



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 036 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, December 6, 2016

—
Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

Tuesday, December 6, 2016

• (1530)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good afternoon, everybody. I call the meeting to order. Pursuant to Standing Order 108(2), the committee begins its study on the subject matter of supplementary estimates (B) 2016-17, votes 1b and 5b under Veterans Affairs.

I'd like to welcome the Honourable Kent Hehr, the Minister of Veterans Affairs, and Walter Natynczyk, deputy minister and retired general.

We'll start with the minister for 10 minutes, and then we will go to the witnesses. We have that all in order.

Welcome, Minister. The floor is yours.

Hon. Kent Hehr (Minister of Veterans Affairs): Good afternoon, Chair and members of the committee. I'm pleased to return to the Standing Committee on Veterans Affairs to discuss the 2016-17 supplementary estimates (B) to Parliament on behalf of Veterans Affairs Canada.

Let me preface my remarks before this committee with an observation of the debt Canada owes its men and women in uniform. Veterans Affairs Canada is working hard to provide veterans and their families with the care and supports they need, when and where they need it.

We're also working to engage Canadians in commemorating all who have served. Last year, the Prime Minister gave me a mandate to ensure that our government lives up to its obligation to veterans and their families. The department has done a lot of work over the past year and has delivered on a number of the priorities in my mandate letter. These supplementary estimates reflect those accomplishments and the work that remains to be done.

My first year as Minister of Veterans Affairs and Associate Minister of National Defence has been rewarding, albeit challenging. I've travelled across the country and I've met outstanding people: older veterans and younger veterans, as well as current members of the Canadian Armed Forces, who will one day become veterans. They have shared their stories and their struggles. I have learned so, so much.

I have learned that while 73% of veterans successfully transition from military to civilian life, 27% of them struggle. They need our help. That is why our department is here, and it's where we're at. This is the reality that we face, and there is no silver bullet. We will make

incremental changes and find better and better ways to help veterans rebuild their lives. As a country, we must provide that help.

We are transforming the way the Department of Veterans Affairs works, improving the way we deliver services to veterans and their families. That's the purpose of this supplementary allocation. For this year's supplementary estimates for Veterans Affairs Canada, this supplementary allocation will provide \$130 million in funding. This 3.6% increase over the current budget increases it from \$3.64 billion to \$3.77 billion. These funds will help our government fulfill its commitment to Canada's veterans.

What is the additional allocation for? It will be used to move forward on our stated and approved initiatives, to move forward on the goal of ensuring that we live up to our obligations to our men and women in uniform. These include: increasing the value of the disability award from \$310,000 to \$360,000; enhancing the earnings loss benefit from 75% to 90% of an injured veteran's pre-release salary; enhancing the permanent impairment allowance so that veteran is appropriately compensated for the impact of a service-related impairment on his or her career; reopening the nine Veterans Affairs offices across the country, with an additional one in Surrey, British Columbia, and extending mobile outreach in Canada's north to ensure we are serving our first nations, Métis, and Inuit veterans adequately; and, hiring more staff to improve delivery of much-needed services to veterans, including hiring more case managers. Each case manager's workload will be, on average, 25 cases to one manager.

The commemoration of Canada's men and women in uniform and of their accomplishments is a key part of Veterans Affairs' responsibilities. That's why the supplementary allocations include funds to commemorate major milestones of the First and Second World Wars, in 2017, the same year in which we will celebrate Canada's 150th birthday.

Events will be held in Canada and France to mark the centennial of the Battle of Vimy Ridge next year. Commemorative ceremonies and events will be held at the Canadian National Vimy Memorial in France, at the national war memorial in Ottawa, and in communities across the country on April 9. Major milestone events will also be held to mark the centennial of the Battle of Passchendaele and the 75th anniversary of the Battle of Dieppe.

•(1535)

The estimates also include an increase in the funeral and burial program that is administered by the Last Post Fund, which provides financial assistance for funeral and burial services, including grave markings for eligible veterans. This will make it easier for veterans' families to provide a dignified funeral and burial for their loved ones.

In addition, there's an allocation for the 2017 Invictus Games in Toronto, which will be the host city for this international sporting competition for ill and injured military members and veterans. It leverages the rehabilitative powers of sport to honour the men and women who have come face to face with the reality of sacrificing for their country. Team Canada will proudly represent the host country with a roster made up of as many as 90 active Canadian Armed Forces members and veterans.

Finally, the allocation includes a request resulting from the Treasury Board submission for the transfer of Ste. Anne's Hospital from federal to provincial authority.

Veterans Affairs Canada has accomplished a great deal over the past year, but there is still much more to do, and we are working with the Department of National Defence to reduce the complexity of the transition from Canadian Armed Forces member to veteran. We are also working closely with veterans groups and stakeholders to ensure that we get it right on the other items on the priority list, including the re-establishment of an option for a lifelong pension.

All the funding in supplementary estimates (B) has been previously approved by Treasury Board. Our meeting today is simply to have the funding added to the department's current budget. This will allow the department to move forward on its initiatives, with the overarching goal of ensuring Canada's veterans receive the respect, support, care, and economic opportunities they deserve.

Thank you so much for being here today, and thank you so much for your hard work on this committee. It is greatly appreciated.

The Chair: Thank you, Minister.

We'll start our first round with six minutes.

Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair.

Thank you, Minister, for being here today to speak about the supplementary estimates. I'll get right into it.

As part of your request, there's \$6.273 million going towards opening new service offices for hiring case managers. I know that you did say in your presentation that you expect a 25:1 ratio. Can you break that down in terms of cost? Do you have the ability to do that for us in terms of what that means per case?

Hon. Kent Hehr: That's a very difficult number. It's part of the changes that we made since coming into budget 2016. Again, it's about reopening the nine offices that were closed under the former administration. We have now opened five of those. On the commitment to hire back staff, roughly one third of the front-line staff were let go under the former administration. We've begun the process of hiring back. In fact, we've hired back 325 front-line workers, and we're going to be getting all the way to 400. For an

exact breakdown of the staffing component and how that works to get to a 25:1 ratio, I can pass it along to General Natynczyk for more detail.

General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs): Thanks very much for the question, sir.

I don't have the detail of all the breakdowns that you're talking about in terms of how many are in the offices and the resources required for all of the case managers. Are you looking for, veteran by veteran, what the average cost is per case manager?

Mr. John Brassard: Well, what they—

Gen Walter Natynczyk: If that's the case, we'll have to take that question under advisement and come back.

Mr. John Brassard: That's precisely what I'm looking for. Under this allocation, how much it would cost per veteran based on the numbers that you present here, as well as the opening of the nine offices that the minister has spoken about?

The other thing I want to ask about is the \$5.615 million going towards processing benefit applications following changes to the new Veterans Charter in 2016. Just so I'm clear, that's not to deal with the amount that goes towards the benefits. That's actually for staff to process it. How do you come up with that number for the processing?

•(1540)

Gen Walter Natynczyk: Sir, we have to go back and actually look at all of the case files for the increase in the earnings loss benefit. We're actually bringing on casual staff and others, because as of October 1, 2016, the earnings loss benefit was to go from 75% to 90%. We're looking at all of those files. It's in the order of—

Mr. John Brassard: These are personnel costs, then, Mr. Natynczyk—

Gen Walter Natynczyk: Correct.

Mr. John Brassard: —to go back and look at those files.

Gen Walter Natynczyk: Exactly. Following us today—

Mr. John Brassard: Are we hiring more people to do that, then? How do you—

Gen Walter Natynczyk: For a case like that where we have a requirement for short-term reinforcement, we would have casual or temporary folks come in to assist us, but while we have the adjudication of new files coming in, we're finding on a lot of files new applicants are coming in with these changes to our benefits and they are welcomed, as the minister has mentioned. Concurrently, we have to go and look at the files that we currently have and determine what the increase is in terms of the earnings loss benefit. Similarly, when we do the disability award for April 1, 2017, we'll be looking at in the order of 50,000 to 60,000 files and looking at the disability award increases.

Mr. John Brassard: If you're hiring part-time or temporary people—I just need a simple answer—are you confident that you're going to be able to find people who are qualified to go back and look at these files and deal with them to the extent that they require?

Gen Walter Natynczyk: Sir, we will only bring in folks who are qualified. In Charlottetown, Prince Edward Island, we have a lot of great folks who have been with the department or—

Mr. John Brassard: You're talking about external hires, though, coming in, not those who are working there right now.

Gen Walter Natynczyk: Correct.

Mr. John Brassard: Okay.

Minister, with respect to your mandate letter, how many of the 23 requests made of you by the Prime Minister have you completed up to this point?

Hon. Kent Hehr: My review of the Prime Minister's mandate letter states that I have 15 mandate letter items to complete.

Mr. John Brassard: How many of those items have you completed at this point?

Hon. Kent Hehr: We have completed six to date.

Mr. John Brassard: Of the estimates that are requested here, how many more do you anticipate that you're going to be able to complete of the number indicated in the mandate letter?

Hon. Kent Hehr: We remain committed to each and every line item in the mandate letter from the Prime Minister. As you're aware, we have a four-year mandate, yet we want to get it done as quickly as possible. We are working hard on creating those synergies and loops that can do it in the most effective and efficient manner.

Our real goal is not just to put check-boxes by things in my mandate letter. We're looking at trying to make transformational change to really better the outcomes for our soldiers, sailors, and aviators who find themselves in Veterans Affairs Canada. We want to have better outcomes than where we're at right now and to go from having 27% of veterans who struggle to incrementally do better to see more success.

