



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 025 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, October 18, 2016

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Chair

Mr. Neil Ellis

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• (1555)

[English]

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

Thank you, everybody, and I apologize to our witnesses. As you're well aware, we were all whipped to stay at the House for an extra 20 minutes.

We will start the meeting. The procedure, in case you haven't been in front of this committee in past Parliaments, is that we'll start with 10 minutes from each group and then go to questions.

Pursuant to Standing Order 108(2) and a motion adopted on February 25, the committee is resuming its study on service delivery.

Our witnesses today are as follows: from the Canadian Association of Veterans in United Nations Peacekeeping, we have Mr. Mac Culloch, national president. Welcome. From the Union of Veterans' Affairs Employees, we have the national president, Mr. Gannon. Thank you for coming. From the Valcartier Family Centre, we have Ms. Michaud, chief executive officer.

Welcome to all.

We can start with 10 minutes for Mr. Gannon from the Union of Veterans' Affairs Employees.

You don't have to use all of your 10 minutes, and if you start encroaching on the 10 minutes, I'll give you the wave. Thank you.

Mr. Carl Gannon (National President, Union of Veterans' Affairs Employees): Chair, Vice-Chairs, ladies and gentleman of the committee, Parliamentary Secretary, I thank you for your time and indulgence in allowing me to address the committee directly.

My name is Carl Gannon Jr. I am the national president of the Union of Veterans' Affairs Employees, and I represent the vast majority of the thousands of employees at Veterans Affairs Canada, as well as the employees at the Deer Lodge Centre in Winnipeg, Manitoba.

My position and my affiliations within the veterans community have afforded me a unique opportunity to offer a comprehensive perspective regarding shortfalls within the department and their impact on both employees and veterans alike. I have travelled the country several times over, meeting directly with employees and injured veterans and their families to examine all of their plights.

I have visited almost every VAC office across the country, and while all have their own issues, when comparing and contrasting

employee issues with the issues crippling our veterans, consistent trends have emerged.

In all fairness, these trends did not begin with the election of our current Liberal government. They began when our already under-budgeted and understaffed department serving Canadian heroes was forced to cut close to 1,000 staff, with many of the 1,000 staff being in the realm of service delivery.

In order to achieve this unachievable task, the department underwent an exercise coined as "transformation". Transformation was the remaking of VAC after the realization of the drastic staffing reductions. Upwards of 25% to 30% of the front-line positions were cut by the previous government, so transformation forced the centralization of regional functions and tried to mitigate the aggravating factors associated with cutting this many staff while trying to maintain a high level of service quality.

As you can imagine, this was a bit of a fallacy. This could never happen, and the negative consequences started to appear almost immediately. Morale hit an all-time low within the department, as employees desperately tried to escape their working realities. Employees went on extended sick leave, sometimes unpaid, and some just basically up and quit, most of them with absolutely no job prospects on the other side. The tension within our offices was palpable, and bullying and harassment complaints sharply increased.

While my team and I have worked very closely with management and HR at the department to try to curb some of these underlying issues, staffing levels are still not anywhere close to where they need to be across the board, which means that staff are still operating in a hyper-stressed, expectation-driven environment in which many of the expectations being bestowed upon them are unmanageable.

This leads me to my first major bone of contention with the current situation that we have right now, more specifically with our current minister, the Honourable Kent Hehr.

For months I have been hearing about all the staff that have been hired by the department and by our current government. I know this because the minister has told me himself, probably about 100 times. I've seen it on TV. I've read it in the newspaper. It's basically everywhere.

However, there is one major problem with this narrative. Of the 275 staff hired over the last 18 months or so, only 19 of those 275 have come from the 2016 budget. The reality is that 256 have come from the 2015 budget. From the Treasury Board approval to the actual staffing actions themselves, none of this actually had anything to do with the current government we're in right now.

In fact, I could easily be found, before and after the election, speaking to many media outlets regarding the Conservative government's generous gift of hundreds of staff and questioning if the Liberal promise of 400 new staff actually meant 400 new staff, or if it meant that we were going to be piggybacking on the Conservative government's previous staffing actions.

It appears as though we have now confirmed this. If this is so, then all that I would ask is for our minister to actually tell us the truth, to tell Canadians the truth.

One of the biggest places that this hits, and I am sure we are all familiar with it, is the 25:1 case management ratio. This is another area where I don't necessarily feel that our minister has, unfortunately, been forthcoming with Canadians and with veterans. We understand that we are definitely attempting to move to a 25:1 ratio. UVAE is in full agreement in moving toward this 25:1 ratio. We think that's the right place to be and that it's where we should be going.

This is evident because this 25:1 number came out long before our current government. I was the one who asked Erin O'Toole publicly for 25:1. We are in full agreement that we should be moving to 25:1, but the reality of the situation is that we're nowhere close in a lot of places to reaching 25:1. In all actuality, there are a lot of places across the country right now that are still running at 45:1. Unfortunately, this ratio has not been contained in some of the rhetoric that I'm hearing, again, from our minister.

We understand that certain things are going to take time. We understand that. I'm not saying that we should be at 25:1 right now. That's not what I'm saying at all. What I am saying is that I think it's very dangerous and very irresponsible for anybody to be prevaricating in a situation where we're not anywhere close to that right now.

Right now, we have extreme staffing issues across the country, especially in certain places. If you look at the whole province of Alberta, for example, we can't attract anybody. Whether it's a case manager or whether it's a veteran service agent, we cannot attract anybody in Alberta, and it's been that way for 18 months. New Brunswick is another place. There are several places across the country where nothing has changed for them. Their realities are still the same, but they are hearing on a constant basis that we're at 25:1.

Where this becomes very dangerous is when we have our Canadian heroes and our veterans also hearing this. They're also expecting certain changes to already be present, because that's what they're hearing, and they don't understand why they are still being treated in the exact same way that they've been treated. They don't understand why they're still not necessarily getting the time with their case managers or their veteran service agents that they feel they should be getting at a 25:1 level. It's unfortunate that this is still the narrative right now.

Again, we're not saying that it should be at 25:1 right now. We're saying that we need to inform Canadians and veterans what the situation is and what type of timelines we're working on to get to that 25:1 ratio.

The last systemic issue within the department that I would like to quickly address is the situation with Blue Cross.

I don't know who around the table is familiar with Blue Cross and familiar with the relationship between Blue Cross and Veterans Affairs. Blue Cross has always played a role at Veterans Affairs. What they used to do was to pay our claims. When a veteran submitted a treatment plan or submitted a request for treatment, that would go to a public servant. A public servant would do what had to be done to ensure that it was approved. Once it was approved, then it was sent off to Blue Cross for payment.

That's not how it is anymore. Blue Cross now pretty much is the deciding factor. They basically approve and pay the exact same claims. When things were in-house, our standard for our appeals unit was basically that about 20% or so of appeals that came in were overturned. When an appeal came in, historically about 20% or so were going to be overturned because somebody made a mistake somewhere in that system.

