veterans say, at this veterans affairs committee, that they were not fully aware or informed of the services and benefits available to them. The department must take primary responsibility to ensure that veterans and their families know what services are available to them.

Medical and personnel records should be easily and quickly transferred, whether by paper or electronically. A copy should be in the possession of the veteran on release day.

Identification cards are long overdue, and the veterans' names should be in a database, cross-referenced with the service number so that their location is known.

Provincial health cards could identify an individual as a veteran. If the word "veteran" can be printed on a provincial licence plate, it can be printed on a driver's licence or health card so that health care professionals would be aware of any military conditions that a veteran in their care may have.

There should be a comprehensive application form for services and benefits. Eligibility for services and benefits should not require proving multiple times that an injury has been sustained. If a veteran is missing one, two, or more limbs today, chances are the same veteran will not have those limbs two years from now.

On service excellence, training in customer service should be delivered to Veterans Affairs staff on a continuous basis. Feedback on service delivery from the veteran and service agents or case managers is essential.

The committee should also provide a timeline for when things are accomplished. Being in the military involves timings. Veterans who are used to timings—what will be done, what day it will be done, what time it will be done—will want to know, as veterans, when services and benefits will be made available to them. Veterans want to know when the mission will be accomplished.

In closing, I wish to comment on a few items.

The first is the new Veterans Charter versus the Pension Act. During the 2015 federal election, the Liberal Party promised to return to the Pension Act. It has yet to occur. This is viewed by many veterans as a crucial benefit and an election promise made but not yet delivered.

Second, the Equitas Society lawsuit should not be viewed as an obstacle to making needed changes regarding services and benefits for veterans. If the changes are made, the reason for the existence of this lawsuit disappears entirely when the plaintiffs' demands are satisfied. The abeyance agreement ended on May 15. A new one could have been written. The existing one could have been extended. At any time, the parties can continue settlement negotiations via a settlement conference pursuant to rule 9-2 of the British Columbia rules of civil procedure. The parties should continue settlement negotiations. The Equitas lawsuit should not be used as an excuse for anyone to hide behind the words "No comment. It is before the courts."

The work of this committee, Parliament, the department, and the minister can continue to improve the services and benefits for veterans, as Reverend Zimmerman said, while this lawsuit is ongoing.

Third, the expression "sacred obligation" has been publicly used, misused, and thrown about indiscriminately. I suggest "sacred" be replaced by the word "unconditional". The duty, commitment, or responsibility to our veterans is an obligation based on their unlimited liability to Canada. An unlimited liability from them should be an unconditional obligation to them in return.

In *Anne Cole v. Attorney General of Canada*, a decision by the Federal Court of Appeal dated February 25, 2015, Mr. Justice Ryer, speaking on behalf of the court, said:

Parliament has mandated that a liberal interpretation of the Pension Act must be given with a view to ensuring that our country's obligation to members of the armed forces who have been disabled or have died as a result of military service may be fulfilled.

•(1725)

The Federal Court did not feel the need to use a religious adjective to define the word "obligation". It exists. In plain language, an obligation is an obligation.

This was confirmed in a Federal Court decision on May 31, 2016, two weeks ago, in *Ouellette v. Canada (Attorney General)*, where the Federal Court extended the whole analysis to physical conditions. These two court decisions, last year and two weeks ago, are consistent with section 2 of the Canadian Forces' Members and Veterans Re-establishment Act, also known as the new Veterans Charter, which talks about, "recognize and fulfil the obligation of the people and Government of Canada to show just and due appreciation to members and veterans for their service to Canada."

In addition, section 3 of the Veterans Review and Appeal Board Act states:

The provisions of this Act and of any other Act of Parliament...conferring or imposing jurisdiction, powers, duties or functions...shall be liberally construed and interpreted to the end that the recognized obligation of the people and Government of Canada to those who have served their country so well and to their dependants may be fulfilled.

Fourth, the failure of the Department of Veterans Affairs to always recognize this obligation has resulted in a growing cottage industry during the past few years. This cottage industry consists of individuals and organizations that are generating money from private donations and public funds. They are not all volunteers. Some of them are profiting from helping veterans. The abrogation by, or absence of, the government in meeting its obligation has created the vacuum for this to occur.

Fifth, this committee will perform a great service to veterans, the minister, and his department if it can identify barriers that prevent existing benefits from being improved and effectively delivered, and new ones from being implemented.

The words "one veteran, one standard", "care", "compassion", and "respect" have been repeated all too often. Let's ask Petter Blindheim, a 94-year-old veteran living in Halifax about these words and what they mean to him and his family. He is a veteran; he is a Canadian. Veterans Affairs recently denied him a bed at Camp Hill Veterans' Memorial hospital in Halifax, where there are 13 beds vacant, because he does not need specialized care. I challenge you to name a 94-year-old veteran who does not need some sort of specialized care either today or in the future.