Mr. John Brassard: Thank you, Minister.

The issue of service dogs for those suffering from PTSD has come up. What are you doing about that, sir, if anything?

Hon. Kent Hehr: That's a good question. I saw in the news the other day that we have a veteran who is very interested in that. Obviously, tax code changes are the purview of the finance minister. That said, our department currently is funding some studies around service dogs and how they are currently working with veterans and those people on many issues surrounding PTSD and the like. We're looking forward to the results of those studies. Also, we can take some of this information and these changes and put them to the attention of the finance minister.

The Chair: Thank you, Minister.

Mr. Fraser.

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

Minister, thank you so much for being here again before our committee, and General, welcome back. It's good to have both of you with us.

I want to say first of all, Minister, that I believe you are doing a good job in putting together the outcomes that we are looking for

and that were expressly mandated to you in the mandate letter. I want to thank you for the good work you've done. I think we are on the right track.

I want to ask you specifically about the earnings loss benefit and the fact that this will increase the pre-release salary to 90% from 75%. I know that the money being allocated for that is part of the supplementary estimates here. Could you talk a bit about the earnings loss benefit and why it is so important to fulfill that commitment?

• (1545)

Hon. Kent Hehr: It really is. As part of our commitment to financial security in budget 2016, we fulfilled our mandate commitment to increase the earnings loss benefit from 75% of a soldier's pre-release salary to 90% of a veteran's indirect monthly salary. These changes came into effect on October 1, 2016. Really, they will go a long way to putting more money in the pockets of our men and women who have served in our military and will enable them to do more with their families. We're very proud of this commitment. Those cheques have been rolling since October 1.

Really, it's about our men and women who find themselves in Veterans Affairs Canada being in the middle class and about allowing them better outcomes. Without financial security, you don't have much security at all. You aren't able to reach your "new normal". You aren't able to concentrate on your therapies. You're not able to concentrate on moving your life forward. We're very proud of making that commitment. It was a very important part of our whole suite of benefits and the changes we're making to try to make things better in our department.

Mr. Colin Fraser: Thank you, Minister.

I think that is true. We have heard from a number of veterans who have testified before our committee about the challenges they face. One of the things that make it even more difficult, of course, is worrying about having enough money to pay the bills, so I believe it is important that the earnings loss benefit continue on the track you have it on.

Could you please talk about the permanent impairment allowance just for a minute so that I understand why the improvements to it are so necessary?

Hon. Kent Hehr: What we are finding is that the permanent impairment allowance is put together to track a man's or a woman's career as it would go forward in the military after they have suffered an illness or injury. To be honest, we weren't doing a very good job of tracking those numbers. In fact, most people who came into Veterans Affairs Canada found themselves not progressing along any career path changes.

What we did was secure money from the Treasury Board in the last budget to do a better job of adequately assessing a person's career and to make sure they are getting the incremental changes to their earnings that they would have received should their career not have been cut short by illness or injury. This will allow them to recognize their success and understand that their inability to serve in the military has not impacted them in a financial way. We looked at it in a more fair and fulsome fashion that recognizes more what their outcomes would have been but for the injury.

Mr. Colin Fraser: Thank you.

I will now turn to the office reopenings, which are also mentioned in the supplementary estimates. Minister, I want to thank you for going to Sydney, Nova Scotia. I'm from the other end of Nova Scotia, but I know that you were there with the Prime Minister to see the reopening of that office. It was very important to veterans right across the Maritimes to know that the office was reopening. I thank you for being there to do that.

With regard to the offices right across the country, you've said that five of them have now reopened, so there are four more of the nine to go, as well as an additional one that I think was committed to, in Surrey, British Columbia. Could you talk about those openings and when we can expect to see them right across the country?

Hon. Kent Hehr: It was a great day in Sydney with the Prime Minister, where we met the community that was looking forward to the reopening of that Veterans Affairs office. It was a real joy for me to be there personally. As well, you could see the relief in the community and among many of the veterans who were looking forward to that occurring.

I can say that we have opened five of the offices to date. We will have all nine open by May 2017. We continue to hire new employees to fill those spaces and to adequately staff them. When we came into office, shortly after October 19, our analysis was that we needed some more help, given that in Surrey, B.C., we have a large cohort of veterans who are settling in that area. I think the number is upwards of 5,000, so that area needs help and assistance.

We never had outreach in the north that was really effective and proactive, so we put together a mobile team to go out there and do the good work, ensuring that our first nations, Métis, and Inuit veterans, as well as other members who have served up in the north region and who choose to settle there after the fact, get the help they need from our department. This is a large nation, and I think moving towards that northern presence has been a good move. It will allow us to serve the population better and will allow more flexibility in programming and getting people help wherever they live in this great nation.

• (1550)

The Chair: Thank you, Minister.

Ms. Mathysen, go ahead.

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

Thank you, Minister, for being here.

I have a number of questions. I hope we can get to all of them.

The first is in regard to Ste. Anne's Hospital. I'm wondering what is the benefit to veterans of that transfer from the federal department to the province, because I have heard some concerns raised and some complaints from veterans that the service has declined since the transfer. Are you aware of those complaints? If so, have you responded or will you respond to those concerns? That's number one. The second part of the same question is, are the working conditions of the staff who look after folks there the same as prior to the transfer or different?

Hon. Kent Hehr: Ste. Anne's has a long proud history in our nation. It was the first Veteran's Affairs hospital. It came on board after World War I. As you know, when we went to national health care in 1967, we essentially went to provincially run health care systems, and Ste. Anne's was the last of the Veterans Affairs hospitals that we returned to provincial control.

Largely, Veterans Affairs Canada provides health care in over 1,500 facilities across the nation from coast to coast to coast. That's largely what our veterans community has called for; they want to live in the communities where they're living. This model that we have gone to is essentially a more effective and more efficient way. I can also say that because at Ste. Anne's Hospital some veterans were reaching the end of their lives, sadly, we were not using the hospital as much.

In the midst of running an efficient health care system that allows more of the Quebec people to take part in it, this is a good deal for us at Veterans Affairs Canada and for the Province of Quebec. We have to look at the whole health care system in that manner. I can say that, in the transfer, we know—I was back there on November 11—that many of the veterans are very happy with what is happening there. I can say that we're always on the listen to what is happening on the ground. Yes, we have heard some issues come up, yet we remain committed to the veterans at Ste. Anne's. I know that my deputy minister is in contact on a regular and ongoing basis.

Maybe you would like to take it from here, Deputy.

Gen Walter Natynczyk: Thanks very much, ma'am, for the question.

I'll just say that about half of the federal employees accepted offers with the province. Before the transfer, we worked with the Province of Quebec to recruit and to train many additional staff for the hospital. One of the positives of this transfer, as the minister indicated, is that folks in need in the region now have access to the facility.

Currently, we have in the order of 260 veterans in the hospital, but the capacity of the hospital is well above 400. Opening those beds to Canadians across the board is key. The other aspect is that is so positive is that we actually have spouses of veterans who for the first time can be in the same facility as the member who served.

Ms. Irene Mathysen: Thank you.

I want to talk a bit about the testimony we heard in regard to mefloquine. Health Canada has updated concerns as of August in regard to the long-term impact of mefloquine. Does VAC intend to address the needs of veterans who were denied benefits because of a lack of understanding of the impact of the drug? Will VAC reach out to veterans who have previously been denied services in order to make sure that their needs are met?

Finally, what kind of support can or will VAC provide for mefloquine survivors, those who are still experiencing the symptoms of night sweats, insomnia, and suicidal thoughts?

● (1555)

Hon. Kent Hehr: The Department of National Defence and our department take the health and well-being of CF members and veterans very seriously. At Veterans Affairs, we provide a range of programs to promote the welfare of those who become ill or injured in the line of duty, including disability and related health care benefits, rehabilitation services, financial benefits, and supports to the families. It does not matter what type of injury a person has as long as it's tied to their military service.

I would encourage any and all members, regardless of what issues they are suffering from, as long as it relates to their military service, which you have outlined...our doors are open. Across this country, we have 4,000 mental health professionals who we work with. We have 11 OSI clinics, plus satellite clinics all over this country that we're willing to work for... We're open for business. We have to encourage more people to come forward and to get their issues dealt with. That's what our department is committed to, full stop. If any individuals need help, I encourage them to come forward. We will do our level best to assist them in finding their way forward.

Ms. Irene Mathysen: Okay. We will communicate that.

Thank you.

The Chair: Ms. Lockhart.

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

Thank you, Minister and General, for being with us today in explaining some of these numbers and giving us more detail.

As you know, we've been focused on service delivery over the last several months. But one of the numbers here that I would like to talk about today has to do with commemoration. As a committee, we all understand that it's a very important item in the budget. I see here that there has been a significant increase. I'd like to comment. I feel that we've seen a surge of response from Canadians over the last few years when it comes to commemoration. Specifically, in this last year, we've recognized Beaumont-Hamel. Also, recently we've had a fair bit of support for my colleague Colin Fraser's private member's bill on Remembrance Day as a federal legal holiday.

As we go into the next year, we are looking at commemorating Vimy Ridge, Passchendaele, and Dieppe. I see an amount here. I'm wondering if you could expand for us on what events that amount is going towards and what's happening here in Canada.

