



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

## **Standing Committee on Veterans Affairs**

---

ACVA • NUMBER 004 • 1st SESSION • 42nd PARLIAMENT

---

**EVIDENCE**

**Tuesday, March 8, 2016**

—  
**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

Tuesday, March 8, 2016

•(1105)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** I'd like to call the meeting to order. I'd like to thank everybody for attending today and welcome everybody in the audience.

Today the committee commences a study of service delivery to veterans through the Department of Veterans Affairs. It will also examine supplementary estimates. Today we'll be calling our first witness, the veterans ombudsman, Mr. Guy Parent. That will be our first hour.

In the second hour we'll have the assistant deputy minister of human resources and corporate services branch in Veterans Affairs, Elizabeth Stuart, and the director general of finance, human resources, and corporate affairs.

As we agreed at the first meeting on procedure, the routine motion that was adopted states that witnesses have 10 minutes to make an opening statement. Members will then take turns questioning the witnesses, and we can make that order known as we go. In round one, if we don't have it in front of us, the first questions will be Conservative for six minutes, Liberal for six minutes, NDP for six minutes, and then Liberal for six minutes.

Starting with that we will call the ombudsman.

Good morning, sir. We'll give you 10 minutes. You said you might only need nine, but we could extend that to 11. The floor is yours.

**Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman):** Thank you, Mr. Chair.

[Translation]

Mr. Chair, committee members, thank you for inviting me to appear before you as you begin your study of service delivery at Veterans Affairs Canada.

[English]

Delivering high-quality services on a timely basis to veterans and their families is a key component of the responsibility of Veterans Affairs Canada. For you to take up the study of service delivery at the beginning of your mandate speaks to the importance you place on it.

You now have the opportunity before you to not only influence today's service delivery and standards for Canada's ill and injured veterans and their families, but to also shape tomorrow. To get it right I encourage you to set your sights on the big picture, the

outcomes, and the interrelationships of other support elements in VAC's arsenal.

You may ask why I am emphasizing outcomes. Two weeks ago I spoke to the Senate subcommittee on veterans affairs about the importance of keeping a laser-like focus on outcomes. The reason is that understanding the outcome we are trying to achieve should be the starting point rather than the end point. If you use that approach you will find the root causes of problems and be better able to solve them.

Let's start with the question of why some veterans and their families are still struggling. Simply put, benefits are too complex, not only for veterans but for VAC staff as well. After decades of layering regulations and policies one on top of the other, with no apparent regard for how such overlapping would affect veterans and their families, a system has been created that is difficult to administer on the best of days.

[Translation]

Everyone involved in veterans' issues recognizes these problems, but they still remain. They need to be solved as quickly as possible because every day they cause frustration to ill and injured veterans and their families.

To right the situation and give veterans the services that they deserve, it is time to start focusing on outcomes for veterans and not outcomes for programs.

[English]

Veterans programs typically only measure program outcomes. They do not measure the effect that a particular program has on veterans. For example what does giving a veteran a \$500 a month benefit accomplish in terms of creating a better life or a better outcome for that veteran? It is true they will have a little more money, but did it make a difference in their lives?

When looking at outcomes for our current programs, we need to ask the hard questions. What does it mean to provide financial stability? What does it mean to meet the basic needs of veterans? What does it mean to improve veterans' wellness? How do we measure success with those outcomes? What does the service experience feel like to the veteran? We struggle to answer those questions. If we cannot answer them, how do we know we have it right? How far do we still need to go?

Let me take this a step further. Did you know that there is no benchmark defined for a fair level of financial compensation to veterans for either income replacement or pain and suffering? There are benchmarks for individual programs, but we do not understand the overall outcomes we are trying to achieve with these benchmarks. At the Office of the Veterans Ombudsman, we look at these programs and services through the lens of fairness measured by the accessibility, sufficiency, and adequacy of programs. If we do not have an agreed-upon comparison point, how can we measure whether our efforts are being effective?