The sections of the statute that I just enumerated plus the two recent court decisions show that there is an obligation, an unlimited obligation, to deliver services and benefits to veterans and not to deny them. Care, compassion, and respect are needed in the decision-making process when granting the services and benefits earned by veterans.

There are three kinds of people in the world: people who make things happen, people who watch things happen, and people who don't know what's happening. It's time for Canadians to make things happen for veterans.

Thank you.

The Chair: Thank you.

We'll start with any questions.

Mr. Fraser.

•(1730)

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, gentlemen, for your attendance here this evening.

[*Translation*]

Thank you very much for your comments and for your attendance.

[*English*]

Mr. Zimmerman, perhaps I'll start with you. I listened closely to what you were saying and, obviously, you referenced the minister's mandate letter. One of the things that's mentioned in the mandate letter, when it talks about re-establishing lifelong pensions, is financial advice and financial counselling for veterans who are transitioning to civilian life. I'm wondering if you can comment on your knowledge of veterans who have financial difficulties when transitioning into civilian life, and what may be recommended by your group in order to help them in that situation.

Mr. George Zimmerman: One of the things that crossed my mind is the nature of the injury and the age of the individual who has been injured. If you're looking at a head injury or you're dealing with post-traumatic stress disorder, there can be some impaired judgment involved. One of the things that concerned us was handing a 30-year-old or a 28-year-old \$250,000, with somewhat impaired judgment. The fear was, of course, that they would go through that money quickly and end up with virtually nothing. I think that has happened in some cases I'm aware of.

How you control that or deal with that may be in the holy mysteries. It's very difficult. You're going to give a free-will choice and then not have free-will choice. It's sort of a categorical position, I agree. But that kind of situation needs some kind of addressing. Providing reasonable and reasoned counselling, at the level the individual can hear that counselling, I think would be necessary in order to create a viable option.

Mr. Colin Fraser: With regard to reservists who have served and become veterans as a result of their service as reservists, they need support. You mentioned one veteran, one standard. Can you give us some examples of how reservists are treated differently now, and what could be done to close the gap in order to achieve one veteran, one standard, in your mind?

Mr. George Zimmerman: I was thinking about a number of friends of mine who have done their service, they've incurred some type of operational stress injury, have returned to their home units, and the home units have been unable to appreciate the nature of that injury and have taken sometimes disciplinary actions or otherwise marginalized those individuals. Certainly, I am aware of reservists returning to their hometown who have said this is the kind of thing they've experienced, and nobody wants to hear that. So once again they find themselves on the outside looking in.

The experience of trauma in a war zone is horrific, and certainly not something that is repeated in light conversation at a cocktail party, and it's very difficult for these people to express that. Without having support systems in place to be able to help them rationalize and work with their narratives in a positive and constructive way with appropriate medications and so on, they end up in very sad situations.

At one point, I can recall a medical team that went to a basement in Newfoundland because that's where the veteran was living. It was a small town and there was nothing around for that individual. His unit didn't know anything about it. We found out about it through the back door and sent a medical team from the regular forces to take a look and deal with him. That's the kind of thing that tends to happen. It's very difficult to solve that problem, because there are no services in particular parts of the country.

• (1735)

Mr. Colin Fraser: Right.

One of the things we've heard from a number of witnesses is the complexity of the whole system of benefits and dealing with or navigating through Veterans Affairs Canada and, obviously, different types of veterans having different access to certain benefits. I'm wondering if you believe that's one of the areas in which we could consider closing the gap and having a one veteran, one standard model where we try to reduce the complexity in order for people to understand what it is they actually are entitled to as veterans.

Mr. George Zimmerman: Yes, absolutely. I'd go a step further and have those benefits and services clearly identified in a document on release, so that the release procedure includes a seamless process into, "This is what you're entitled to; this is how you access it" both in writing and in a counselling one-on-one briefing, so that these individuals are not left not knowing. It needs good documentation so they have something to take home.

I would suggest follow-ups by the next stage, which would be Veterans Affairs reaching out and saying, "Did you get your package? Do you understand the package? Is there anything we can do with that package?" That would mean that Veterans Affairs would have to receive some sort of contact point from the released individual.

Mr. Colin Fraser: Thank you very much.

Mr. Kovacs, I have the same sort of question regarding navigating Veterans Affairs Canada and the complexity of the whole system. I know that there has been a movement to hire more case managers and reduce the ratio to 25:1. We've visited some of the Veterans Affairs offices and have heard that this is happening, and hopefully things will improve.

I wonder if you believe that lowering that ratio will assist in helping veterans navigate the benefits they're entitled to.