Hon. Kent Hehr: I too would like to applaud Colin on his private member's bill on Remembrance Day as a national holiday. I think it's a good move that sets the stage for leadership in the ways we should be commemorating and thinking about the men and women who have served in the Canadian Armed Forces, the 2.3 million of them have served in that role since the beginning of Confederation.

It's a given that this is a big deal for commemoration, and it's important for us not only as Canadians and not only in remembering, but also in ensuring that we have good people who are willing to come into to the military. If we don't honour and respect their service

and the sacrifice of these people and their families, then we don't do their memory the honour it deserves, and we don't show respect for those in the Canadian Armed Forces. We don't encourage good people to go into this honourable career that we in this room cherish so much and that in fact Canadians do.

It's a given that this year is very important, and I think our supplementary estimates show that. We have the 100th anniversary of the Battle of Vimy Ridge, which many historians, and in fact our Prime Minister, often say was the birth of the Canadian nation, where we really accomplished a great deal. Also, we have the 100th anniversary of the Battle of Passchendaele and the 75th anniversary of the Battle of Dieppe.

I had the privilege this summer of going to France to recognize that it's 100 years since the start of the Battle of the Somme and the Battle of Beaumont-Hamel, which is so important to Newfoundlanders and to this nation, and to understand the significance of what transpired all those years ago. Going back there is to understand the role Canada still wants to play in the world: how we want to lead and how we want to be part of building a better, more secure, more peaceful and human-rights-based world. Honouring the sacrifices that those men and many Canadians have made over the years is truly important to the work we do.

This year is a big year for that. I know that the Prime Minister and others will be going to France for the celebrations in Vimy, and I know the whole nation is looking forward to it. It's an important thing that we do here as parliamentarians. It's an important thing that Canadians do. Our department is going to ensure that we do it right.

● (1600)

Mrs. Alaina Lockhart: That's great. Will there be opportunities for those who aren't able to go to Vimy—for veterans, youth, and all Canadians—to take part in that commemoration here in Canada?

Hon. Kent Hehr: There will be celebrations nationwide. We're currently working through a lot of the planning on that. We're working with partners at the provincial level. We're trying to organize and arrange festivities with them. Of course, we'll probably be reaching out to the municipalities as well. It's an important time in our country to reflect on and pay tribute to the men and women who have made sacrifices for our freedom.

We're lucky. Since I've been born—and frankly, this goes for all of us in this room—we've lived in peace and security our entire lives. We haven't had a battle here on the home front, and it's because of the sacrifice of those men and women who have gone before us.

Mrs. Alaina Lockhart: Thank you very much.

We've talked a bit about Ste. Anne's already, but I want to go back to that for a second. I want to ask about quality assurance for delivery of service. We're making a transition here. Do we have a process in place to make sure that the level of service continues as we transfer?

Hon. Kent Hehr: General.

Gen Walter Natynczyk: We have a transition committee that we maintain with the province. On that, we have two key leaders out of Veterans Affairs, plus a veteran from the region, retired Lieutenant-General Michel Maisonneuve, who is also on the foundation of Ste. Anne's Hospital, and they are meeting with the province and with the hospital staff on a regular basis, and following up where there are challenges.

The key challenge, as has been alluded to before is staff, because half of the staff have changed. The key was that the federal staff had a culture and had an understanding of the veterans. When you see half of the hospital staff change over, and then we have the introduction of additional civilians and additional staff coming in, we have a period of cultural transition and training transition. It is difficult, especially dealing with a population who has served the way they have but are older in age. That has been the key challenge.

We're working very closely, as the minister indicated, and I maintain contact with the province on a very regular basis, as do the senior leadership of the department. We have visits, as the minister has indicated, and I visit as well with the hospital in talking to not only the residents' committee but also to the families of those veterans and to other key veterans in the hospital.

The Chair: Thank you.

Mr. Eyolfson.

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

Thank you, Minister and General.

We were talking about opening the Veterans Affairs offices. I was honoured to be present at the reopening of the one in Brandon, Manitoba. It was quite an exciting event. Could you describe what challenges there have been in reopening these offices?

Hon. Kent Hehr: When we got the budget passed at the end of June, we had to work with our procurement minister, Judy Foote. To her credit, once that budget money was secure and we gave her the specifications of what we would need and what type of veteran population was in the area, she went about and did her good work and came up with appropriate offices in terms of serving the veterans and their family populations.

Of course, these offices that can do a multitude of things, from intake to basic form-filling, to health and wellness guidance, and to putting veterans in contact with appropriate resources at various levels of different governments. They're really welcomed by our veterans community. We've actually moved with great speed, if you think about the budget passing here just last June, in already getting five of the offices open. I think it's a tremendous credit to Judy and her team and how they've gone about doing things.

We're very excited by the progress. In fact, when I went to the announcement this summer, there was a sense of excitement in Brandon. Unfortunately, I wasn't able to be there with you when you actually opened it up, but I'm assuming that it was well received from the community.

Did you note any challenges, General? Is everything going fairly smoothly?

● (1605)

Gen Walter Natynczyk: I think once we have the location, as the minister indicated, by working with our partners across government to make sure we have the right facility and all of the furniture and that kind of thing, it's just about making sure that we have the right people and the right skill sets. Some of those people, when the offices were closed, went into retirement. We're trying to get the right people with the right skill sets coming in.

I was in the Kelowna office a couple of weeks ago. Again, some of the folks who were there have left, so it's about getting the right people. Then it's about the hand-off of the case-managed files for those veterans who, in the case of Brandon, have been case-managed out of Winnipeg. Then there's that hand-off once we have the right people on the ground in Brandon, so that it is as seamless as it can be for the veteran. At the end of the day, it's about the veteran, and our process is being as veteran-centric as possible.

Mr. Doug Eyolfson: Thank you.

Has it been a challenge to find staff? I think there was some allusion to that earlier. As you say, I know that some of the staff who had been let go had retired.

Hon. Kent Hehr: In the main, we have gone about the business of hiring staff on a regular and ongoing basis since last October 19. We've committed to hiring 400. Some areas of the country are easier to staff than others. It is a challenge to find appropriate people in some regions, with the Canadian government having a relatively linear pay scale and with some of the areas of this country having different expectations and different costs associated with housing and the like. But we're finding good people with backgrounds in social work and with the expertise that we need at various levels.

I think it's also important to note that Veterans Affairs is also concentrating on giving veterans an opportunity, where possible, to be hired within our department. We're putting a greater focus on that. I'm very proud of how we lead by example on that to get as many veterans hired.... The former government brought in the veterans priority hiring act in 2014. We haven't yet seen real outcomes on that, but that's why we're trying to drive this as a department and to challenge other departments to really lean in on this to be able to assess where we can give more veterans and people leaving the Canadian Armed Forces a real opportunity to be a part of the public service.

I know that our department is taking this seriously. We had a good meeting on this last week. We've actually brought a person on board to head public service recruitment within our department and then to hopefully expand out, to allow him to leverage his expertise and how he arranges that within our department to look at a whole-of-government approach to finding more success for our men and women who leave the military.

That's also part of the work I'm doing with Minister Sajjan on the transition piece. We're really lining things up so that when a man or woman leaves the military, they're good to go, and so that when they leave the military, they leave with their pension cheque on day one, and they leave with ideas about what they're going to do around work, where they're going to get education, where they're going to find their family doctor, and where they're going to get their illness and injury treated, should that be necessary. It's really about professionalizing the release when men and women leave our military. We do a great job at getting them into the military, from basic training to training them up for ops, and for extended missions, and the like, and we are putting more focus now on professionalizing their release.

That's what a lot of the work has been devoted to over the last eight months, since the end of the last session. Really, I can really say that the work with Minister Sajjan, as well as with General Natynczyk and Chief of the Defence Staff Vance, because of their extraordinary experience, both in the military and understanding that challenge, and now, with General Natynczyk's knowledge of Veterans Affairs.... He has been here for....

Is it four years now?

• (1610)

Gen Walter Natynczyk: For two.

Hon. Kent Hehr: It's two years now, but with that experience, I think we're at an historic point because of their knowledge and our Prime Minister's vision of seeing that seamless transition.

The Chair: Thank you, Minister.

Hon. Kent Hehr: We're going to have better outcomes.

The Chair: Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Mr. Chair.

Thank you, Minister and General, for being here today.

I have a lot of questions, so don't be offended if I cut you off. I have a lot of things that I want an answer for.

Hon. Kent Hehr: I will not be offended.

Mrs. Cathay Wagantall: That's great.

You have a huge mandate here. One item that it appears you have completed is as follows:

Provide injured veterans with 90 percent of their pre-release salary, and index this benefit so that it keeps pace with inflation.

That was a campaign promise as well, and I've watched it move throughout the process to where it's actually in your mandate letter.

What was never included is any information about your changing the level in terms of corporal going to senior private, which has meant minimal increases to those who are on, shall we say, the bottom of the totem pole. Also, there was no mention that it was retroactive, so I appreciate the fact that this has been done; veterans obviously would not say no to that. However, out of the funds that have been provided thus far—and obviously this is a one-time expense—I'm curious to know how much of these funds have gone towards that retroactive payment.

Hon. Kent Hehr: We brought in the payment for this program in going from 75% of the soldier's pre-release salary to 90% on a go-forward basis. That was our promise made in the platform, that's what we committed to, and that's what we're doing. When it came to the disability award and moving it from \$310,000 to \$360,000, we made that payment retroactive to 2005 and the change in the new Veterans Charter.

Mrs. Cathay Wagantall: Okay. Thank you.