Where we're at right now with Blue Cross is closer to about 45%. That's saying, basically, that 4.5 times out of 10 a veteran is getting denied something that they should not be denied. That, to me, is an extreme problem.

•(1600)

It is a problem that has to be remedied and rectified ASAP, because some of the treatments and services that are being denied right now could be oxygen, could be transfusions. We're talking about very real situations that literally have a major effect on somebody's life, so I think the time has now come that we must right the ship for veterans across the country and for the staff who serve them.

I would again like to say that while I'm simply a union president and can only shed light on these and other issues, you are the country's highest level of decision-makers. You are in a position to bring real change, and I ask you to look deep within yourselves and ask whether anyone honourably serving our country and fighting our fights should have to come home to fight against their country for benefits they deserve. Their life is pretty much in your hands, so now it's up to you as to what you're going to do.

I thank you again for your indulgence.

The Chair: Thank you.

Next is Ms. Michaud from Valcartier Family Centre.

[Translation]

Ms. Marie-Claude Michaud (Chief Executive Officer, Valcartier Family Centre): Good afternoon, and thank you very much for having invited me to this meeting. This is a first for me, so please be indulgent if I stray from protocol at times.

My name is Marie-Claude Michaud, and I am the chief executive officer of the Valcartier Family Centre. I have been working with military families for 22 years.

The purpose of my presentation is in keeping with the brief the Military Family Resource Centres submitted to the Minister of National Defence last June. This document asked that military families be integrated into the defence policy, since they are an operational component in the mission of the Canadian armed forces.

The brief, however, also contained the following recommendation.

• (1605)

[English]

Do you want me to wait a bit until you put your headphones on?

[Translation]

Fine.

The second recommendation in the brief we tabled concerns veterans and their families. We asked that the resource centres provide service to all veterans and their families.

Why did we make this request? In 2014, a partnership was formed between Veterans Affairs Canada and National Defence to set up a pilot project for military members released for medical reasons and their families. This allowed them to have access to seven resource centres throughout Canada. Consequently, these seven centres now provide services to veterans released for medical reasons, and to their families.

Now, we are in a way the victims of the success of this operation. We knew at the beginning that reserving access to these centres to a particular category of veterans could have certain consequences, which we are currently dealing with.

We have created two categories of veterans in Canada. First, there are those who were released for medical reasons and have access to the services provided by the resource centres. Unfortunately, there are only seven of these for all of Canada. Then there are the veterans who were released for all other reasons, or who were released before 2014. They do not have access to the centres' services.

Please allow me to speak to you briefly about the experience of the Valcartier resource centre, which is one of the seven pilot project resource centres in Canada. We have provided service there to former military members and veterans for 18 years. We have an agreement with the Government of Quebec regarding our employment assistance service. At the time, the Government of Quebec was looking for an organization that could offer an employment assistance service for reservists and veterans. That is why we developed expertise in helping former military members in their transition to civilian life.

And so we were ready to receive this clientele when we were included in the pilot project developed for veterans released for medical reasons. However, requests for service exploded from the moment we held our press conference. People turned to us for help, not only those who had been released for medical reasons, but also veterans as a whole.

In the course of a single year, 715 people — 293 of these were veterans — who were entitled to our services came to our offices in Valcartier. We also had to respond to 127 requests for service from clients who were not eligible. I'm sure you will understand that when people come through the door of our organizations, we cannot investigate to find out whether they were released for medical reasons or not. If people need help, we try to help them. These people are experiencing the loss of their careers and their identity, and their self-esteem suffers as a consequence. Employment is a major factor for these people who are leaving a career in which they invested most of their lives, as you know.

Among the most important services we offer are information and guidance services; we guide people toward resources, provide education and offer a helping hand. We had expected that these three services would be the most in demand, and that is exactly what happened.

Let me say a few words about the clientele our employment assistance service has helped. Sixty-five per cent of them were between 26 and 46 years of age. They are the people the resource centres supported on various missions over the past 25 years. They are young. Over the past two years, we helped rewrite 157 military resumes to make them relevant on the civilian labour market. That is one of the important issues. How do you modify the military resume to help people successfully transition to civilian life?

Over two years, we helped with 150 of these, at the Valcartier Family Centre alone.

Seventy-eight per cent of these people have no diplomas or have a high school diploma. Most of them suffer from physical or psychological injuries. Their mental health is precarious. Many are now considered unfit to work and want to rebuild their lives in some way. They need to be supported individually, in a way that respects their dignity, to get through this.

The Valcartier resource centre has had positive results. This was a good initiative that produced results, but it created two classes of veterans in Canada. We consider this unacceptable, in light of the contribution these people have made to our country.

We also prepared a financial brief outlining how the resource centres could provide service to all veterans and their families. We sent you a copy of that document.

The various mandates that were given to the Minister of Veterans Affairs and Associate Minister of National Defence are related to what the resource centres could offer, such as reducing complexity, restructuring the delivery of services, and strengthening partnerships between Veterans Affairs and DND. What is being done in the resource centres is a concrete example.

Career assistance and vocational assistance are also provided to veterans. That is what we offer in Valcartier, and the results are very positive.

Resource centres have over 25 years developed expertise in providing better education, counselling and family training services that provide care and support to veterans afflicted with physical or mental health problems related to their years of service. When military families are transferred from one location to another, even if only for operations, they are constantly undergoing life transitions. In those cases they benefit from our expertise in the field. For 25 years, we have been working in constant partnership with civil society. We have developed expertise which could be very useful for this category of people, who are very important for Canada.

Finally, I'd like to direct your attention to the fourth recommendation in the brief submitted to the Minister of National Defence last June. It concerns the creation of an intergovernmental cell to deal with the issues facing military families everywhere in Canada. Most of the issues faced by military families and veterans fall under provincial jurisdiction. When veterans are released, they must access provincial medical services. We think the creation of such an intergovernmental cell would be a good thing.

I recently met with the deputy premier of Quebec and the Minister responsible for Intergovernmental Affairs, Mr. Jean-Marc Fournier. Quebec is considering the creation of a mechanism aimed at easing adverse effects on military families and veterans and at allowing veterans to access provincial services more easily. Ontario is setting up a similar mechanism.

We have to get off the beaten bath and find innovative solutions to meet all of the needs of this community, which is made up of a million people in Canada.

I thank you for the time you have given me.

• (1610)

[English]

The Chair: Thank you.

Next we have Mr. Mac Culloch, from the Canadian Association of Veterans in United Nations Peacekeeping.

Mr. Mac Culloch, thank you for coming today.

[Translation]

Mr. Wayne Mac Culloch (National President, Canadian Association of Veterans in United Nations Peacekeeping): Thank you very much, Mr. Chair.