Mr. Jerry Kovacs: Yes, absolutely. Before the veteran is assigned a case manager, you could start one step sooner with the client service agents at the counter, with an orientation package, a pre-release information package that includes things like financial literacy and financial planning. As an example, the Canadian Securities Administrators, CSA, is actively involved across Canada in financial literacy and financial planning for Canadians. Eliminating the discrepancy among reservists involves eliminating the classes of reservists.

Having this information available beforehand would definitely assist the veteran.

Mr. Colin Fraser: That's very good. Thank you. I'll yield to other questioners.

The Chair: Mr. Clarke.

[*Translation*]

Mr. Alupa Clarke (Beauport—Limoilou, CPC): Hello. Thank you for being here with us this evening.

Yesterday evening, when we were in Toronto—yes, that's right; we have moved around so much that I nearly forgot where we were last night—, the veterans we met mentioned some of the department's practices that they consider disgusting.

Are you aware of the department's good and not so good practices in its daily dealings with veterans?

[*English*]

Mr. George Zimmerman: Nothing is coming to my mind, right off the top.

Mr. Jerry Kovacs: There was a time, perhaps more than a year ago, when we heard some informal evidence from veterans who indicated they were not always being advised of all the services and benefits available to them.

Whether or not this practice has ceased since then, I don't know. It seems to me that if you have what the department calls a suite or an array of benefits for veterans, they should be informed about these services or benefits that are available or applicable to them prior to release, if possible.

Whether the department does that through service agents and case managers, or with the assistance of Legion service officers is another matter.

I don't think any service agent or case manager would deliberately refuse to inform a veteran of the services and benefits available to them. The question is ensuring that veterans know what's available and that they apply for the appropriate services and benefits.

I can't provide you with any information about veterans who have told us that they were denied services or benefits other than the news reports that we see about refusals, or veterans who have gone to the Veterans Review and Appeal Board or the Federal Court. They have still applied for these services and benefits, it's just that they didn't receive the result they hoped for.

In terms of outright refusal, no.

• (1740)

[Translation]

Mr. Alupa Clarke: Thank you.

And you, Mr. Zimmerman?

[English]

Mr. George Zimmerman: One of the things I've run across is accessibility; our seniors have trouble accessing services and benefits through Internet services. Picking up a phone and having a live person at the other end is probably the only alternative for that class and age bracket.

A number of people complain they can't work their way through it. They're so confused and don't know what to do with it.

Mr. Alupa Clarke: Mr. Zimmerman, you talked about issues, and you put three of them forward, but you also talked a few times about injustice and unfairness. Could you expand more on this? Do you have a specific example of the unfairness of actions or of a delivery model that, according to you, is unfair and relates to some injustice?

Mr. George Zimmerman: On the compensation package, I think the numbers are indicating that there are financial compensations that are less than one would get under workmen's compensation, for example, if one were injured in the same way. I don't have those specific numbers in my head, but I became aware of some of that.

The difference in services provided to reservists and regular forces I think was underlined with Nathan Cirillo's family. That family ended up with a fair package, but the amount of work required in order to make that happen was fairly significant. In my mind, that should not happen. That should be automatic. I've certainly worked with reserve members who are suffering from post-traumatic stress disorder, and they find it very difficult to access the same kinds of services immediately upon their release.

[Translation]

Mr. Alupa Clarke: You both talked about the option of restoring the disability pension. I would like to hear your views on that. Would you like it to be similar to the 1919 pension model or are you thinking of a different model?

[English]

Mr. George Zimmerman: What I liked about the mandate letter was the opportunity to provide an option for wounded veterans to receive a long-term pension benefit or a one-time payout. What I liked about it is that it respects an individual's right to choose, and at the same time, a business case can be made to see what is in their best interests. If I'm a 20-year-old receiving \$250,000, how does that compare to a lifelong allowance that takes me and my spouse through to the age of 90, for example? There is a business case that can be made in those terms.

As to whether it actually fits the 1919 model, that's a specific question, and I really don't have the answer to that. Really, I'd have to take a good hard look at what the 1919 model is all about.

It's the long-term benefit that these Afghan vets or post-Cold War vets are receiving that's giving them so much difficulty, because the money runs out. If they're wounded at the age of 25 or 30 and their money runs out at 50, 20 or 25 years later, we're leaving them in the lurch, and we did not leave their parents in the lurch.

• (1745)

Mr. Jerry Kovacs: This goes to the issue of financial security, which the Veterans Ombudsman talked about a few weeks ago. Financial security is a relatively subjective concept. It means different things to different people. Financial security for an individual may be something entirely different from financial security for a veteran who is married, or for a veteran who has children, right? Their needs will differ depending on their individual circumstances.

When you're reviewing the testimony and writing a report, I think it will be important to differentiate the two things. On the one hand is the financial aspect of it, which would be the lump sum award, for example. That financial aspect is different from the aspect of the services available to veterans, such as the veterans independence program, or the funeral and burial benefits, or the caregiver's allowance. That's a benefit, a program, or a service that's available. Always keep the difference between the two in mind when you're reviewing the testimony.