Hon. Kent Hehr: Where we thought it was fair, it would have been—

Mrs. Cathay Wagantall: Do you know how much was spent on the retroactive portion?

Hon. Kent Hehr: On the retroactive portion, I don't have those exact details, and neither would the general, but we can try to get them for you. We just felt that because there was a lot of.... As you're aware, your government wrestled with it, and our government is dealing with it, it's about trying to ease the disparities between the changes from the—

Mrs. Cathay Wagantall: Okay. I appreciate that. Thank you very much.

With regard to the offices that have been opened, you mentioned five out of the nine. How many of those five, and which ones, are fully staffed and fully operational?

Hon. Kent Hehr: I'll turn to you, General.

Gen Walter Natynczyk: We have Kelowna open and operational. In every one of the cases... You'll have to ask Michel Doiron, who's going to be following me in just a few moments, and he'll indicate.... I know how many staff I have in each location, but whether we're actually at the upper level right now.... Each one of them is functioning. There are Kelowna and Saskatoon, which we just opened, and Brandon, Sydney, and Corner Brook. Each of them are staffed and functioning. As to whether we are at 100% staffing levels, I don't have that in front of me right now, but they are serving veterans as we speak.

Mrs. Cathay Wagantall: You're not aware of how many staff are there right now?

Gen Walter Natynczyk: I actually know what we have for the numbers in each location that should be there, but I don't have today, to be absolutely accurate with you, how many are there today. If Michel doesn't have it, we can come back to you with a snapshot in time of where we are on those five offices.

Mrs. Cathay Wagantall: Okay. Thank you.

Minister, you've mentioned that whatever the treatment that is needed, VAC is prepared to help our veterans. However, there isn't a recognition of the fact that mefloquine has caused specific issues for veterans, and they are not being treated specifically for them. They're being treated for PTSD, which is a mental health issue, versus a brain stem injury. My concern is that we have all these people available to serve them, yet they are not able to get the specific help they need.

My understanding is that for an individual who has been treated specifically for mefloquine actually, the appearance is that it's for PTSD, because otherwise that individual wouldn't get the type of treatment that's needed. Why aren't we focusing on this mefloquine issue and finding out exactly what kind of treatment these veterans need to make sure they get it?

• (1615)

The Chair: [*Inaudible—Editor*] chair, I'm just saying that relevance on the supplementaries, but I can put this to the....

Mrs. Cathay Wagantall: Well, it's relevant because it's something that we need to spend money on.

The Chair: Okay.

Hon. Kent Hehr: It's my understanding that Veterans Affairs Canada works with 4,000 mental health providers throughout the country. Further, we have full access to a range of complementary health care services at the provincial government level, where we have access to the best health care in the country. I would be surprised that for anything that came into our system if we could not plug in a veteran suffering an illness or injury as a result of military service, or if they did not get some help they need with the issues they are dealing with.

Mrs. Cathay Wagantall: The challenge is to identify it as a military service injury, then, because we're not identifying it as a specific concern.

Okay. That's fine.

We've recently reduced the amount of marijuana available to our veterans who are using it as a prescribed medication. Part of your explanation was a cost-saving benefit, so how much money will we be saving based on dropping the amount they can have access to from 10 grams a day to 3 grams a day—

Hon. Kent Hehr: I think I have to clarify the way you phrased that. You have to remember that when we made this announcement we did this with the health and wellness of veterans and their families at the core of every policy change we make.

Mrs. Cathay Wagantall: But how much money do you save on the cost-effective side?

Hon. Kent Hehr: Frankly, that hasn't even been factored into any of our analyses. I was shocked to find that in 2007, when the former government started the process of reimbursing for cannabis for medicinal purpose, there was no policy directed around this. In fact, it was essentially, in my view, an abrogation of responsibility—

Mrs. Cathay Wagantall: Are you aware of how much—

Hon. Kent Hehr: —by three successive ministers who were briefed on this issue.

The Chair: Thank you, Minister.

Mr. Bratina, you're next.

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

Minister, I want to go back to the commemoration activities. In my municipal days, one of my priorities was reacquainting Hamiltonians with the city's military heritage, and I believe we're now trying to acquaint Canadians, not that they're that far out of

the loop. With the money that's been earmarked, have there been discussions within the ministry about how the message is going to be presented to Canadians, in addition to the particular events? I hope there's going to be some money spent on telling Canadians about these things.

Hon. Kent Hehr: We know that this is a very important story for the Canadian people and the fabric of Canada, this importance of the men and women who have served in our military, and in fact, more so, what Vimy Ridge, the Battle of Passchendaele, and Dieppe have meant to this country. Our department understands the depth of their sacrifice and the importance of that story, and we're going to tell it very well. I know that this is important for our entire government and how we're going to fold this in with our celebrations around Canada 150.

In fact, the Honourable Minister of Canadian Heritage and I have also discussed this. We know the importance of this and we're taking it seriously. We're going to wrap this up in everything we do this year. It's going to be a big time to commemorate, as well as to celebrate as a nation together, as to what we've accomplished, recognizing the sacrifice and service of the many who have gone before and served in this capacity.

Mr. Bob Bratina: My hope is that this will spin off into other activities by citizens and by other municipalities. We renamed part of our main downtown park “Veterans' Place”, and General Maison-neuve did the keynote on that. He was living in Hamilton at the time, before he got back to work at College Saint-Jean. We did City of Hamilton overseas service commemorative pins and other things. One thing led to another. I'm wondering if your anticipation is that there will be a general pickup on these things outside of the federal government's direct contributions.

• (1620)

Hon. Kent Hehr: As indicated, we've already reached out to our provincial counterparts and others to try to lead the charge, so to speak, in making sure we're honouring what has been accomplished to date, both the tremendous service and sacrifice of the men and women who have served in the Canadian Armed Forces and their families.

Maybe, General, you could give more detail on what we're planning.

Gen Walter Natynczyk: In addition to what the minister has mentioned, I'd also like to highlight educational products for schools across Canada, as we do for Remembrance Week, right from the grassroots all the way through, and also with the linkages of first nations and indigenous peoples and their contribution, not only to Vimy Ridge but to other battles in World War I.

Mr. Bob Bratina: The sum of \$42.9 million was requested for the transfer of Ste. Anne's Hospital. What did that transfer agreement involve? What were the terms of the transfer?

Gen Walter Natynczyk: To be clear, that \$42 million is for workforce adjustment, as we had federal employees who were transitioning to retirement, and for their benefits. That really captures the cost, the \$42 million.

On the transfer agreement, we can share it with you. It's really quite in depth, but the key is a seamless transfer, maintaining the same level of care that the veterans enjoyed under federal ownership—now provincial—which was that veterans could speak the language of their choice, but also, the door was open to additional veterans who want to move into the hospital. A data point I was given here today is that since the transfer occurred on April 1, 43 additional veterans have been admitted to the hospital, over and above civilians moving into other wards of the hospital.

Mr. Bob Bratina: Thanks very much.

Is there more time?

The Chair: You have one minute.

Mr. Bob Bratina: In terms of the employees and working conditions, it's my understanding that it's seamless in terms of how the functions are carried out in the hospital.

Gen Walter Natynczyk: Yes, sir. Each of the veterans will be on specific wards. We will ensure they have the same level of service that they did while it was a federal hospital, and also access to other support services such as physiotherapy and arts and crafts programs. We've also ensured that for the day centre, for veterans of World War II and Korea, who are still very mobile, they can come into a drop-in centre, with the support of the volunteers who are there. As much as possible, we'll keep them in a seamless situation. Also, we're working with the province in terms of their staffing of the hospital.

The Chair: You have 10 seconds.

Mr. Bob Bratina: One of the individuals who hasn't needed that help is a 96-year-old veteran of the Dieppe raid who hopes to go back next year for the 75th.

The Chair: Thank you.

Mr. Kitchen, you have five minutes.

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

Thank you, Minister and General, for coming to this committee. We appreciate your being here.

Minister, the budget allocates \$6 million that is earmarked for the Invictus Games. Can you tell us what percentage of the Invictus Games budget that might amount to?

Hon. Kent Hehr: Thanks for the question.

I don't have that exact number. The Invictus Games are primarily being led by, I believe...

Which organization is it?

Gen Walter Natynczyk: It's Michael Burns, at True Patriot Love.

Hon. Kent Hehr: It's Michael Burns, at True Patriot Love. They've taken the lead on this. They've gone forth and put together a really good start to it. We had a rally around this with Prince Harry in Toronto to celebrate where we're going with this.

I don't have the exact numbers you're looking for, but I do know that it's going to be a great show with a lot of our Canadian Armed Forces members, as well as veterans who have suffered illness or injury as a result of—

Mr. Robert Kitchen: I agree that it's going to be a great show. I think it's going to be a great opportunity. It's great for our soldiers.

The question, though, is what percentage of the budget that they're going to use is coming from that \$6 million? Of that \$6 million, how much is the amount. I happened to be at CIMVHR, for the four days of CIMVHR, and I had an opportunity to talk to Mr. Burns. We chatted. I believe there might be another ask coming. Is that ask already factored into this \$6 million? If not, where will that money come from?

• (1625)

Hon. Kent Hehr: We've committed to the Invictus Games. We provided \$10 million in funding for that organization. We believe that we've committed greatly to this effort and that it will be an excellent showing.

For further details—

Mr. Robert Kitchen: So the \$6 million will be the total that's going...?