What is the added value of applying an outcomes focus to veterans' service delivery? Let me give you an example of how we could shape tomorrow. What if the desired outcome was a veteran-centric, one-stop shop approach to VAC service delivery? This could mean that at the beginning of the release process, Veterans Affairs Canada would conduct a file review and adjudicate any and all benefits to which the veteran would be entitled. The veteran would then be presented with the results without having to apply for a single benefit.

The key question is this. If this were done in a timely manner, would it better prepare the veteran for transition, reduce workload at Veterans Affairs Canada, and increase trust in the system? I believe it would. I also believe that Veterans Affairs Canada should be proactive, so veterans don't have to be experts in navigating its complex system.

What about veterans with mental health conditions who complain about how they are continually traumatized by having to tell their stories again and again to justify why they should receive benefits? With a veteran-centric one-stop shop model, veterans would only have to tell their story once to a health care professional. As well, we know that service contributes to certain conditions, so why do we put the veteran through the hassle of proving a service relationship when common sense says there is one?

For example, would it be unreasonable to assume that a soldier working around large-calibre guns may have diminished hearing, that an air force search and rescue technician with hundreds of parachute jumps may have injured knees, or that a submariner working in cramped quarters may have back problems?

• (1110)

[Translation]

There are some who are going to balk at these ideas because this is not the way we do business today. But I say to you that the way we do business today is not working as well as it should. If it were, we would not have as many frustrated, ill and injured veterans as we do.

[English]

Let's go beyond today's ideas, look at the outcomes, the end results that we want to achieve, and figure out the steps needed to achieve that optimal result for veterans and their families. It only makes sense that intervening early with a one-stop shop approach would likely result in better outcomes for veterans. From a national security perspective, such an approach would better support recruitment and retention than the current stream of veterans' bad news stories. From a VAC service delivery perspective, front-loading the benefits could eliminate the bureaucracy of determining

eligibility at the point of need. From a veteran's perspective, needs would be met in an effective and timely manner.

If I had a magic wand, what would I do to transform the current state of affairs? I would start with a clean sheet of paper and I would list all the outcomes that we need to achieve to support veterans and their families, such as financial security for life, the best possible health care, fair compensation for pain and suffering, a successful transition to civilian life, and a veteran-centric service delivery with timely decisions.

Then, I would design the benefits and administrative processes to achieve those outcomes, because without a clear understanding of veterans' outcomes, tinkering with existing benefits is a recipe for complexity and disappointment.

Now let me take just a moment to share with you our analysis of the current status of the ACVA recommendations. Some recommendations have been addressed, and you will find as an annex an updated chart of their progress. However, some of the major substantive recommendations have yet to be implemented. As my office has reported previously, increased earnings loss benefit, better permanent impairment allowance grade determination, and compensation for family caregivers need to be addressed, because the implementation of these recommendations will significantly improve outcomes for veterans and their families.

In conclusion, as you travel across the country, please take the time to meet and listen to veterans and their families, as well as to VAC front-line workers, and see their challenges through their own eyes. If you combine that experience with evidence-based analysis and an unyielding focus on outcomes, you may be able to accomplish what others tried to but could not achieve in the almost 100 years since the Pension Act came into existence.

[Translation]

If you do, as a veteran with over 50 years of service to Canada, I will be at the front of the line to congratulate you.

[English]

In the meantime, my team and I stand ready to help you achieve your goal.

Thank you, Mr. President.

**The Chair:** Thank you.

With the first round of questioning, we have Mr. Kitchen.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Parent, for your thoughtful comments and your dedication to the job you do.

At the start you mentioned that if you give someone money, where is it going to leave them, and that the money's not necessarily the issue. I'd like to focus on that part, if I can. I think what you said makes a lot of sense.

When we focus on the issue of money, we start to look at how we provide services to the veterans. The issue would be—and I believe you touched on it a bit in your statement—the moment that they become released, knowing up front all the services available to them, versus trying to find them for themselves.

I'm wondering if you could expand upon that from your experience. It is new for me, and probably for a lot of committee, as to how that process rolls out when someone is released. What information are they given? Are they told, "Okay, now you're a veteran, let's move on", or are they actually given the steps that are available to them based on what's gone on, and touching on the issues. You have someone who might come from the artillery and been a gunner all his life. He's not experiencing hearing difficulty right then, but there's a good potential that this individual is going to have hearing loss later in their life.