The Chair: Ms. Mathysen.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Zimmerman and Mr. Kovacs, for being here. We certainly appreciate hearing your input. One of the things that I think we have at this point in time is an opportunity to do some positive things, and, as you pointed out, Mr. Zimmerman, there were some very difficult decisions that were taken over the last 10 years. Believe me, I sat in the Parliament of Canada for those 10 years, and I indeed did see things that concerned me very much in regard to the treatment of veterans.

We've heard from a number of folks. One of them was the DND ombudsman, Mr. Walbourne. He said one of the problems—and there are many problems—is that DND and the Canadian Forces, Veterans Affairs Canada, and SISIP, all have their own case managers and vocational programs, and some of the programs offered become inaccessible because of a lack of awareness on the part of the member or due to the sheer complexity of it all. He said it would be best to have one knowledgeable point of contact that you can trust for the entire journey. You seem to be saying the same thing. I wonder if you could comment on what the ombudsman had to say.

Also, I wondered if benefits that are identified by DND—this is what you have lived through, this is what you get—should be constantly reviewed as a matter of course in subsequent years.

Mr. George Zimmerman: Yes, I would agree with the ombudsman. The short answer is absolutely.

One of the things that we discovered in health care when I was working with the surgeon general's office, one of the things that became very clear, was that there is a tremendous dissatisfaction of members because they would come in and they'd see Doc Blue on one day, and then come a few weeks later with the same complaint and have to go through the whole process again with a different doctor, and then a third doctor. It was a major dissatisfaction. One of the things the defence department did and the surgeon general did was to create a system by which you were assigned a physician, and that was your physician while you were in that particular location. That took a significant amount of anxiety off the patients who were coming in for services. It would be the same kind of thing. If I knew that my point of contact, who I had known for the last two or three years, on my release—especially if I'm dealing with health issues—is going to be the same person afterwards, my sense of anxiety...and connection with the Government of Canada, and their sense of obligation to me, would be very profound and very meaningful.

Those would be my thoughts on the ombudsman's recommendation.

Sorry, your second point was?

• (1750)

Ms. Irene Mathysen: Should there be a periodic review just as a matter of—

Mr. George Zimmerman: Yes. I think one of the things that needs to happen over a period of time is some kind of review process be taken regularly as to: are we meeting the needs of today's veterans in their current situation? God forbid if we end up putting more soldiers in harm's way, and we end up with a different kind of veteran, as we saw with the Afghan veteran and so on, because it was a different kind of war, a different kind of conflict, creating different kinds of issues for us. Unless we have a way of monitoring the needs of these serving members after they've been released, how do we know we're meeting their needs today?

Ms. Irene Mathysen: That leads into my next question. This is something that I've been very concerned about for a number of years, and it is access to long-term care. Post-Korean vets do not have the same access as World War II and Korean vets. In my own riding I've seen issues where someone served during the Cold War, acquired injuries through that service, but because he was post-Korea didn't quality and had nowhere to go. He had nowhere to go, and was told quite point blank, sorry, you have to leave now. Your surgery is over. Go away. It took a great fight in order to finally get him a bed in a long-term care facility, but he didn't have the same support as other vets.

I just wanted your thoughts in regard to the policy that excludes our modern-day veterans, because they are going to need a great deal of care. We've already seen that in these first few years after Afghanistan and the peacekeeping efforts in places like Kosovo and Cyprus.

Mr. George Zimmerman: I would agree and you're right. As this population ages, there's going to be a point where the pressure that they're going to put on public health services will be significant.

I'm not convinced and haven't seen strong evidence that the public service medical care really comprehends—especially if you're dealing with trauma, long-term trauma, psychological as well as physiological issues—how to deal with these people, so they end up falling through the cracks. Many of these patients can be difficult patients.

One of the things we observed with PTSD that occurred through military action was a significant distrust of authority figures. You don't see that in motor vehicle accidents, having PTSD. They still trust the police and they still trust the system, but for some reason our military PTSD patients had a real suspicion of authority. As that population ages, how are they going to deal with a civilian organization that just doesn't understand that kind of dynamic?

I would absolutely agree with you that those veterans...Why would we not as a country want to care for them with the same degree of care, sensitivity, and funding as we did for our Korean veterans?

Ms. Irene Mathysen: I quite agree. I have a long-term care facility, a veterans hospital in my riding. The expertise and knowledge that staff have in terms of dealing with veterans, and not just their special needs physically but emotionally with the culture that a veteran is part of, is extraordinary. My fear is that it will be lost. When those Korean vets are gone, those beds will close and we will have lost something very valuable.