Gen Walter Natynczyk: To clarify, the federal government's total contribution to the Invictus is \$10 million. The \$6 million is the additional amount coming into the department to flow through to Invictus. Totally, and with a contribution from other departments, there will be \$10 million going across, keeping in mind that Invictus is also running a partnership with the Province of Ontario, which is making a contribution. I understand the City of Toronto is making a contribution, as well as many charitable organizations, including True Patriot Love.

To give you a snapshot in time in terms of what the federal proportion would be as a whole, we'll have to go back to Invictus and figure that out, sir.

Mr. Robert Kitchen: Thank you.

How much time do I have?

The Chair: You have two minutes.

Mr. Robert Kitchen: I have another question for you. In the operating expenses, there's an allocation of \$773 million. It's broken down into health care, rehabilitation, and re-establishment services. Do you have the figures as to those actual amounts with you? Can you break that down for us?

Gen Walter Natynczyk: I don't have them readily at hand, but following us is the chief financial officer in corporate services, retired Rear-Admiral Liz Stuart. I know that she'll have that kind of information.

Mr. Robert Kitchen: Thank you.

We talked about the commemoration. Again, we're seeing a great deal of commemoration for Vimy, etc. Is the Afghan war memorial factored into this? Has it been pre-planned, or is that a budget that's not budgeted?

Hon. Kent Hehr: We're committed to the Afghan memorial, full stop. We have worked very hard with stakeholders. Over the course of my time as Minister of Veterans Affairs, we've had three stakeholder summits. We're working very hard with the stakeholders who are part of commemoration. We are also doing outreach to members of the Afghan mission, led by my parliamentary secretary, Karen McCrimmon.

We want to ensure that we get this right and that we do so in a respectful manner that allows us to recognize Canada's longest engagement, in which over 40,000 Canadians took part, with over 150 making the ultimate sacrifice. We're going to get this right so that it's done in a dignified fashion that truly reflects their bravery, courage, and commitment to this nation.

Mr. Robert Kitchen: Do you have any idea of what that time frame is?

Hon. Kent Hehr: We're working with the veterans affairs committee, as well as consulting widely. My hope is that it will be sooner rather than later, but I want to get this right.

The Chair: Thank you, Minister.

We're now down to three minutes.

Ms. Mathysen, the floor is yours.

Ms. Irene Mathysen: Thank you, Chair.

I'd like to pick up on that question from Mr. Kitchen in regard to the Afghan war memorial.

Of course, it's very fitting to honour those who served and those who died. What I'm wondering is, will you be including those who died by suicide as a result of their service? These are the forgotten veterans, but they're still casualties of that particular war. Are there plans to make sure that their sacrifice is remembered too?

Hon. Kent Hehr: Let's be clear. We honour and respect all those who take part in Canadian military operations, regardless of how their lives come to an end. Let's be clear. Our department finds that one suicide by a veteran is one too many. That's why we are working hard with Minister Sajjan to put together a second-to-none suicide prevention strategy that allows us to move forward to do even better.

We provide a complex array of services for the men and women who leave the Canadian Armed Forces and for those who are in Veterans Affairs. We're continuing to do better on this. It's something that we have to continue to work hard at and to get better at in order to have more people come forward when they have mental health concerns and when they struggle. That's what our department is committed to doing.

• (1630)

Ms. Irene Mathysen: I also would like to continue in the same vein as Ms. Wagantall, only my question is on how you arrived at the decision that three grams of marijuana per veteran a day is efficacious. I'm assuming that doctors are prescribing in terms of the needs of their patients. Did you consult with physicians or psychiatrists? How did you decide that three grams was the right amount?

Hon. Kent Hehr: We consulted with medical experts, veterans, beneficiaries, licensed producers, and a whole array of individuals. As well, we did a literature review. I'll remind you that cannabis for medical purposes is not a licensed drug at this time.

Since there is a policy vacuum around this... Again, I was shocked to come into this. Looking into where the department has gone with this, I was surprised that three former ministers had been briefed on this issue, as was the former government, yet we saw no policy rationale behind this. Given where we were, we worked with

these communities, with these stakeholders, to put in place a policy that we believe is fair.

I also remind you that the Royal College of Physicians and Surgeons has stated that three grams a day is within where they find that in the vast majority of cases of people who use this they should be able to find relief. Given what we saw in the department and given that there was no policy rationale, we had to act in the interests of the wellness of veterans and their families.

The Chair: Thank you, Minister.

That ends our time for the first session of this meeting. We're going to suspend.

Again, Minister Hehr and General Natynczyk, thank you for taking some time out of your day to answer questions. I notice that the deputy has made some notes to get some information back to us. If you could get that to the clerk, sir, he will distribute it to the committee.

Again, on behalf of the committee, I thank you.

We will suspend for five minutes.

- _____ (Pause) _____
-
- (1635)

The Chair: I call the meeting back to order.

I'll give everybody a couple of seconds to get back to their chairs. I believe we have a vote bell ringing, so I'm just going to try to—

A voice: Not yet.

The Chair: No, not yet, but we will have a vote bell ringing, so when the bells go off, it's not a fire alarm.

Welcome to our second hour. We have the Department of Veterans Affairs in front of us with Ms. Stuart, Assistant Deputy Minister, Chief Financial Officer and Corporate Services; Mr. Butler, Assistant Deputy Minister, Strategic Policy and Commemoration; and Mr. Doiron, Assistant Deputy Minister, Service Delivery.

Welcome back, everybody. We can start with 10 minutes of presentations, but I spoke to you earlier and I believe you just want to get right into the questions.

Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): We have no opening remarks, Mr. Chair.

The Chair: Okay. We'll start off with six minutes.

Mr. Brassard.

Mr. John Brassard: I want to deal with the issue of suicide—let's get that right out there—in terms of what the department does to monitor those veterans post-release. What are you doing in terms of preventing suicide among our veterans? It's becoming a real issue and there are a lot of reasons for it. This committee right now is hearing about that, so I'd like to ask you that.

Mr. Michel Doiron: Maybe I'll start.

First, we want to acknowledge that, as the minister said, one suicide is one too many. We actually take that very seriously, understanding that it does occur. The department has a whole range of mental health services, and I believe I'm here Thursday with Dr. Courchesne to talk about mental health and suicide.

We have a whole range of services for mental health issues available to our veterans, whether in our operational stress injury clinics or some of our apps. We have apps that are available on mental health and first aid. We have 4,000 mental health professionals across the country. Because we don't have an office in every town and we don't have an OSI clinic in every location, we do have contracts with professionals in the field to help veterans. We also have a 1-800 number—and I'm giving you the short version—where there's somebody on the phone seven days a week, 24 hours a day, and they can get counselling very quickly.

However, the important part is for veterans to come forward. We know in Canada that at Veterans Affairs we have 200,000 clients, and approximately 130,000 are veterans. The reality is that we have 10,000 who are case managed, and those we really know and we follow them very closely. But there is a whole segment, between 130,000 and 670,000, who don't come to see us. We don't know who they are. When they come forward, we're there to help them, but they have to come forward for help, even if it's not service related. We always talk about the service relationship. They can use the 1-800 number whether it's service related or not. They can get 20 sessions with a psychiatrist or psychologist very quickly, regardless of whether the injury was service related or not, but it's important for them to come forward.

To your question, your point, of what we are doing for all veterans, we're not tracking all veterans but we are tracking those 10,000 who are case managed, and to a certain extent, the 130,000 veterans we have and 60,000 survivors.

• (1640)

Mr. John Brassard: With respect to the opening of the offices, then, the latest VAC offices, what is the ratio? I know that the minister, when he discussed it, said 25:1 was optimal. What are you seeing in terms of the uptake to those veterans offices that have been reopened, regarding the number of veterans who are coming in? What are you seeing on that?

Mr. Michel Doiron: Presently, across the country we are running at 30:1. We're not quite at 25:1. We received the money in July. We are presently staffing the positions.

I forget who asked the question earlier, but the offices are not all staffed up. We opened Saskatoon last week or the week before, so for sure we're not at a full complement yet, but we are staffing that up.

There is an update. In every office where we've added or reopened, there are a certain number of people who are case managed and/or veterans who are managed, not case managed. We're there to provide them services. That's why the offices are not all the same size, because the number of veterans served by the offices are different. The Kelowna catchment basin is not the same size as is Sydney. The size will change the number of employees that you have.

In the case of Sydney, as an example, we were open about a week before the official opening. We actually had three veterans show up at the door for support the same morning we opened our doors. The veterans are coming forward. They do not have to come to an office; that's where we try to be clear. We provide services in all kinds of ways, but for those who prefer the in-person touch they are coming forward.

As to the exact amount of traffic in the offices, I don't have that in front of me but I can probably get that. There is traffic at all of these offices, but we have to remember that case managers will often go to the person's house. For instance, an occupational therapist or a nurse who works in the office will actually go to a person's house. The veteran doesn't need to come to us.

Mr. John Brassard: Can I ask you something with respect to that?

I recently visited a base, and one of the things I heard was that there is a 10-day pre-requirement on the part of VAC to give approval for a VAC case manager to visit veterans. Can you clarify that for me?

Mr. Michel Doiron: Absolutely, I can clarify that.

There is not a 10-day wait. They have a blanket travel authority to travel within their catchment location or their area of responsibility. If it is outside of that, they have the authority to go if it's an emergency without waiting for any time, but all case managers and nurses have a blanket travel authority. Their job is to get out. If you're not a nurse or a case manager, you may have to go to your supervisor and get it authorized, or if it's something that's not part of your normal duties, you may have to get it authorized. However, 10 days would be an extreme.