Good afternoon.

Thank you for providing me with the opportunity to address you on this topic.

[English]

The Canadian Association of Veterans in United Nations Peacekeeping is, not surprisingly, composed of veterans with peacekeeping service in both military and police forces, and it has branches across the country.

In terms of service delivery, while we have seen some improvements recently, such as the reopening of Veterans Affairs offices and an emerging attitude to better assist veterans with the plethora of legislation, statutory regulation, departmental policy, and local procedures, the transition to veteran-centric service is far from complete. Indeed, an advisory group on service excellence was struck by the minister in early spring and so far has succeeded only in defining itself, while future work on the delivery remains only a set of fuzzy goals.

Service delivery must be veteran-centric. In simple terms, this means delivering the services that veterans need, in a painless fashion, with speed and flexibility. This delivery must cover the communications continuum from postal mail to social media, as required by veterans and other clients.

One trial in the area of communicating with VAC clients that was judged a success by veterans was to lengthen service hours on a couple of days per week to accommodate veterans and other clients who had daytime jobs. Sadly, the trial ended without instituting any changes to the national status quo.

Another irritant of long standing is the amount of time required for a veteran to receive a decision on an application for benefits. Four months may seem fast to bureaucrats, but it represents an agonizing wait for someone seeking assistance. This time frame should be further reduced. Using modern decision-making tools and readily according the benefit of the doubt to the applicant should be better brought to bear.

The issue of the delivery of long-term care for modern-day veterans remains a hot topic among the members of the association. While Veterans Affairs has successfully engaged a number of provinces on the issue of priority access for modern-day veterans to obtain community beds, there is no national policy to provide the much-needed holistic national safety net for peacekeeping veterans in their golden years.

At the other end of the service delivery spectrum, decisions on everyday issues for veterans do not seem to follow a predictable standard. I'll use one example of an association member who, going back for his monthly prescription, would sometimes end up receiving it free of charge because of a service-related injury, while on other occasions he would have to pay for it. In each case, he could never get a straight answer from Medavie Blue Cross as to why that was.

The above is only one example of continuing frustrations with wait times for a decision, lack of clear explanations in correspondence, lacklustre telephone conversations, and labyrinthine regulations, policy, and directives. Without question, this service delivery must be improved.

The medium-term solution would involve consolidating direction along the principle of "one veteran" and into transparently accessible clear language, but in the short term, a number of pieces of low-hanging fruit should be implemented without delay.

First, in correspondence, include the name and telephone number of the drafter so that clarifications of the text can be quickly accessed.

Second, ensure that the signatory to the correspondence reviews its content for clarity and the use of plain language.

Third, in telephone conversations, provide escalation to knowledgeable and available supervisory and managerial personnel.

Fourth, ensure that correspondence indicates the availability of both internal review and Veterans Review and Appeal Board appeal options in clear and plain language.

Last, implement longer business hours twice a week at Veterans Affairs offices and call centres across the country.

This is not rocket science. It's really straightforward and simple to do, and it would remove an awful lot of the daily frustrations that veterans wander into.

In closing, I would like to thank you again for the opportunity to speak to you, and for your time and attention.

•(1615)

The Chair: Thank you.

We'll start our questioning.

The first round will begin with Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you all for coming today; we greatly appreciate it.

As you're aware, we are doing this study on service delivery. We can look at what's been there, what we can and can't do, and recommendations we can make for improvement.

Mr. Mac Culloch, you mentioned a little about health care and providing services for your veterans. I'm a chiropractor, and I spent many years providing services for veterans. I went into practice and I learned from the school of hard knocks. I would send a bill to Blue Cross and they'd send it back, saying I hadn't filled it out right, and then I'd finally figure out how to fill out the paperwork and get it sent in. Other than the length of time getting payment, there was never any issue as to someone in Blue Cross saying yea or nay to what was requested. That may be because the veterans I was serving didn't have complicated files; I buy that.

A lot of health care practitioners aren't trained in how to deal with veterans. We go through school, we learn diagnosis, we learn how to treat, we learn how to make prognostic assessments, but we're not given the paperwork, in many cases, on how to do the actual administrative work of providing those services. I see that as being of value in providing that service. Can you comment on that and what you see? Would it be of value? Mr. Gannon, as well, after Mr. Mac Culloch, do you see that as being of any value?

•(1620)

Mr. Wayne Mac Culloch: I see it as having quite a bit of value because, as you rightly point out, it is simply the school of hard knocks, and it is the same for the veteran as it is for the health practitioner. A lot of the forms are easy to understand if you're a bureaucrat, but quite confusing to those who only have to deal with them every now and again. If there were a simple example, a sort of follow-the-numbers example, along with perhaps a self-study package, I think it would be of great value.

Mr. Carl Gannon: I mirror that as well. It's somewhat of a shame that we lost our old system, because one of the big areas now where health practitioners will more than likely have to be extremely proficient is in understanding Veterans Affairs' archaic legislation.

Unless you understand the legislation and what a person is entitled to and you have a person who can mitigate some of the really tough legislation that doesn't sometimes seem to make sense.... That's why things worked a lot more smoothly before: it was because you had a public servant who could step in and say what you were missing. They were willing to work with the practitioner to try to approve it.

That's not how it works anymore. Now if you don't have what you need, it's just denied; that's it. You're sent off a denial letter and you

start again. Right now, what we're seeing is that a lot of providers don't want to deal with Veterans Affairs anymore.

Veterans are on a fixed income when they're paying for these services and hoping to get reimbursed later on, which is tough for them.

Mr. Robert Kitchen: Mr. Gannon, do you feel comfortable commenting on providing services and training your caseworkers so they're continually getting further training and they're up to standards as things advance?

Mr. Carl Gannon: Most definitely. It's another bone of contention for us right now. At one point, we had a very extensive training package. Unfortunately, when we suffered the cuts, we needed every case manager to hit the ground running.

It's a huge concern, because we are looking at bringing in a whole new slew of case managers. The majority are not going to have the experience of a more experienced case manager, obviously; they're new to the game. It's going to take them a bit of time to hit the ground running, and we need to revamp our systems at Veterans Affairs to ensure that we are providing all the necessary tools for them to do that. We're seeing right now that individuals are not able to meet those expectations, and they're leaving; they're quitting because they can't deal with the situation, and it comes down to training.

We are going to continue to push this; it's imperative.

Mr. Robert Kitchen: Thank you.

Ms. Michaud, you mentioned two categories of veterans, which are, I'm assuming, those who are released for medical reasons and those who aren't. Are those the two categories you're classifying or are they the two categories in terms of the old and new Veterans Charters?

[Translation]

Ms. Marie-Claude Michaud: You are correct. These are veterans who were released for medical reasons as of November 2014. Those who were released for medical reasons before 2014 do not have access to our services. There really are two categories.