I'm just wondering whether those are issues that are presented. Could you just expand on that for us?

• (1115)

**Mr. Guy Parent:** Certainly.

Thank you very much. It's a good comment.

I would say right now that the biggest challenge, of course, is the transition of a military member to civilian life. Some people call it reintegration, but it is not reintegration for a military career professional who has spent 35 years in the military environment. It's not reintegration; it is integration. It's brand new, and there is a lack of good communication during the transition process, in fact on both sides: the military and Veterans Affairs Canada. In essence what needs to happen is that there has to be proof of service and there has to be an injury that has been diagnosed—and the relativity of those two—to be an eligible client of Veterans Affairs Canada.

Now, this is a multi-step process. The first, let's say, to get a disability award, is one step where all of these things have to come into play. Then there has to be determination, adjudication, as to the amount of disability, the amount of the award. Subsequent to that, if a person wants to go to a vocational rehabilitation program, again there's an application process. There's an acceptance process by the department.

What we're saying is that we need a one-stop shop where all these things are determined in advance, so that when there is a need it's already been determined that the eligibility is there. It's just the quantity that has to be decided.

Right now we are doing, jointly with the military ombudsman, a study of the transition process. The problems we see, which we've already identified, are a lot of duplication of effort, a lot of complexity, and a lot of misinformation. I will give you a quick example. A case manager, for instance, in the military side is a health care professional. On the VAC side, the case manager is a social services professional. To an injured veteran, especially somebody

who has a non-visible injury, it's very confusing to say that now you will switch case managers but they don't do the same thing.

All of these things contribute to the complexity. It's a long answer, but...

**Mr. Robert Kitchen:** Thank you.

If I can expand on that a little, we know what happens a lot of times when veterans retire from the service is that they tend to congregate in the last posting, in that area where they've been most comfortable. Certain areas tend to have a lot more veterans. For example, around Trenton, a lot of people from the air base tend to congregate in that area. It's the same for Kingston, etc.

I come from Saskatchewan. We have a lot of veterans out there who are dispersed throughout the huge community. They're well aware of the fact that they are in, say, White Bear, Saskatchewan, which is two hours to anywhere, and more than likely if they're going to go see their... They understand. They're not expecting services to come to them. They are prepared to go. However, if you've travelled the roads in Saskatchewan, the weather changes in a heartbeat and the next thing they know they're stranded because of a snowstorm or something. Oftentimes, the process is in a place that they're supposed to have pre-approval for authorization for that service, and it's difficult to do.

Have you seen any of that, and can you maybe comment on your experiences travelling across the country when discussing things with veterans?

**The Chair:** You have about a minute to answer that. I'm sorry, but we're almost at our time limit.

**Mr. Guy Parent:** If I understand the question correctly, it's about the business of being isolated from the services. It is a challenge, and it is a challenge across Canada. In fact, even in terms of the reopening and closing of offices, veterans are dispersed among thousands of communities across Canada. Very few have access to services.

How do we cater to those veterans? There are two items involved there. The first one is Service Canada, obviously, and the other one is the website. There is a lot of information on the website that is available to veterans now. They can actually look through a benefits browser at what services are available and where.

• (1120)

**The Chair:** Mr. Fraser.

[Translation]

**Mr. Colin Fraser (West Nova, Lib.):** Mr. Parent, thank you very much for being with us today and for making your presentation.

[English]

I have a couple of questions. First, following up on Mr. Kitchen's question, I'm wondering about the service levels across the country for veterans specifically and whether or not there are different service levels in isolated areas. I come from a rural place in Nova Scotia where there are lots of veterans. I know that one of their big challenges is transportation to Halifax in order to get to the services that are offered in the major centre in our province.

I'm wondering if you could comment on the service levels and whether there is, in your mind, sufficient outreach to those folks who have difficulty getting transportation to the major centres.