The Chair: Thank you.

Ms. Lockhart.

Mrs. Alaina Lockhart: Thank you.

Thank you, Mr. Doiron, for being here today.

I want to talk about the offices a little more and about staffing. We've had quite a bit of conversation about the staffing of these offices, where we are as far as numbers are concerned and that sort of thing. Can you tell us, relative to the targets, where we are? What's the status of this?

Mr. Michel Doiron: We actually have 32 of 79 warm bodies, people, working in the offices as of today. We have to bear in mind that two offices were only open on November 30, but 32 of 79 new people are actually in the offices providing services. An office like Corner Brook or Sydney has more people because it's been going longer. An office like Kelowna has fewer people. I don't have the individual office breakdown. I can get that; it's just that I don't have it with me.

Mrs. Alaina Lockhart: Okay.

Are you having any challenges staffing those offices depending on the region or how rural they are, and that sort of thing?

Mr. Michel Doiron: The issues we have are more regional than rural versus urban. Although we hear about the economics out west, we've been more challenged to get some of our case managers out west than we have out east. If I look at my ratio of veterans per case manager, I see it is better in the east than it is in the west. Some of that is demographic and some of that is just the employment. Some provinces have very competitive salary ranges. In the east, federal job salaries are quite competitive. As you move westward, some provinces pay their nurses better than other ones. Therefore, when we try to recruit case managers and/or medical experts it's a bit more challenging.

We have hired people in every region. We have hired people in every office. I can tell you in the case of Halifax, which is not a new office, I'm very close to my 25:1 today, as opposed to a Vancouver office or a Victoria office, where I'm not there due to more buoyancy in the system and that it's a bit more difficult to attract or to keep.

• (1645)

Mrs. Alaina Lockhart: In the testimony that we had during our service delivery review, there was an anecdotal comment about requiring a master's degree to be a front-line worker. I would like to get clarification on that, because the other thing we are hearing is that veterans certainly appreciate dealing with veterans and that sometimes understanding the military and how things work is as valuable as anything.

Could you speak to that?

Mr. Michel Doiron: Thank you for the question.

No, you do not need a master's to work at Veterans Affairs. The level of qualification will depend on the position you are going after. If we are hiring a nurse, you need a nursing degree. You need your bachelor's in nursing. If you are going for a case manager, we accept a bachelor's—we do accept a master's, absolutely—but what we are asking for is experience in case management. You have to have taken case management.

We have a whole series of positions—we call them veteran service agents—that do not require education to that level, where we do look at hiring more of our veterans. I have to be careful, because veterans are very well educated. A military nurse, we'd love to have. The VSAs, the veteran service agents, are not case managers, and they don't have the same education.

It all depends on which position we are trying to fill. It varies.

Mrs. Alaina Lockhart: Do we have targets for the number of veterans we are hiring?

Mr. Michel Doiron: We have no clear target yet, but the minister is challenging us to come up with a clear target. I don't know if my colleague would like to talk about hiring.

Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs): Thank you.

In response to that query... As you know, this has become an important issue for the government, and certainly for the Department of Veterans Affairs, to the point that the department has actually established a veterans hiring unit in our human resource area. It is being led by a veteran who has now taken on the task of being

responsible for reaching out to other government departments and establishing an information base to enable those departments to facilitate the employment of veterans.

We have not established fixed targets yet for our department, but I think it's very clear that our minister and our deputy minister are looking for higher numbers in employment, so you'll begin to see performance reporting on that coming in the following months. It's a very aggressive, very committed plan right now to try to increase the number of veterans in our department and in the public service as a whole.

Mrs. Alaina Lockhart: Can you just clarify? Are you saying that it's an initiative of your department to start reaching out to other departments to start encouraging...? Did I hear you right?

Mr. Bernard Butler: What we want to do, in response to that question, is basically establish Veterans Affairs as a centre of excellence, if you will, in terms of helping veterans and helping other departments in the exercise.

What we have learned over the last year or so is that there are many challenges for veterans who are trying to come into the public service. Those challenges can be in trying to equate skill sets that they have developed in the military and translate those skill sets to civilian employment. Some of the challenges can be as simple as, "How do I compete in a competition process in the public service?" The military promotional scheme is quite different from that in the public service.

What we are trying to do is develop a centre of excellence in this area that, at the end of the day, will help facilitate the hiring of veterans right across the public service, as well as in our own department.

• (1650)

The Chair: Thank you.

Ms. Mathyssen, go ahead.

Ms. Irene Mathyssen: Thank you very much, Mr. Chair.

Thank you for being here. I appreciate the filling information that you are able to provide.

Recently, I received a response to an Order Paper question that I asked with regard to the number of claims for service from VAC made by veterans who have service-related injuries due to sexual harassment and sexual trauma. The answer I received was that neither VAC nor VRAB tracked this particular information. They don't track the data.

I wonder why not. If you don't track the cause of an injury, are you not creating gaps in the services that you can provide?

Mr. Michel Doiron: You are correct. We do not track the cause of the injury. We track what the injury is. For us, it's not what caused it. I want to be very careful. We've been working very closely with "It's Just 700" and we take this extremely seriously. We're talking to them so our adjudicators have a better understanding of sexual trauma. Our doctors are very well aware, and we're working with them to put something on our website.

But the reality is that when it comes to the adjudication process, for us it's "Is it service-related?" We have to ensure the service relationship, but we have to acknowledge that sexual trauma of all sorts happens on the base, happens on exercises. To us that's a service relationship, but for us what's more important is what the injury is and to treat the injury. Often they come to us as mental health injuries. There are two or three different types that we see more often. Like I say, our adjudicators are working with "It's Just 700" to better understand this, but that's what we track, not the cause.

I know you may say it's not quite the same thing, but if you fall off a truck and you hurt your back, or you parachute jump and you hurt your back, for us the issue is that you have a bad back. When it comes to sexual trauma, there has been an event, and we don't care if the person has been charged or not. If it's been documented and the doctor is telling us you have a diagnosis for this, you will receive the treatment and you will receive the disability award or disability pension to which you are entitled. We don't track many of the causes. We track what the injury is, and then what we are doing to help the veteran.

Ms. Irene Mathysen: Okay, thank you. I was a bit alarmed by the response that there was no information about the number of claims. To me, that set off a red light. This is something very serious, and I wanted to be sure that the attention it needed was there. I thank you for your answer.

Mr. Michel Doiron: To the entire committee, please be assured that we take this extremely seriously. The main group working on this, the "It's Just 700" group, have been to our stakeholder conferences. They are part of my service excellence advisory group. She, the person leading this group, sits on this to make sure that we understand it. I do not want in any way to downplay this. We take this very seriously.

Ms. Irene Mathysen: Okay, thank you.

The minister answered our questions regarding the decision to limit marijuana to three grams per day. Are there other drugs that the department has looked at and capped in terms of the amount that is allowed? If so, which drugs, and what was the reasoning behind that particular decision?

Mr. Michel Doiron: First of all, marijuana is not in the same category as the other drugs we dispense. That's why you get an authorization; you do not get a prescription for marijuana. For the other drugs that typically are on the market, there is a PIN number. I am not a doctor, so I apologize to the doctors. We have doctors who can speak to this much better than I can, but the doctors know what type of prescription to give and what quantities because they can refer to a manual that says, for pneumonia give penicillin for seven days, three times a day, 250 milligrams per—I'm just making this up, by the way.

In the case of marijuana that does not exist. The research is very limited on the benefits of marijuana. We're not saying there are no benefits. There are some benefits, but the research is limited. Anecdotally we hear it has helped people and we don't refute that, but the reality is that there are also some contraindications with using marijuana, especially for mental health issues. Some very high-level psychiatrists have come forward and noted some of the issues that marijuana may cause. Ten grams a day is a lot of marijuana. We have to be very clear. The policy we've put out is a reimbursement policy.

We are not replacing the doctors. We are not replacing the medical health professionals. What we're saying is that according to the Royal College of Physicians and Surgeons, according to Health Canada, the upper safe level is approximately three grams a day.

• (1655)

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser: Thanks very much, and thank you for being here today and answering our questions.

I was asking the minister about earnings loss benefit and permanent impairment allowance, in particular. I'd like to drill down on that with you a little bit. They are mentioned in the supplementary estimates (B).

With regard to the earnings loss benefit, can you explain who qualifies for that, how the decision is made, and the timelines on decisions now that the formula has been changed for the amount the person receives?

Mr. Bernard Butler: Thanks very much for the question, and I might say, it's a pleasure to be here with this committee.

The earnings loss benefit is an income-support benefit paid to veterans eligible for our rehabilitation program. If you have a rehabilitation need—vocational, psychosocial, or medical—while you're in that program you are eligible to receive income support. Those decisions are made at the front end of the process at the operational level, and they're made relatively quickly. You can stay on earnings loss benefits for the whole length of time you are completing your rehabilitation plan.

For example, you and your case manager will work out whether it's a vocational rehabilitation need, what your goals and plans are, and what you have to do to become re-established. During that period, which could be three years or even more depending on the circumstances, you will get this monthly income-support benefit. If at the end of that exercise you and your case manager determine that you are not going to meet the goals and objectives of the plan, that you are essentially totally and permanently incapacitated, which is the term the legislation uses, you can then go on what we call the extended earnings loss benefit at the same rate, 90%, through to age 65. At age 65, it ends and you are then qualified for our retirement income security benefit, which is a different program but provides benefits after age 65.