My last question for the moment has to do with homeless vets. Canadians discovered that we have homeless vets and seem to be astounded by that fact. The reality is we are not sure even now how many there are. Groups are scrambling. Jerry talked about the growing cottage industry and one of those groups is trying to make up for that loss of housing policy, the loss that happened back in 1994.

Should there be a national housing policy for everyone and something specialized with regard to homeless vets, so that they can get that home and begin that road to recovery?

• (1755)

Mr. George Zimmerman: If I may, Mr. Chairman, I'd like to defer that question to Jerry because Jerry was working on Saturday looking for homeless veterans in Ottawa, so he's further ahead on that issue than I am.

Before I do that, one of the things we discovered when we were trying to set up the occupational stress injury clinics across Canada within the military was that—just to underscore your concern about the lost expertise, should we close those beds and lose that staff—when we were looking for suitable civilian facilities to treat our veterans or to treat military members with post-traumatic stress disorder and other occupational stress injuries, it was very difficult.

It was in the early days when PTSD was not that well understood. We were getting all kinds of pseudo-science or non-science, sometimes just sheer profit-seeking people who had the panacea, who had the answer, and we would have to field all of that, and it came out of the civilian world out of a necessary need.

When we started to reach out to different organizations that treated mental health issues including PTSD in the civilian world, their level of expertise was not that great at that time. Things have changed somewhat but not a lot. The PTSD veteran would be activated and would become sicker as a result of not being treated with the sensitivity and expertise of a military person dealing with a military mental health issue.

I'll leave it at that.

Mr. Jerry Kovacs: When we're talking about issues such as hospital care and housing, you know that we're involving another jurisdiction or two, such as the province or the municipality. It's important to work with these other jurisdictions in finding solutions. We can also look to other jurisdictions such as the United States. President Obama's campaign to end veterans' homelessness is an example. The City of Medicine Hat, Alberta, claims to have ended homelessness in Medicine Hat. If there are no homeless people in Medicine Hat, there are no homeless veterans in Medicine Hat.

The issue sometimes arises in finding a temporary solution for a veteran who finds himself or herself on the street for one reason or another, and that's why some organizations—and you're probably referring to veterans emergency transition services, VETS Canada—are involved with having boots on the ground to actually find homeless veterans.

We were out on Saturday afternoon in Ottawa and we didn't find any in Centretown. There are all sorts of different reasons for that. We were out at not necessarily the best time—Saturday afternoon. Some veterans don't like to identify as being homeless. Some veterans are couch surfing. Some veterans are living in a car or a van. Now is a great time to be out camping if you like camping, and I don't mean that in a derogatory way. But if you don't have a home and you want to set up a tent or a small trailer in a campground or near a river in a park, the summer is a good time to do that. There are all sorts of challenges in actually identifying these homeless veterans and where they are, and trying to help them, because some of them, for one reason or another, want to be helped, and others just don't want to be helped. That in some way goes to this attitude in the military of not wanting to identify any weaknesses you have, which George knows about.

In your particular cases, when it comes to hospital care, you need to work with the provinces. When it comes to housing, you need to also work with the provinces and the municipalities. But it's necessary to also have an ongoing review of these issues and problems, because they're somehow cyclical in nature. Remember, we heard a lot about homeless veterans during the winter, and less during the summer.

One of the things the new Veterans Charter was to do—and this goes back to one of your earlier questions—is to provide a continuous review of the new Veterans Charter and how it is working, and that just didn't happen. That's where committees such as this parliamentary committee have an important role to play.

• (1800)

The Chair: Mrs. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you for this opportunity.

Mr. Zimmerman, I wanted to come back to one of the points you made, which was about the need to take care of families. You referred to the mandate letter, which talks about counselling and training for families who are providing care, as well as ending the time limits for vocational rehabilitation for surviving spouses.

Can you expand for me how you see this rolling out, what you think encompasses taking care of the family?

Mr. George Zimmerman: Let me answer that with this analogy. If you have one member who's ill with post-traumatic stress disorder and living in a family of four, you're treating one-quarter of the problem if you're not dealing with the rest of the family members. The nature of mental health issues is systemic, and the whole system is involved. As treatment is taking place there needs to be a psycho-educational process, certainly for the spouse, if not, depending on age, the children.

The mandate to provide funds for that, of course, becomes a really significant problem, because as I'm aware, this is not an inexpensive proposition. However, on the other hand, if you're treating only one-quarter of the problem, this is one of the things for which we have to bite the bullet and find a way to do that, find a funding process to help those families.

The ongoing needs of surviving spouses will change with age and time and capabilities, as they do for any other person over a period of 25 years, with child care and so on. At the end of the day, they may need a different kind of vocation in order to cope with the changed environment of their time. Do we really want to say, at a certain point, "Your skills are no longer required—even though we put you in this place, and had your spouse not been killed, you would not likely be in this impoverished state or position in which you cannot work"?