**Mr. Guy Parent:** To answer the first part of your question, yes, service levels obviously are different. In big cities they have big offices for services. But I think we have to make a distinction here between access to services and access to health care, for instance, and treatment. There is compensation provided to veterans and their families if they have to access medical care, whether it's medical appointments or services.

With regard to information and communication, I think what's important to realize here is that with the demographics of veterans in Canada, we still have a lot of older veterans, the older generation from World War II and Korea, and they need a different level of service, with different types of communication, from the modern-day veteran.

On the level of service, of course the expectation levels are different now. The modern-day veteran has access to information and they have expectations. It's quite different. The challenge right now with Veterans Affairs Canada is making sure that they can meet the needs of all generations of veterans. That's not an easy thing to do, especially when there are regional discrepancies.

In the area of health care, for instance, Veterans Affairs Canada complements whatever the province is offering. That handles the problem of regional inconsistency as far as level of care is concerned. There are different levels. It's a challenge for Veterans Affairs Canada not only to meet the needs but also to meet the evolving needs of veterans.

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

With regard to the mental health aspect, I understand there are many layers to that complex issue of dealing with mental health issues for veterans. As you say, the demographics are changing and there may be different issues there.

Can you explain why they have to tell their story over and over again, and why a veteran-centric approach would be a better model so that they only have to tell their story one time? Why is it broken right now? Why is that happening?

**Mr. Guy Parent:** The application process for different benefits requires people to fill in different forms, to have different interviews. Where there's an adjudication mechanism, there's an assessment of their ability and disability. In every one of those instances, somebody suffering from PTSD or any non-visible injury has to repeat their story: why, what is the cause, what is the reason for their state of being? That happens all the time.

I'll give you a good example. If we have a file, for instance, that needs to go to the military ombudsman, we do a hot transfer of the file. We tell the military ombudsman what the story is so that the individual doesn't have to do that again. Sometimes it's a matter of switching case managers, or a matter of switching the personnel who are looking after that veteran, and they have to retell their story. It's the same thing when you're talking about tombstone data. Why do you have to refill, 26 times, 26 forms? Fortunately, there is some work being done in that area right now.

**Mr. Colin Fraser:** Does your office have anything to do with the Veterans Review and Appeal Board?

**Mr. Guy Parent:** We have no jurisdiction as far as decisions are concerned. Our jurisdiction extends to the process.

If there are any questions of the procedure with law, natural justice, process problems, then we can get involved.

**Mr. Colin Fraser:** My understanding is that some concern has been expressed regarding the time it takes to have a matter adjudicated by the board. Would you agree with that, and do you have any recommendations on what we could do to resolve that?

● (1125)

**Mr. Guy Parent:** I would certainly agree that the time it takes to arrive at a decision is one of the challenges not only at the appeal level of the decision but also on the adjudication. It's frustrating for veterans and their families to the point where some people suffer from what we call process fatigue. They just give up and they shouldn't. That's why we always emphasize where they need to go and what they want to achieve.

Again, it's the question of an outcome. If the goal of what they want to achieve is set, and they try to meet that outcome, a lot of things come into play due to the fact that many departments are involved. There needs to be some information coming from DND to VAC and then to the Veterans Affairs Canada structure. A lot of people are involved there as well, and then the VRAB takes over in the appeal process and they redo a lot of the analysis and review. It takes a long time and certainly improvements are to be made there.

**The Chair:** Thank you, Mr. Fraser.

Ms. Mathyssen.

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

*Merci beaucoup, Monsieur Parent.* I want to thank you for the time you've spent briefing us, individually and here today.

I wanted to come back to one of the briefing notes you've provided, help for veterans. What percentage of contacts do you get specifically from the five different groups? I'm also wondering what percentage of your contacts from veterans are resolved and your definition of a resolved case. First, what percentage of the contacts does the ombudsman get from wounded veterans?

**Mr. Guy Parent:** On average we get 5,000 calls a year. That all comes in different ways: email, website, electronic form. What's been increasing in our contacts is that we do more intervention than we did before. A lot of our calls are informing or guiding people through the process, helping them to navigate the complexities. Then the other one is resolving cases.