•(1625)

[English]

Mr. Robert Kitchen: Thank you.

The Chair: Mr. Fraser is next.

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

Thank you all very much for being here today. I really appreciate the different points of view you have brought. Certainly we want to listen to what you're saying and hopefully make thoughtful recommendations to the department.

Mr. Gannon, I would like to start with you. This study we're doing is on service delivery. Obviously I agree with the point that the folks who work on the front line are essential to making sure that proper service delivery is given to the veterans in our country. Getting the case ratio down to 25:1 is important.

I hope I can take from your comments that we're on our way but we're not there yet. Your comment is that we're not moving fast enough, but we're on the right track. Would you agree with that?

Mr. Carl Gannon: To a point, yes. I would say most definitely; I guess it's just that reality is not necessarily always matching what we're hearing.

Mr. Colin Fraser: With regard to reopening the offices—those are coming online very shortly—we're seeing a concerted effort across the country to get these offices open, the nine that were previously closed and the new one in Surrey, British Columbia. Hiring is under way. They're seeking applications from people who will do a good job and focus on service to the veterans and they're continuing towards hiring 400 front-line staff.

You would agree that this is all important work, and that we're moving in the right direction with reopening those offices?

Mr. Carl Gannon: That's literally exactly what we've been fighting for, from the time before your government...and we're going to continue to keep fighting, so yes, I totally agree with you there.

The part, though, where I think we have to make a very clear distinction is that we do have issues with the recruitment process. We do have an issue with staffing itself. I think we have to be very clear that we do have an issue with staffing. We've already depleted pools. We have issues in certain places. I think that information has to be present, and it has to be available to those we plan to serve and those who are actually doing the serving.

Mr. Colin Fraser: I understand. I mean, it takes time to find the capable people we want working on the front line—I think you alluded to that—but you're not suggesting that the work of trying to attract and hire the best people we can is not being done. The application process is open, and applications are being invited.

Mr. Carl Gannon: What I would say surrounding this is that it's more complex than it sounds. We're not necessarily looking at the exact same position that we were hiring for previously.

Now, one other thing that was done, unfortunately, by our previous government was that the educational standards for a case manager and for a veteran service agent were changed. They were upped, and they were upped rather significantly.

That creates a smaller pool to actually draw from, and obviously if you have a smaller pool at a time when you need a larger number of staff, it's sometimes counterproductive. Right now we have issues with that process. That's just the reality of the situation.

It's not that the work is not being done: it's that we may have to repackage this work and figure out how to actually attract people, because we're not necessarily doing that right now.

Mr. Colin Fraser: Thank you very much, Mr. Gannon.

Mr. Mac Culloch, with regard to what you said, we heard previous testimony that it might be a good idea to look at a concierge service, basically one point of reference for a veteran dealing with VAC, a

person they can contact directly or have consistent contact with. Would you agree with that approach?

Mr. Wayne Mac Culloch: Absolutely.

Just to take that one step further, perhaps you can have a “no wrong window” type of policy as well. If an individual calls in, gets somebody, but it's not the right somebody within Veterans Affairs, you shunt the individual to the right person as opposed to saying, “Sorry, you've hit the wrong office.” I know it's been tried in other government departments and it has worked quite well.

• (1630)

Mr. Colin Fraser: Okay, and I think that would be the point of the concierge service. We're here to help solve your problem. It's not about saying, “It's not my issue.” It is your issue if you're the concierge. You have to take it on and help find the solution, so I appreciate that.

With regard to the trial that you mentioned, where they tried opening at more flexible hours to ensure veterans had services provided, you'd like to see that come back. Can you explain the trial that happened and what the hours looked like and how it worked?

Mr. Wayne Mac Culloch: The trial was on the east coast, and in effect you were able to dial in to the Veterans Affairs office two nights a week up until 8 p.m. For example, if folks have been successful in finding employment after release but need to access Veterans Affairs services, it's somewhat self-defeating when the offices are only open from 8:30 a.m. to 4:30 p.m.

Mr. Colin Fraser: Right. What time did it go to? Do you know?

Mr. Wayne Mac Culloch: They were open until 8 p.m.

Mr. Colin Fraser: It was 8 p.m., and the trial, from all accounts, went well.

Mr. Wayne Mac Culloch: My membership thought it was fantastic and would have liked to have seen it extended across the country, with the understanding that you're not going to get... I mean, for those people there is a 37.5-hour work week, so you end up with, in essence, a compressed work week.

Mr. Colin Fraser: Was it just telephone service they provided?

Mr. Wayne Mac Culloch: Yes.

Mr. Colin Fraser: All right. Thank you, Chair.

The Chair: I have a clarifying question. Was that across Canada, or was it an east coast trial?

Mr. Wayne Mac Culloch: It was just an east coast trial.

The Chair: Okay, only—

Mr. Wayne Mac Culloch: It was in Halifax.

The Chair: Okay. Thank you.

Ms. Mathysen is next.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair, and thank you to all of you for being here. We appreciate your expertise and what you bring to the service of veterans.

I'd like to ask everyone a question, but I will start with Mr. Gannon.

You talked about a shift in terms of VAC and the fact that at one point in time, benefits and pensions were determined in-house, and then it was switched over to Blue Cross, and now the rejection rate is significantly up. I wonder if you could provide a history around that shift. What was motivating it? Why was there that shift?

Mr. Carl Gannon: What motivated it was job cuts. When you start out as a small department anyway, and you suffer massive cuts pretty much to the front line, unfortunately you have to change the way you do business. We could not do business the way we were doing business.

It was sold, I guess, as a way to improve efficiency and a way to save some money, but what we basically did is give a whole chunk of money to Blue Cross and send the work there, so we're not actually saving money. We just created a more convoluted system that is harder for veterans and employees to work through because we, as employees, have been removed from that process.

Ms. Irene Mathysen: It was penny-wise and pound foolish.

Mr. Carl Gannon: Yes.

Ms. Irene Mathysen: Am I correct that two of the formerly closed VAC offices have reopened? It seems like a very, very slow process. What are the problems that are causing this slow reopening? Does it need to be expedited? That's part one.

Second, we've heard a lot about the 400 new staff, but you describe a scenario of staff burning out, being terribly depressed, and leaving the service. Does that mean that 400 will not be enough, that there's already a deficiency that the 400 new hires won't cover?

Mr. Carl Gannon: I'll start with that part first.

When your front lines are cut to the tune of about 900, 400 is not enough. I will say that 100%. As clear as day, 400 is not going to be enough. We teetered with the 900. Before we were cut, we were kind of teetering. We had to be very reactive because we were pretty much understaffed at that time, so when those were cut, we literally could not meet our mandate at that time. Giving us back 400 is not necessarily going to put us where we need to be.