Mrs. Alaina Lockhart: One of the things we've heard from some of the witnesses who have been before the committee is that spouses struggle with is the fact that they need to access services via the member, the vet.

Sometimes that's very challenging if the veteran is suffering from PTSD or doesn't recognize the issue.

Mr. George Zimmerman: You're absolutely right. My wife takes great umbrage at the fact that in order to access my file, she has to go through me. It puts her in a position where she's accessing her future through her partner. In today's society, that almost puts the spouse in the position for which we used to use the phrase, "dependants, furniture, and effects". They were sort of lumped together as second-class citizens or second-class subordinates to the members. In today's egalitarian system, that has to change.

With appropriate levels of privacy, there's no reason why my wife could not find ways of accessing the kinds of benefits that she would be expected to receive in the case of my death.

● (1805)

Mrs. Alaina Lockhart: The other thing—and feel free to share as much as you'd like—is that both of you have served. I'd like to talk about your experience transitioning. Could you share that with us?

We know that some people transition more easily than others. What did that look like for you?

Mr. Jerry Kovacs: I had no transition experience. I was in the reserves. I went into the commanding officer's office. The paperwork was already prepared. I was told, "Sign here. We don't need to tell you where the door is because you already know."

I'm going back a few decades now, and a lot has changed since then, thankfully. In my personal case, I just left. I wasn't made aware of any services or benefits that would have been available to me at the time.

Mrs. Alaina Lockhart: Do you believe there's been some improvement since then?

Mr. Jerry Kovacs: There's been considerable improvement since then, for which we are all thankful.

Mrs. Alaina Lockhart: Mr. Zimmerman.

Mr. George Zimmerman: For me, because I don't have any ongoing health issues as a result of my service, I'm not a beneficiary of Veterans Affairs. I'm not entitled to it and I don't need it.

On the other hand, on a personal level, there are significant difficulties in moving from a uniformed, structured system into a system that is not structured and has the ambiguities of civilian life, which I didn't experience when I was in uniform.

That transition is difficult, and the lifestyle is difficult. The lifestyle that I enjoyed of regular work, hard work, travel, those kinds of demands, and the rigours of that system, were suddenly gone. Making adjustments to that required some psychological work on my end. I got myself a counsellor and worked with a psychologist, quite effectively, over six months to a year to make that happen. It was successful, but I had to pay for that process. I'm not complaining about that, personally. I'm just fortunate to be in a position where I could afford that service.

The Chair: Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): I want to reflect on your time as a chaplain. One of the things that we've heard, which you'll be aware of, is the reluctance of soldiers and veterans to share their personal issues or physical or mental injuries with their commanders or their comrades, especially while on active

duty, for the obvious reasons of the culture of the military and the fear of losing their jobs.

When you were a chaplain, did people share things with you that they may not have otherwise?

Mr. George Zimmerman: Absolutely.

One of the main strengths of the Canadian Forces chaplaincy is we that don't keep notes. We don't write reports on conversations we have. The level of confidentiality is significant within the legal bounds of confidentiality and counselling.

Regardless of rank, chaplains would move freely and become the sounding board for trauma, personal difficulties, marital disruptions, moral dilemmas, anger, and for distress with commanding officers or a superior or frustration with subordinates. Chaplains get it all and we're in a very privileged position to receive that information. Sometimes all that's necessary is to walk that individual through their event and the resolve. Other times we advocate for services they may need, or we may encourage them to come forward with a particular need.

When I was thinking about the drug addiction that I ran into personally with a number of individuals years ago, the role was to work with the individuals until they were ready to self-disclose. They couldn't afford not to disclose, because they were simply getting sicker and sicker.

● (1810)

Mr. Bob Bratina: This is a problem that will continue, and we've had veterans decry the culture that forced them not to admit to whatever the situation was. When you read memoirs of D-Day or Dieppe, so many of those soldiers were absolutely terrified but would put on a brave face. I'm sure it's happened in every theatre everywhere.

Once again, would you be able to suggest to them that they do seek counsel, or are you just being their confessor?

Mr. George Zimmerman: That's a valid point.

I ran the chaplain school, so I'm very familiar with how to treat PTSD and how to train chaplains to work with people dealing with personal issues that may require expertise or medical intervention and so on. We teach our chaplains how to work with that individual without compromising the therapeutic or the pastoral relationship between the chaplain and the individual, yet building on that pastoral relationship to encourage that individual to self-disclose.

Sometimes you're successful and sometimes you're not.

Mr. Bob Bratina: Yes, it's an important issue for what we're discussing here.