Mr. Colin Fraser: Thank you.

With regard to the permanent impairment allowance, can you elaborate a little bit further on how qualification is determined and if there are any problems on the timeline of getting people approved for that?

Mr. Bernard Butler: With the establishment of the new Veterans Charter back in 2006, the permanent impairment allowance was a program designed to address the career impacts of severe disability on veterans. That was the fundamental policy rationale. In the legislation, the regulations define eligibility. It's for those most seriously disabled. The categories for permanent impairment allowance include veterans who have lost limbs, have become totally blind, have experienced a total loss of hearing, or have other very severe limitations.

In budget 2015, there was an amendment made to the regulations to try to broaden access to the program. There was an additional element added to the regulations covering veterans experiencing significant issues with mobility, whatever the cause, that had the effect of increasing the number of veterans able to access the program.

With budget 2016, however, there is an effort being made to address what is called the grade level distribution. Within the permanent impairment allowance program, there are three categories of eligibility, and it sets the pay scales from about \$500 to \$1,500. What budget 2016 has basically said is that we need to do a better job of ensuring that veterans are distributed more evenly across those three categories. Our ombudsman and various stakeholders criticized the program for limiting access to the higher financial benefits associated with PIA. It was simply the distribution. On April 1, 2018, you'll see the introduction of a new model trying to ensure improved grade level distribution across the program.

• (1700)

Mr. Colin Fraser: Thank you. With regard to the disability award, could you touch on that as well, and contrast it with the permanent impairment allowance, so we understand exactly what that means and how that will be rolled out?

Mr. Bernard Butler: The permanent impairment allowance is considered to be an economic benefit, and it's one of the economic elements of the new Veterans Charter. The rationale was targeted at veterans who had career-limiting impacts in their employment, and it was targeted at the most seriously disabled. The disability award, under the new Veterans Charter, is a non-economic benefit paid for recognition and compensation for service-related disability. You receive that award depending on the degree or extent of disability, and with budget 2016, come April 1, 2018, the maximum amount of the award for a 100% disabled veteran will move from \$310,000 to \$360,000.

The Chair: Very good.

Mr. Eyolfson.

Mr. Doug Eyolfson: Thank you. We were talking earlier about Ste. Anne's Hospital. Will Ste. Anne's, since it has been transferred to the province, have the capacity to carry out research on veterans' care? Do you know anything about that aspect of its activities?

Mr. Bernard Butler: What I would tell you is that at Ste. Anne's, we'll continue to have our OSI clinic, which provides both walk-in and residential care. In terms of a centre of excellence for mental health, you know that this was part of the minister's mandate letter, to create a centre of excellence in mental health, and you know that the department is doing a lot of work with our colleagues in National

Defence and at the Royal Ottawa, as a focal point for that type of research.

That would be the framework and the centre of the effort. Ste. Anne's focuses on long-term care for veterans, as well as having the OSI clinic there.

Mr. Doug Eyolfson: Thank you. With the staffing at Ste. Anne's, have there been any issues in the transition with recruitment and retention policies among staff?

Mr. Michel Doiron: As the deputy mentioned, a percentage of the staff did not accept the transfer, so the province had to do some recruitment. I don't have all the numbers in front of me, and I wouldn't want to give you wrong numbers. They did have some initial challenges in getting some people there, but our veterans were always taken care of and the medical staff was on site.

Some of the issues we have been hearing about are more in the realm of the culture. You know, the staff at Ste. Anne's had been at Ste. Anne's for...well, the director had been there for 35 years, I believe, or 37 years. There was a real culture of serving our veterans and the new people coming in have to learn this. The Province of Quebec is totally committed to ensuring that the veterans receive the care they deserve and they need. We're already seeing some benefits, as the deputy mentioned. Family members, and spouses specifically, can now be in the hospital with their spouse, which was not allowable under our act before. They may not be in the same room, but at least if they're not on the same floor, then they're very close, which is important to the veterans.

As with any transfer, there are always some growing pains. The transfer agreement was very clear on what they were supposed to deliver, but we do meet with them. I don't personally, but Mr. Butler and I have two of our top DGs meeting with them on a regular basis to ensure that they are meeting everything that's under the transfer agreement.

• (1705)

Mr. Doug Eyolfson: Thank you.

With regard to the service available and the language service that's available, under the Official Languages Act, of course, with it being under the Department of National Defence's jurisdiction, you'd have a guarantee of service in both official languages. Have there been provisions to guarantee that now that it's under the Province of Quebec those rights will still be protected?

Mr. Michel Doiron: It is in the transfer agreement that they are to provide services in the language of the veteran, and I have not heard of any issue to date.

Mr. Doug Eyolfson: All right, thank you.

You were talking earlier about the opening of the Veterans Affairs offices. I know we're still in transition. Are you receiving any feedback about the services that veterans are receiving since these offices started to open?

Mr. Michel Doiron: I can't say that I've heard from every location yet, but in some locations I have heard from, the veterans are quite pleased with the services they're receiving and the fact that they can now go to an office and actually talk to somebody.

I have heard from probably three of our five offices that veterans are quite pleased.

Mr. Doug Eyolfson: Thank you.

I have no further questions.

The Chair: Thank you.

Ms. Wagantall.

Mrs. Cathay Wagantall: Thank you very much.

Thanks for being here.

I have to carry on with the question about marijuana, and it's really important to me that you understand the impetus behind this. It's coming from multiple letters that I am receiving, not from veterans themselves necessarily but also from caregivers—a lot of times, family members. Their concern is extreme, and they talk very clearly of the difference between their loved one's condition on multiple pharmaceuticals versus using medicinal marijuana.

We know that this is very different from the recreational marijuana that is going to be available to Canadians. It's a totally different product. It does not provide the hallucinations; it provides painkilling. I've been studying it extensively because I want to know what the difference is. These individuals are saying, "You're taking away my loved one, who is finally in a condition where we can talk to each other again." These are real situations. The reason they've needed the amounts they're talking about is that they don't sit and smoke it. They make creams. They use it in meals, because it absorbs better and you don't destroy your lungs.

What I'm hearing is all very rational. We're prepared to say we're lowering it, but I don't understand what process was taken to determine how that should happen.

When you compare the side effects of being on 1,000 pills a month—and believe me, these women document—we're not dealing with pie-in-the-sky ideas here. They know exactly what they're giving and how much it's costing. For some of them it's \$100 per dosage per day. We're talking about the difference in side effects, difference in cost, and the difference in having their loved ones being able to work on other things in their lives because they're no longer in that level of pain.

I don't understand how we came to the decision of three grams. The minister said that he spoke to veterans, but he didn't say how many veterans who are taking medicinal marijuana he spoke to, or how many caregivers. I need more clarification on where we're at with this issue.

• (1710)

Mr. Bernard Butler: Thanks so much for that question and the evident passion behind it. I think you reflect the challenges that the department has had in dealing with the issue.

What I would tell you is that the consultations were actually quite extensive. We are very concerned and focused in the department on establishing evidence-based policy. There was extensive consultation with medical experts and the literature, and the minister commented on the fact that even the college of physicians has made it absolutely clear to its membership that three grams a day is the upper limit of what it perceives to be a safety factor for the use of marijuana.

Those kinds of considerations very much influence what we were doing. We have to be concerned, obviously, with the health and well-being of veterans. The policy was framed in that context. We wanted to focus on it if we are going to reimburse, and that's all we do. The Department of Veterans Affairs treatment program only reimburses. We do not prescribe. We do not authorize.

The issue you are raising is a fundamental challenge that we have in the Canadian context and abroad, because there is very little research to show from a scientific perspective what efficacy is achieved through this. We have to formulate a policy based on weighing the anecdotal evidence that we heard from veterans and their partners with where the scientific evidence seems to be. Those two do not necessarily map together very well.

Again, we were charged with developing a reimbursement policy rooted in the health and well-being of veterans. Given those concerns and the recommendations of numerous professionals in the field, we landed on the three grams.

Mrs. Cathay Wagantall: Yes, I understand that.

However, I would say that we know that in Israel it has been used for 50 years. There are places in the world, again similar to mefloquine, where we seem to be way behind in getting the evidence and going beyond what we see, hear, and experience here in Canada versus what is happening in other places in the world as well.

I have to say, if they are doctors, and they have the opportunity to prescribe something, they should get the information on it and then know that it is not addictive in the same way as pharmaceuticals are. It doesn't cost these people, and it gives a better result. Why aren't we going in that direction?

In the paper the other day, the individual in charge of basically creating the OxyContin issue is now moving into running one of our medical marijuana companies.

The Chair: Mr. Bratina.

Mr. Bob Bratina: I want to ask about the data that you use to put the estimates together, because in other experiences I've had with Public Works, when you know that part of a road is going to collapse.... It's the looking forward part.

Can you, when you're working on a budget, reliably predict the near-term and long-term financial requirements for veterans services? Is that something that the graphs and the data are reliable on?

Ms. Elizabeth Stuart (Assistant Deputy Minister, Chief Financial Officer & Corporate Services, Department of Veterans Affairs): Thank you very much for that question.

Over 90% of Veterans Affairs Canada's budget goes directly to veterans for benefits and/or services. Those benefits and services are event driven in that a disability or an illness triggers entitlement and eligibility for certain benefits.