On the first part, there were several situations when it came to the reopening of the offices. I do commend the government, and I commend the department especially, for the work they've done in getting these offices open. The reality of the situation is that we didn't own all the locations any longer, so we had to go through a kind of procurement process in some places.

The problem I have with the offices is more that this was supposed to be about veterans. What I'm seeing right now, and the unnerving thing for me, is that it seems to be extremely politicized. We knew it was going to be politicized regardless, but it seems to be too politicized, and the intended purpose doesn't necessarily seem to show that we're meeting that target as of right now. That's just my opinion.

● (1635)

Ms. Irene Mathysen: Okay. I understand what you're saying, and thank you.

Mr. Mac Culloch, you talked about long-term care. This is an issue that is very important to me. I have a veterans hospital in my riding, and they provide exemplary care. They have understood the culture of the veteran, and they meet the needs of veterans.

Now what I'm hearing, and it bothers me very much, is that there's going to be a review next spring. We're always fighting against the closure of beds, because once they're closed, they're gone and they're not coming back. The reality is that because they're not allowing the modern-day vets, the peacekeepers, in to use these beds, they're empty. In this review, there is the fear that beds will be permanently lost, that we're going to lose an important service. Are you hearing anything of it?

Mr. Wayne Mac Culloch: Unfortunately, the issue is a bit more complex than that.

There are two kinds of beds: one is community, and the other is a contract bed. The traditional ones of which you speak are termed "contract beds", which are, in essence, a stock of beds that are available to veterans if they meet certain conditions. Unfortunately, most modern veterans do not meet those conditions, and even if that were to be removed, there has also been a bit of a shift in the culture in that most veterans these days who require long-term care would prefer not to have to move to a large centre where these contract beds are located. They would prefer to remain closer to their home communities, which is where the community beds are.

I know Veterans Affairs is actively engaging the provinces in trying to get a priority allocation basis for veterans to be able to access community beds. They've had more success in some places than in others, but it's worrisome to the veteran community that regardless of the type of bed, it needs to be available locally, and when the veteran needs it, he or she needs to be able to get into it with some speed.

The Chair: Thank you.

Mr. Rioux is next.

[*Translation*]

Mr. Jean Rioux (Saint-Jean, Lib.): Thank you, Mr. Chair.

I thank the witnesses for being here with us and for providing all of this information to help us improve the services provided to veterans.

As I said earlier to Ms. Michaud, I am a new member of this committee and I would like to understand the bureaucratic aspect better. I will tell you what I understood, and you can correct me if I'm wrong.

Centres are going to be opened. However, I see that they will mostly be in provinces other than Quebec. If I understand correctly, the Quebec system is slightly different, and you deliver it through the military family resource centres. I also believe I understood that there are three in Quebec, in Valcartier, Saint-Jean-sur-Richelieu and Montreal. Finally, we often hear that some people deal directly with Veterans Affairs. That happens less in Quebec than elsewhere, since they go through the resource centre.

If I misunderstood certain points, could you clarify them?

Ms. Marie-Claude Michaud: There is a difference between the military family resource centres—there are 31 of those centres in Canada—and all of the Veterans Affairs Canada offices. The resource centres were created to provide services to military families, but the clientele expanded over the years because of operational missions. We also serve the parents of military members and veterans released for medical reasons, as well as their families.

I am repeating the word “families” because previously, Veterans Affairs' services did not really provide on-site services for families. Today however, veterans are young and often have young children. The situation of veterans 20 years ago was quite different.

As I was saying, there is a distinction to be made between resource centres for military families and Veterans Affairs offices. The resource centres are non-profit organizations, autonomous organizations, that work jointly with the Department of National Defence and now with Veterans Affairs. They provide services to veterans released for medical reasons, but also to their families. Two years ago, they used to come to our building to obtain services.

Correct me if I am wrong, but I believe that Veterans Affairs Canada mostly deals with allowances, reimbursements for various services, whereas the resource centres offer services. People do not have to pay. We do not provide benefits.

I spoke earlier about an employment assistance service. Veterans Affairs provides an amount to allow veterans to access the services of guidance counsellors, whereas in our centre we have guidance counsellors to provide career assistance. There is a difference. In our case, we are not providing allowances, but services. That being said, we are partners.

• (1640)

Mr. Jean Rioux: Very well. That was very clear.

As for training, I am a bit surprised by what I heard. Earlier you said that most veterans had a high school diploma and had trouble finding work. It seems surprising, given all of the expertise that people acquire in the armed forces, that they cannot obtain equivalences or a certificate. Could that option be looked at, so that these people don't find themselves at a disadvantage when they return to civilian life? Could the army not consider the experience they acquired in the forces so that it can be recognized afterwards?

Ms. Marie-Claude Michaud: You raise an excellent point. That is what our centre's employment assistance team tries to do with employers, colleges and universities in the Quebec region, among others. We try to transfer military skills in order to obtain as many equivalences as possible.

However, there has been considerable recruitment over the past 10 years. Many young people joined the forces in order to experience Afghanistan. They had not necessarily finished their studies, and are now experiencing repercussions from the missions. We have to guide them toward a career change or help them to go back to school.

What we see is that some of them need some time to absorb reality, psychologically speaking, before taking on a new challenge. There is a lot to do to get military skills recognized. Earlier, for instance, I spoke about negotiations with the provincial level and educational institutions. This could produce some results.

Mr. Jean Rioux: I am going to try to be more specific.

Ms. Marie-Claude Michaud: Please go ahead.

Mr. Jean Rioux: I understand what you are telling me. You try to obtain equivalences for people once they have left the army. But could that not be done in the course of...

Ms. Marie-Claude Michaud: ... their career?

Mr. Jean Rioux: Yes, I am talking about their career path in the army. If a soldier is a plumber, electrician or policeman in the army, training could be provided at the same time as he is doing his military service. When he or she returns to civilian life, they would already have vocational qualifications.

Ms. Marie-Claude Michaud: I agree with you. I'll give you an absurd example. Military police officers are rejected by provincial police forces. A police officer is a police officer. And yet, they are not accepted. Consequently many military police officers become security guards. And yet they have the necessary skills to be police officers.

Honestly, I don't know the answer to your question as to whether an equivalency system could be set up in the military environment. Officers who have a BA already have established skills and equivalencies. The situations we are talking about are experienced by non-commissioned officers for the most part.

• (1645)

[English]

The Chair: Thank you.

Go ahead, Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, everyone, so much for coming.

Mr. Gannon, you mentioned working at Deer Lodge. I actually live very close to Deer Lodge. It's in my riding. When I was in medical school, it was where we first learned to examine patients. They had volunteer patients who let us practise on them, basically.

I understand there are OSI clinics in places like Deer Lodge. Could you give us some suggestions as to what VAC could do to improve these OSI clinics?