The other thing that maybe Mr. Kovacs could comment on is the feeling that their service is not being respected, which often would begin at the point when you're signed off and out the door, as you said. You couldn't have felt very respected that you were a reservist with Canada on your shoulder, even from the general populace, although I think that since the Afghan veterans have returned, there's a heightened awareness of the service of previous veterans. But generally speaking, we're getting some evidence that part of the problem of the veterans seeking service, or being upset at the way the service is being delivered, is that they personally don't feel respected.

Mr. Jerry Kovacs: I was fortunate because I was going toward something else. When you're in the reserves, you often already have a full-time job or even a part-time job, or you're a student. Many reservists are students.

In my particular case, I might have stayed a little longer had I known what the options were, but I was going on to something else, so I didn't feel as if there was a huge adjustment that I was leaving, that there was this big schism between one career and the next career, or one career and not knowing where to go.

I'll give you an example. I know someone whose husband joined the air force when he was 17 years old. He's married with two small children. He will retire at the age of 42 after 25 years of service. Imagine that, age 42 and 25 years in the military. I asked her yesterday, "What's your greatest fear?" She said, "Not knowing what he's going to do when he retires."

I had something to go to, so I was in a secure position. I think you can overcome this perceived lack of respect issue if veterans, during a pre-release orientation period, know what services and benefits are available to them.

Mr. Bob Bratina: You got right to my point, which is that during the period of active service is the time to prepare for a veteran's status.

Mr. Jerry Kovacs: That's absolutely correct.

The Chair: Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair, and thank you both for coming.

Mr. Zimmerman, you gave us three points to focus on. The third point you talked about was deliverables that support families, and you answered it a bit earlier. That family dynamic is one I'm sure you've had to deal with as a chaplain and you've had to deal with that many times. You did mention about increasing the spousal pension to 70%, etc. We're here looking at deliverables versus that part, but I'm wondering if you can comment more on some other family dynamics that are deliverable services we might look at and a way to have them available in a more timely manner.

• (1815)

Mr. George Zimmerman: The one that immediately comes to mind is your point about accessibility, so that partners have access to the services they would be entitled to as a family. One of the things a friend of mine is going through is that he's receiving, I think, a week-long retreat by Warriors Canada to deal with an occupational stress injury, and his spouse is involved in that. He's also receiving a two- or three-day service from Veterans Affairs, I think, I may be wrong,

but his spouse is not invited to that particular one. Those are the kinds of issues that in today's egalitarian society we need to address. I'm aware that many of these practices and policies were developed in 1952, but it's not 1952 anymore.

Those are two examples that come to mind: access to their files, and more psycho-education or education for the spouse, so they're fully aware of the benefits that they, as a family, can receive.

Mr. Robert Kitchen: We've heard from many veterans and people throughout our studies about identifying those services right from the get-go, and that's from the moment they sign up, versus at the end, in that last six months before they do it, and identifying as they progress through their career what services are available. Any comments on that at all?

Mr. Jerry Kovacs: It's good that veterans and their families would know the wide range of services and benefits that are available to them. Some of those benefits and services they may not require when they're released. You may not need the veterans independence program today, George, for snow shovelling and lawn cutting, for example, but you might need it in the future, who knows? It's important for them to know all the services and benefits that are available to them today, in case they need them in the future. You can do that using a wide variety of techniques with today's modern technology. You can have seminars on military bases. You can have webinars. You can have videos that people can pick up at libraries. You can make, for example, a PTSD workbook. This one's for individuals, but you could have a PTSD workbook for family members. You can provide educational materials in a wide variety of ways.

Mr. Robert Kitchen: Thank you.

We talked a bit about respect and how veterans felt once they were out there was a lack of respect. One veteran talked about sharing his stories, and an opportunity to share his stories, and where to do that. We've talked a bit about how World War I and World War II and Korean War vets tend to use the Legion for that avenue. He's looking for an opportunity, but I think he's looking at trying to share his stories amongst fellow veterans, and not so much sharing them with Canadians. I'm under the opinion that maybe it should be both. Any comments?

Mr. George Zimmerman: That would probably be left in the best interests of the person disclosing. One would have to ask what the benefit is to disclose this to the public. There may be some benefits for that individual to have their story well known and publicized, or it may violate the sense of privacy of that individual, and they would prefer to discuss it with someone who's been there to get that camaraderie and sense of understanding.

When I was providing that service as a chaplain, I got the sense, when I heard people wanting to tell their story or have their privacy respected, that they wanted me to see them. They wanted me to know who they were. They didn't want to be seen as some sort of object. They wanted to be seen as a person who had done this service for Canada and to be recognized for that.

The other question you asked, about making sure that people are aware of the services and benefits that they are entitled to, is, I think, a very interesting proposal. I said that I think it is a necessary and essential condition of service that people have deep security within themselves of what will happen to them if they are sent into a theatre of war and into harm's way, and what will happen to their family. That disclosure, I think from the get-go, certainly in today's less-than-stable environment, would be a critical aspect, not only after release, but also for a sense of security that this country takes a member's unlimited liability seriously enough to say that these are the benefits they would receive should they be wounded or killed.