We also have the fact that we have to look and project out over the entire lifespan of veterans. We have a lot of actuarial work that takes place to look at those long-term forecasts. We also have in-year cash forecasts that are more near term that we need to look at, both in tandem.

What we do is we work very closely with the office of the chief actuary and every year we update our client forecast, so there are vast amounts of data that, together with the actuarial staff, we look at and we attempt to make the best forecast possible.

I would add that the event-driven nature of our expenditures is such that our benefits and our services are in special purpose allotments. The technical term is quasi-stats, but it does indicate that they're event driven. In any given fiscal year, whether we have 10 veterans who come forward or 10,000, we assure through our forecast that every veteran receives the benefits and services to which they are entitled.

• (1715)

Mr. Bob Bratina: Thank you.

If a veteran becomes a federal employee, how do you deal with the benefits side? Because presumably—

The Chair: Excuse me, I'll have to stop you.

The bells are ringing. Do I have unanimous consent to continue the meeting?

Some hon. members: Yes.

The Chair: Okay.

Mr. Bratina.

Mr. Bob Bratina: Thank you.

The veteran is entitled to benefits. A new employee coming into the federal government will get the federal benefits. I'm curious to know how that is dealt with because we're looking to hire more veterans. Does that create an issue? Is it a contract position?

Mr. Michel Doiron: It doesn't create an issue. Under the superannuation act—and I know because I used to be the DG of superannuation at one point in my career—there is a limit that you can accumulate in your pension, but not all veterans have 35 years of service. They can either opt to be in or out of the pension. We work each case individually with the veteran.

We try to hire the veterans as indeterminate staff. The majority that we are bringing in are indeterminate. There are some temporary positions, but I don't think we have many veterans in those temporary positions. We may have some, but not a lot.

The bigger challenge we have is for the veteran to understand the public service. You have an interview when you join the armed forces. As General Natynczyk is fond of saying, he's had two interviews, one when he joined and one when he became the chief of defence staff. The rest of your career is managed by the armed forces. In the public service the culture is very different. We have more issues in making sure they understand how to navigate the system of the public service, as opposed to the benefits side. I think Mr. Butler talked about it.

They're entitled to their benefits. I've been talking to a lot of the federal counsels. Just because somebody has PTSD does not mean they cannot work for the federal government. When you read the paper you get a certain segment, but a lot of veterans are very functional. There's no issue. They want to work. They can work. They are able and capable. I've been talking a lot to our federal colleagues to make sure there is no stigma attached to any of this.

Mr. Bob Bratina: The \$5.6 million is earmarked funding to support improvements to the permanent impairment allowance, the earnings loss benefit, and the disability award. What made it necessary to increase these appropriations?

Ms. Elizabeth Stuart: The funding is to support improvements to the permanent impairment allowance, the earnings loss benefit, and the disability award in the supplementary estimates (B). It has to do with the funding required to implement these benefits.

As I'm sure many would understand, to implement significant changes that will become effective April 1, 2017, there's a tremendous amount of information technology system design, implementation, and user testing to ensure that on the day it comes into force, the benefits are correct. That's what those costs pertain to.

Mr. Bob Bratina: I see. Thank you.

The Chair: Mr. Kitchen, you have five minutes.

• (1720)

Mr. Robert Kitchen: Thank you, Mr. Chair.

Thank you all for coming.

I'm trying to clarify; you mentioned earlier the different sizes of the new offices that are being opened. We have many of them across the country. You said there's a different number of veterans in those offices. If you can't give it to us now, can we at least get a list of the numbers that are seen at each one of these offices?

Mr. Michel Doiron: Absolutely. I can go through them now, or I can provide them to the committee. I have them.

Mr. Robert Kitchen: Okay. Sure, please.

Mr. Michel Doiron: In the case of Kelowna, there are 3,500 clients managed there. Those are not case-managed clients. That's your general client group, and there are 88 case-managed veterans in the area that the office would take. Prince George has 1,200; 64 are case managed. Saskatoon has approximately 29. I can give you precise numbers but they would fluctuate a bit. However, 71 are case managed. In the case of Surrey, which we have not opened yet, it's a brand new office that's coming with 7,441 and about 200 are case managed. Brandon has 2,400 clients, and 123 are case managed. Thunder Bay has 1,692, and 57 are case managed. Windsor has 2,776 with 126 that are case managed. Sydney has 2,181 clients, and 145 are case managed. Charlottetown has 2,100, with 100 case managed. Corner Brook has 943 clients, and 118 are case managed.

We can't forget the north. The minister and the deputy spoke about the north. We have 300 clients identified in the north. Fifteen are case managed. We actually suspect this will go up a lot because the Rangers, who patrol the north on a yearly basis for Canada, for the armed forces, although they fall into different categories, when they are on patrol they are eligible for VAC benefits if they get injured. We don't have a lot of those people, so that's the outreach we're really doing for the Ranger groups. As an example, one of my DGs was up there in April, outside of Iqaluit somewhere, and they went into a very small village and there were three veterans. One of the elders said, "You should talk to this one here; he's having issues", and this was not somebody anywhere on our radar. We think that number will go up, but at the moment those are the numbers.

Mr. Robert Kitchen: Thank you.

I asked a question earlier about the \$773 million that is set aside for health care, rehab, and re-establishment of services. I'm trying to get an idea of what percentage—not necessarily exact figures—of that \$773 million actually goes to those areas. With the new estimates, where would those factor into those three categories that were listed?

Ms. Elizabeth Stuart: Thank you for the question.

I don't have that breakdown, but I would be delighted to provide that to you.

Mr. Robert Kitchen: Thank you very much; I appreciate that.

There's \$1,480,000 in statutory expenditures. These are, supposedly, essentially, increased expenditures for employee benefits. Can you tell me what those benefits are and how many employees would be getting those?

Ms. Elizabeth Stuart: Those employee benefits pertain to the approximately 20% that is applied to account for such things as accommodation and employee general benefits to administer their employment. We do have some new hires this year, as mentioned, with our office openings, so much of that applies to the new staff to ensure that we support them completely, not just their salary but also the employee benefits.

Mr. Robert Kitchen: Thank you.

Mr. Robert Kitchen: Are these budgeted amounts or are they actual figures?

Ms. Elizabeth Stuart: They are figures that are based on our best knowledge of who we've hired and who we're going to hire.

Mr. Robert Kitchen: Would that be what you are anticipating over the next six months?

Ms. Elizabeth Stuart: This year.

Mr. Robert Kitchen: Thank you.

The Chair: Thank you.

You have three minutes, Ms. Mathysen.

Ms. Irene Mathysen: Thank you, Chair.

Again, thank you for your input.

Mr. Butler, you made reference to the centres of excellence. I wondered, what process is in place for determining where they will be located? Is it correct that three were planned?

● (1725)

Mr. Bernard Butler: I think if you go back to the minister's mandate letter, there is reference to the creation of a centre of excellence for mental health and PTSD—

Ms. Irene Mathysen: Right.

Mr. Bernard Butler: —and for the creation of a second centre of excellence. The work that has been done to date, obviously, links back to the centre of excellence for mental health, and that's the one we talked a bit about in the context of the Royal Ottawa and the work that's been done there.

Ms. Irene Mathysen: Okay, so that particular centre will likely be in Ottawa, then.

Mr. Bernard Butler: For that effort, right.

Ms. Irene Mathysen: Okay, thank you.

I also wonder if the department has done any surveys of injured vets to find out from the vets themselves if they feel there are gaps in services. Has there been an opportunity for veterans to express how they feel about the quality of service, the care they receive, and if not, are there any plans to do such a survey?

Mr. Michel Doiron: We are in the process of going out. It's on the market right now for a consultant to actually do exactly what you're talking about.

We're also looking at whether there are better ways to capture the information when a veteran leaves one of our offices or makes a phone call. We're looking at that to gather the information, because we hear about the people who are not happy about our services, but I also receive emails and letters from people who are quite happy with our services. We never hear about those, so we do want to go out to make sure that we get the right things.

We haven't been doing public opinion research, but it's on the market, I believe as of yesterday, for 15 days, to get a consultant to go out to survey, hopefully, a very good percentage of the 670,000 veterans we have out there.

Ms. Irene Mathysen: In this business, Mr. Doiron, you very rarely hear from the happy ones.

Mr. Michel Doiron: Absolutely, ma'am.

Ms. Irene Mathysen: f I have one more question and it pertains to the Last Post Fund. I'm sorry, but I missed some of what the minister said. I know that the amount a family can receive has been increased, but has the cut-off changed? It was \$12,500. If you had assets of more than \$12,500, you weren't eligible. Has that changed?

Mr. Bernard Butler: The answer is yes, it has. That cut-off was very controversial and with this budget implementation, which came into effect in October, it's actually moved to \$35,000. It's a significant change in the amount of income that families can have before they qualify, so we anticipate that will be a significant improvement in access.

Ms. Irene Mathysen: That's very encouraging because it disqualified so many families and it was an extremely low cut-off in light of the kinds of assets a veteran would have.

Thank you.

The Chair: Thank you.

On behalf of the committee I would like to thank all three of you for appearing again, and I'm sure through the course of this committee we will see you again. Thank you for your excellent

testimony, and on behalf of the committee, thank you for all the good work you do for the men and women who have served.

There is a motion to adjourn from Mr. Fraser.

The meeting is adjourned.

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

SPEAKER'S PERMISSION

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

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

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

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

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

PERMISSION DU PRÉSIDENT

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

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

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

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