Mr. Carl Gannon: Since we are talking about Deer Lodge, I know Deer Lodge has put in a proposal to expand their services. I know they are going to be going ahead with certain parts. I don't know exactly where the department is on it and I don't know the level of funding the department is going to provide, but I know there's going to be a major expansion, and we are seeing that across the country as well with OSI clinics that are slowly expanding and increasing their capabilities.

For example, at Deer Lodge they are talking about expanding it to first responders and to other individuals who may not necessarily be currently covered, but who are in somewhat of a quagmire, doing wonderful work but not necessarily having those supports.

They definitely have to be expanded, and we have to look at who they're actually serving to see if we can expand that as well.

Mr. Doug Eyolfson: Thank you. It's good to hear that they are on the ball trying to do some more good work on that.

Mr. Mac Culloch, different types of personnel carry out peacekeeping duties. There are military, RCMP, and civilians who work there. Would you say there are large differences in how these three different populations would transition after a peacekeeping tour?

Mr. Wayne Mac Culloch: Very much so.

If you are military, there is still the military family, which will take you back in after you come back from overseas. It is not as severe a jolt if you're in the RCMP, but if you're in municipal or provincial police forces, in effect, there is no safety net.

We notice that in the association because we have peacekeepers from all the police forces, plus the military. It's really worrisome to see the lack of support that exists across the country for those whom we, as the federal government, send into these missions, and then when they come home, they are just left to their own devices.

Mr. Doug Eyolfson: Thank you.

If plans go ahead to increase our peacekeeping duties, we will see more former peacekeepers needing these services. These new up-and-coming peacekeepers notwithstanding, do you foresee an increasing number of former peacekeepers needing these services over time? Is it going to drop off, or are we going to see more peacekeepers from these previous missions wanting care for, say, delayed diagnoses of...?

Mr. Wayne Mac Culloch: We're going to see more wanting care. Many of the injuries we're seeing these days take a long time to develop and present themselves, so it's not uncommon these days for a veteran who was released 10, 15, or 20 years earlier all of a sudden appearing at a Veterans Affairs office asking for help.

Mr. Doug Eyolfson: Thank you.

I can attest to that from personal experience with my father, who from the RCMP. His PTSD manifested decades later.

Ms. Michaud, I read in your brief how the family is such an important part of the life of military members, both when they are serving and when they become veterans. You might have said this in the presentation, but how could Veterans Affairs better integrate families into this process?

• (1650)

[Translation]

Ms. Marie-Claude Michaud: In the final analysis, the veteran is accompanied in his journey by family members. Families experience all of the years in the Canadian armed forces with the military members. Over the past 25 years, Canadian military families have also been operational. Without them, the armed forces could not have accomplished their missions. It is family members, either spouses, children or parents, who are the witnesses and often the natural caregivers of the person who is injured physically or psychologically.

Even in the case of members released without medical reasons, the impact of the transition to civilian life is also experienced by the family. The two can't be separated. The family becomes a component that has to be dealt with by Veterans Affairs. It can also be a tracking tool for veterans' health problems. There is also the whole financial aspect. Over a certain number of years, the spouse put her career on the back burner, and when the member transitions to civilian life and has to find another job, there is a financial impact.

All of these elements mean that family members have to have their own identity and have to be able to access services. Throughout their lives, these women and men, the spouses of the military, did not have their own identity and could not access necessary services. They have always been identified with the members of the armed forces, and the same thing applies to veterans. Their family members can only access services only through their military spouses. We cannot separate the two any longer.

I hope I answered your question.

[English]

Mr. Doug Eyolfson: It does. Thank you.

The Chair: Ms. Wagantall is next.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Good afternoon, and thank you so much for being here.

I have a few unique questions that come from conversations with veterans just last week in my office about the dynamics that they're facing. I'm not sure whether it fits into this or not, but one of the concerns is with service delivery and with medical services.

They have a card, an older card, that has all the information on it, and it is very clear about what services they receive and whatnot. Now veterans have a new card that has a strip on it, and that's what they're to give to get their medications or whatever. However, that card doesn't have anything on it that explains who they are or what they are. The card also requires a reader that the business must have to be able to provide for the veterans now.

Are you experiencing dynamics with that? There's a lot of frustration. Is this something you're familiar with or not, Mr. Mac Culloch?

Mr. Wayne Mac Culloch: Very much so. There is a lot of uncertainty surrounding the newer card. Folks were quite happy to see the old card, which had 13 or 16 categories on it, as well as whether or not you were able to access some services in the various categories. When that disappeared, part of the veteran's sense of comfort went with it.

Mrs. Cathay Wagantall: Okay. Should we be looking at trying to somehow combine this into something that serves the veterans and the businesses?

I know drugstores have to have a reader. I'm from Saskatchewan, as we discussed. Even if there is an office in Saskatoon, that's four hours south of me, and my riding goes four hours north. Anyone getting to that one location has a long distance to go. We need to be able to receive our services wherever we live in the province, and we find that we are lacking significantly in access.

That brings up my next question. From both of your perspectives, Mr. Gannon and Mr. Mac Culloch, what are we looking at in access for more remote areas? It's really poor, from my perspective. You talked about expanding our OSI clinics to serve more people. They're serving more people who aren't necessarily veterans in an area, yet for my veterans to get their services, the government's prepared to pay for a taxi to drive them three hours to Regina to get on an airplane and then come all the way back.

Surely we could provide a mobile OSI clinic, or something like this, in areas that are more remote.

•(1655)

Mr. Carl Gannon: I absolutely agree with you.

One of the things that we are continually promoting is outreach. We need to get better at outreach, and not just in those types of situations. We find that veterans have to find us. Why is the onus being put on the veteran and not being put on the department? That's the way it should be. We should be out searching for veterans, whether they be homeless, whether they be couch surfing, whether they be in not the greatest of situations.

We have tried to turn the page a bit with transition interviews. Now when somebody releases, there is a process they should be following so that we can hopefully identify some issues and maybe bridge that gap, but it's still an imperfect system.

I agree 100% that we need better outreach. Whether that be a satellite office or whatever the case may be, we need to be able to reach our heroes, because they are still suffering right now. It's great that we open up an office in a centre, but if we don't have, say, staff to go out and actually visit these individuals or if we don't perform efficient outreach, then it really doesn't necessarily help their situation at all.

Mrs. Cathay Wagantall: Okay. Thank you.

Mr. Wayne Mac Culloch: Outreach is a real issue for us. We understand how thorny the problem is, but still we feel for the veteran who's sitting in his basement somewhere just south of Yellowknife. How do you get services to that individual? We would very much like to see more contact from Veterans Affairs to the veterans who are in sparsely populated areas.

Mrs. Cathay Wagantall: Thank you.

With regard to hiring and to the issues with getting the number of case managers that you need, I understand your frustration with those who have been hired so far. Very few are actually coming from new money; they're still from the old.