• (1820)

The Chair: Ms. Mathysen.

Ms. Irene Mathysen: You were talking, Mr. Zimmerman, about counselling, and the counselling you provided to CF personnel and their families. In terms of DND, they know, or they're supposed to have a very clear sense of, the service record of the individuals, so that when they pass it along to VAC there are known realities.

I wonder about the fact that the life of a serviceman or servicewoman is stressful, with lots of deployments, and moving from one assignment to another within the country. Did you have a sense, in the context of your counselling, that those stresses created more marital disruption than perhaps that found in the general population? Those disruptions, if noted and tracked, would certainly be an important element of what's passed along to VAC, because if there are injuries, emotional injuries, those would most certainly impact the life of that retired individual five, 10, or 15 years down the road, as well as the independence and the spouse.

Were those statistics kept or does DND take that into account? Do you know?

Mr. George Zimmerman: I'm digging into my memory, but it seems to me that there were a number of studies that tracked marital disruption among military and non-military. I think those studies or surveys have been done.

On a personal level, I don't know the difference, but I would suspect you would find they're probably reasonably comparable, but maybe not. Certainly the demands of military life, especially tied to deployments and psychological injuries, create huge stress on spouses, and many of those marriages just do not survive. They simply don't survive.

I'm thinking of a friend of mine who suddenly realized that his wife had not been able to sleep for the last five years because he rants and raves, and tosses and turns throughout the night, and she is awake. Suddenly she said that she couldn't live that way, and she left him. That's probably not an uncommon kind of a question.

It would be well worth digging into finding those statistics. The surgeon general would certainly have access to those through the social work system.

Ms. Irene Mathysen: Thank you.

The Chair: Are there any further questions? If not, I'll give each of you a couple of minutes to wrap up, and we'll go from there if there is anything you'd like to add.

Also, I'll stress that we are open for briefs until September 30, so if any of your colleagues would like to submit a brief, they can submit it to the clerk through the website. They are 3,000 words. They don't have to be a total of 3,000. I encourage you to get any other veterans or service providers, and encourage them to present briefs.

• (1825)

Mr. Jerry Kovacs: I only have three comments to make in closing. Number one, as parliamentarians on the veterans affairs committee, do not hesitate wherever possible, using whatever means at your disposal, to consult with Canadians as widely as possible, especially with veterans who are not members of a veterans organization.

Number two, do not hesitate to look at some of the reports and studies that have been done previously. You have some expert professional staff with your committee, and I'm sure the analyst would be more than pleased to help you find those committee reports that I referred to in my presentation.

Number three, during the past five years I've attended most of the meetings of the veterans affairs committee, and to the best of my knowledge—and please correct me if I'm wrong—I have never attended a meeting where a Canadian Armed Forces chaplain and veteran has been present. George Zimmerman is the first, and he has shared with you today some very valuable and insightful comments and observations that only a chaplain of 38 years in the Canadian Armed Forces could possibly tell you, so thank you for that, George.

Mr. George Zimmerman: Thank you, Jerry.

My two closing remarks would be this. First, you are Canadians for veterans. I'm very aware of that, and we really don't care who fixes it, but there are some significant issues that need to be dealt with and in a post-modern, advanced, brilliant country, as this one is, surely we can get it right.

If there is anything that Canadians for Veterans or I can do for you, I would be most pleased to work with you as you struggle through these issues. I can do a little bit of research and dig into my own memory and thoughts around this issue, which is so dear to so many Canadians.

When I look at the Highway of Heroes and the turnout across the bridges on the 401 when veterans came home, it is very clear to me that this country loves its veterans and respects them very much. For us in positions of authority not to respect that and to try to take advantage of that sentiment, which is a powerful Canadian sentiment and value, would be a leadership error.

Second, I'd like to say thank you so much for the work you are doing. I know you're tired and I know you've had a gruelling four or five days of this, and that happens. That goes with public service. Your questions and your compassion and your interest in dealing with this issue cut through the politics and put us above that in a way that our veterans want. They don't serve the Government of Canada in the political sense. They serve this country because it's Canada. They rise above that and get on with the grunt. From what I'm hearing from you, you are doing much the same thing.

The Chair: On behalf of the committee, I want to thank you both for your testimony tonight, the warmth and love that you have not only for our country but for our men and women who have served. We can see it in your faces. We can see it in your testimony, and it

speaks volumes. Again I stress, if there is any other information you want to get to us, we'd love to see that.

Jerry, I do love seeing you at almost every meeting. George, the meetings are open for you to attend also.

Again thank you from the bottom of all our hearts.

Do I have a motion to adjourn?

• (1830)

Mr. Robert Kitchen: I so move.

The Chair: The meeting is adjourned.

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