Are you finding the quality of case managers that you need? Is the training being put in place to handle what would hopefully be significantly more case managers? Where would veterans themselves fit into providing these types of services? I am asking because often we ask everybody else, but we don't actually use the people who probably would be most able to provide the services that we need.

Mr. Carl Gannon: I will discuss the training situation first.

The reality is that we still have a huge gap right now with training. It stems not just from the training, but from backlogs and from what the numbers look like right now on the ground.

As soon as we get somebody in, there's a huge effort to get them the very bare basics and get them out into the field serving veterans. Until we are able to mitigate that situation, we're still going to be left in that quagmire of bringing new people in but not necessarily having enough time to get them up to speed before they're being requested to serve the veterans. They're serving veterans, basically, without always knowing exactly what they're doing. It's a dual-pronged issue with both training and staffing.

What was the second part of your question?

The Chair: You'll have to answer the second part in about 20 seconds.

Mrs. Cathay Wagantall: That's all right. Thank you.

The Chair: Thank you.

Mr. Bratina is next.

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

First of all, Mr. Mac Culloch, with all of your service medals, I think you've seen a bit of the world. Have you ever had dialogue with some of your comrades from other places as to their veteran situation? Is there anything we can learn from other places?

Mr. Wayne Mac Culloch: I think there's always a lesson that we can learn from others. It's difficult to apply it directly to the Canadian culture, because Canadians are a unique culture on the planet.

Certainly we can learn from the mistakes of others about things that did not work, as opposed to repeating them ourselves. The press south of the border provides many examples of how people have thought that the veterans administration has fallen short in its abilities.

I haven't seen the same type of thing up here in Canada. I think that in the main, Canadians and our culture are sufficiently different that trying to pattern ourselves after someone else has limited applicability.

• (1700)

Mr. Bob Bratina: Thank you.

Madam Michaud, there's another part to the question of equivalency that Mr. Rioux brought up. This goes back to when I did helicopter traffic reports and flew in a helicopter flown by a pilot.

I remember a conversation with him that sometimes military helicopter pilots had trouble getting civilian jobs because there was a sense that they...not crashed them, but made hard landings and did the kinds of things that you see in movies when they bounce off the ground and so on.

Is there any stigma or discrimination about an ex-military person getting into a civilian job? Does that exist?

[Translation]

Ms. Marie-Claude Michaud: Yes, that is still the case, unfortunately.

We have done a lot of awareness-raising over the past few years with civilian employers and even public institutions. You would be very surprised to know how few people, even within provincial political institutions and the public administration, are aware of the reality of veterans and recognize the skills they have acquired.

I would add that things have changed, but we have to continue to increase people's awareness. We have to let people know that these military members and veterans have skills and that they can be very useful in enterprises. It has taken our resource centre 18 years to meet that objective. Of course we are in Quebec, and the challenge was a big one. It is possible to meet it, but it takes a collective awareness-raising effort. The stigma still exists.

[English]

Mr. Bob Bratina: Thank you.

Do I have some more time?

The Chair: Yes. You have three minutes.

Mr. Bob Bratina: Mr. Gannon, the Charlottetown office will have a staff of four case managers and two veteran service agents. Does that mean there are six people who will work in that office?

Mr. Carl Gannon: No. That would just be at the very beginning, when it first opens. Staffing with the office is more complex, because most of it is going to happen in waves. There is not going to be a full complement of staff when an office opens. You're pretty much going to have—I'm not going to call it a skeleton crew, but you're basically going to have the bare minimum at that particular time. Then slowly, over the span of a year or 18 months, we're going to continue to hire in those places.

Mr. Bob Bratina: Typically, in a fully accomplished office setting, what would the administration and structure be like? In almost the ideal situation, what would you have?

Mr. Carl Gannon: It's hard to answer that generally, for the simple fact that it has to be based on the requirements for that particular area. The needs for that area have to be met, but every area

is going to be slightly different. However, reaching that 25:1 ratio is a very good place to start across the country.

Mr. Bob Bratina: What we've heard about over and over again is the lack of information on the part of a veteran, who may have left for a number of circumstances, now suddenly finds himself in need of service, and doesn't have the transitional background to understand, which puts pressure on the office. Is that a fair observation?

Mr. Carl Gannon: Yes, most definitely. That's the reality of the situation. There has to be better integration when they're leaving the forces so that we are there, so there's a seamless transition in support. It is starting and ending, but there's no gap in that service. As soon as there's a gap, then I will tell you that my members are going out to basically bear the brunt of that on the front lines.

Mr. Bob Bratina: In recruiting members, what kind of person do you want to hold those jobs? You've mentioned the fact that they raised the standards. Maybe a degree isn't quite the skill that someone would require. What would you say about that?

• (1705)

Mr. Carl Gannon: I would totally agree with you there. I would say that to work on the front lines, especially at Veterans Affairs, it takes a dedicated and special person, because some of the things you are going to deal with are going to be different from those in a lot of other departments.

You need to understand military culture. There are certain things that you have to understand. You have to understand the way that an injured soldier's mind works at times, so that you're able to mitigate situations before they actually arise. It's difficult. Sometimes you can be having a conversation and things can change very quickly, and if you don't understand that, if you don't know that this is reality, then you're probably going to leave very quickly because it's not what you thought you were signing up for.

Mr. Bob Bratina: Thank you very much.

The Chair: Thank you.

Now we'll switch to five minutes. I'll call upon Mr. Brassard.

Welcome to the committee. It's great that they assigned you to us. We're looking forward to having you here today and to your continuing on. Thanks.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair. It's an honour to be sitting on this committee, to be frank.

I'm going to jump right into it because I only have five minutes.

Mr. Gannon, you mentioned this, and I think you did as well, Mr. Mac Culloch. It's somewhat disturbing to me, and unconscionable, actually, that two out of ten Blue Cross claims were being rejected at one point. Mr. Gannon, you said that it's now up to four and a half out of 10. Why is that happening? Is it a problem with our provider? Is it that information is not being filled out? At a minimum, how can that be corrected?

I'd like Mr. Mac Culloch to step in on that one as well.

Mr. Carl Gannon: Right off the bat, we have to understand that we're changing to a for-profit insurance company from a public service. A public servant's mandate is not the same thing as, say, Blue Cross's mandate.

The reality is that in those treatment authorization centres, for those analysts who work with the providers and the veterans, if you were to look at their job description, you would see that their job literally was to try to help that person get approved. That's not what Blue Cross's mandate is. Any time there's a change, any time that you're going from a dedicated public servant to a for-profit insurance company in the exact same model, there are going to be issues. That's what we're seeing. There's a level of thoroughness that is not there anymore.

Mr. John Brassard: In the process of procuring Blue Cross, there would have been certain standards and measures set by the government to make sure that our veterans would not be denied the type of access to benefits that they require, so where's the breakdown? That's what I'm trying to figure out here, Mr. Gannon.

Mr. Carl Gannon: One thing I will say is that with a contract of that particular magnitude, they were there to do a particular thing. They were there to process claims and pay the claims. They were not there to hold anybody's hand. They were not there to assist, per se. That's not what is in the contract. The contract says, "Here's your claim; you process the claim, you pay the claim, and then you're done."

That's not what the mandate is. That's not in the oath you sign, the oath you take, when you become a public servant. The way they look at what they do is inherently different. They're an analyst at Blue Cross who works for Blue Cross. They're not a public servant. They're not a federal government employee. They have no vested interest in the well-being, per se, of that actual veteran, while for somebody who is working for Veterans Affairs as a public servant, that is exactly what their vested interest is: it's in improving that situation, because it helps them as well in moving forward.

Mr. John Brassard: Are you saying that the reason that we've gone up to this four and a half out of 10 claim rejection is directly because of Blue Cross?

Mr. Carl Gannon: One hundred per cent.

Mr. John Brassard: Mr. Mac Culloch, I know you've touched on this, and I would imagine Ms. Michaud is probably hearing about it in Valcartier. You're seeing the same thing.

Mr. Wayne Mac Culloch: Very much.

There's an expectation when a veteran tries to get a benefit or a service that he or she is not going to be the expert, and he or she is going to need some assistance to navigate through the various regulations, directives, and policies. Not only do you not get that

from Blue Cross, but you also don't get an explanation. You're left with no one to answer your questions as to why it's not working, and no one to help you make it work.

Mr. John Brassard: Another point I want to pick up on, Mr. Gannon, is one that you brought up about educational standards increasing. What have they increased to from where they were?

Perhaps you could just provide a brief response, because I'd like to get Ms. Michaud's opinion on something.

• (1710)

Mr. Carl Gannon: The case manager has basically gone from a psychology degree or sociology degree to pretty much a master's degree now, at a bare minimum. You cannot be screened in unless you have at least a specialized master's degree, so the requirement has risen to the point where some of our displaced employees will no longer qualify for the job that they were doing before.

Mr. John Brassard: Ms. Michaud, you mentioned the 78% with no high school diploma coming through. Do those who are transitioning have active degrees? Do they have degrees that could qualify them to work in Veterans Affairs as part of that transition? Are you seeing that at all?

My point is about veterans helping veterans, because Mr. Gannon spoke about sometimes people within VAC not quite understanding what veterans are going through. Is there an opportunity for us, then, to guide or educate veterans who are transitioning to work in that field to help veterans going forward?

[Translation]

Ms. Marie-Claude Michaud: You raised an interesting point. However, you need solid experience to do that. The operational stress injury social support group, the OSISS, is made up of supportive peers who already do a great deal. We can't ask these people who were themselves injured to take on this responsibility over the long term, because it is extremely demanding.

As Mr. Gannon said previously during a meeting, the situation can change because of a triggering factor. It can trigger the same thing for the helper, who may have experienced the same situation.

I am not saying that it couldn't be done. If we trained and guided these people, they could perhaps become excellent case managers. We would have to do a lot of coaching and provide guidance to ensure that they did not suffer adverse effects while discharging their mandate. It's an interesting idea.

[English]

The Chair: Thank you.

Gop ahead, Ms. Mathysen.

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

I want to come back to you, Mr. Gannon.

You talked about the atmosphere at VAC, and the increased bullying and harassment. You've also described for us the dedication of VAC employees and the fact that they're vested in the well-being of the veteran.

One of the things we heard in the course of this study is that very often veterans come in who don't know about parts of their entitlement, and they're not getting that from their case manager or they're not being given the complete picture. Even beyond that, we also heard that employees are told not to provide full information, not to advise the veteran. Have you heard of this? Have your members ever found themselves in this situation?

Mr. Carl Gannon: Yes, there have been a couple of situations. A couple of directives I heard about that came across my desk were a little difficult for me to read, for me to deal with. They were pretty much of that mantra.

Realistically, it takes time to do a full assessment on a veteran and their family and their situation. That case manager is going to pretty much be out of commission for a bit of time while doing that full assessment. What that basically means is, again, if you are extremely understaffed, that is going to take this case manager out of commission for a day, and unfortunately those are some of the directives that I've heard that have come down.

They weren't full directives. They were more the unwritten type of rules or expectations, I guess, that were being promulgated by some senior-level management.

• (1715)

Ms. Irene Mathysen: That was my next question. Who were the directives from, and how high up were they? Was the motivation to just move things along quickly, save money, and get these people out of there and back on their way?

Mr. Carl Gannon: Yes, and most of that doesn't necessarily come from your highest echelons of management. We have a bit of a vacuum because of our structural changes. Because everything was nationalized and we have no regional structure anymore, that has left our area directors—our middle managers, basically—in a bit of a power vacuum. They have a little bit too much power, and there are very few checks and balances in the field for that level, so they pretty much have way too much control. They are the ones who are trying to keep certain things under wraps so that they do not get up the line to the individuals who can actually make a difference. It's really tough at times to try to mitigate that, so if I am having a conversation with a DM or somebody, they have no idea of what I'm talking about because this information is not actually filtering its way up as it should.

Ms. Irene Mathysen: Okay. Thank you.

The Chair: We're done. I'm sorry. Thank you.

We'll conclude. We can give each group a minute or so to wrap up if you wish. We can start with Mr. Mac Culloch.

An hon. member: Chair, did you miss me?

The Chair: I believe you were supposed to split with Mr. Bratina, and he took the whole six minutes. I apologize for that.

Mr. Bob Bratina: I was waiting for your cue.

The Chair: I guess my cue was when you asked me how much time you had left, and I said "three minutes".

We'll start with Mr. Mac Culloch.

Mr. Wayne Mac Culloch: Service delivery needs to further improve. It has started, but we need to keep the momentum going and we need to look at our at-risk groups and try to push out the service delivery to them in a manner that is acceptable to them.

[Translation]

Ms. Marie-Claude Michaud: The military family resource centres offer a good range of resources everywhere in Canada. This could be very useful to veterans and their families. Do not hesitate to use them.

[English]

Mr. Carl Gannon: The only thing I'd like to say is that the way a country treats its most vulnerable individuals is a shining example of the country. I think we are a better country than we have shown over the last x amount of time in the treatment of our veterans. We stand at a crossroads, and I think that now is the time. We can't wait any longer.

The Chair: Thank you.

On behalf of the committee, I'd like to thank all of you for coming today, and thank your organizations for all of the good you do for our men and women who have served.

If there are any questions you want to elaborate on, feel free to email the clerk with any answers or any clarification to questions, and the clerk will get that to the whole committee.

Again, on behalf of the committee, thanks for coming out today.

I need a motion to adjourn.

Mrs. Alaina Lockhart: I so move.

(Motion agreed to)

The Chair: The meeting is adjourned.

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