In the last few years the number of interventions has been increasing. We have to engage Veterans Affairs Canada to resolve a problem. The majority of those issues have to do with health care regulation. We spoke earlier about reimbursement for travel to attend health care treatment. It's these kinds of problems, people not being reimbursed fast enough or not to the level they expected.

**Ms. Irene Mathysen:** You referenced health care.

Any idea how many of those health care questions would be with regard to mental health issues, including PTSD?

**Mr. Guy Parent:** We don't have mental health issues as a category of complaints. They're all related to health care. It would be very hard for me to....

Mr. Chair, I can send the committee some of the data that we have on the type and number of complaints we get, if that would be useful to the committee.

**The Chair:** I think the committee would enjoy having that.

**Ms. Irene Mathysen:** Any idea how many issues about transfer from DND to VAC you would have in the course of the year?

**Mr. Guy Parent:** I take it you're talking about the transition issue, the types of complaints. Most of them fall into other areas like the application process. It can happen during transition or after, but we don't have a specific category of transition issues. They all fit into other types of categories like vocational rehabilitation complaints, application complaints, and that sort of thing.

**Ms. Irene Mathysen:** Thank you.

I also wondered about the families of veterans. They must approach you. Is it a significant number? Do you have a sense of that?

Also, would there be a significant number of contacts by RCMP veterans?

• (1130)

**Mr. Guy Parent:** That's a good question. We sometimes forget about the veterans of the RCMP and don't put enough emphasis on families.

Of course, we do get some complaints. I think the frustration of the family members is in part the fact that in a lot of cases they don't have access to programs in their own right. It always comes down to the veteran's status and that creates a problem in some cases.

A good example is access to an OSI clinic for mental health for family members dealing with mental health. There is no access right

now unless there is a therapy that includes their spouse, but not for them in their own right.

**Ms. Irene Mathysen:** I would think the successful treatment of a veteran would also mean helping that family because it's a unit. The good health of one is the good health of the other.

**Mr. Guy Parent:** Yes, that's a good point. Military people transition with their families. They don't transition alone. In fact, they serve with their families too. I think that's important because they are subjected to the same pressures.

**Ms. Irene Mathysen:** Would you say that, of those 5,000 calls per year, a significant number are resolved? What's your definition of a resolution to a case?

**Mr. Guy Parent:** Again, that's a good question, but it's a matter of perspective, I think. We advocate for fairness. We don't advocate for the veteran or Veterans Affairs Canada. We're an advocate for fairness.

Some complaints are legitimate. Some are not. We have to accept that. We have to tell people that sometimes there are reasonable expectations, and then there are other expectations. We have to draw the line sometimes and say, "Yes, you have been treated fairly. You might not be happy with it, but you have been treated fairly."

In a lot of those cases though, by keeping an eye on those complaints, we can identify systemic issues even if we don't resolve a particular case.

**Ms. Irene Mathysen:** Thank you.

**The Chair:** Time goes fast.

**Ms. Irene Mathysen:** When you have such a gracious witness, it does go fast. Thank you.

**The Chair:** Great.

Ms. Romanado.

[Translation]

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Thank you, Mr. Parent.

As well as thanking you for being here, I would like to thank you for your service to our country. As the mother of two serving members, I am pleased to be here today.

[English]

I want to talk a little bit about your report. We talk a lot about outcomes, and I'm delighted that we are going to be addressing financial security, health care, and so on.

I just want to premise my question. You touched on it. When someone decides to serve their country it is with incredible pride that they wear the uniform. The decision to leave active service, whether voluntarily or involuntarily, is a life-changing experience, as it would be with anyone who loses a job. I love the idea of a *guichet unique* for our Canadian Forces members and veterans.

We talked a little bit about documentation that's not getting shared between services, and so on. We all know that in the military you have to write a briefing memo for every briefing memo, so the idea of this information not being shared is a little disturbing.

One thing that's not apparent in your presentation and your speech today is the how.

I'll elaborate. Maya Angelou's famous quote is that people will forget what you said, they'll forget what you do, but they'll never forget how you made them feel. We've heard the horror stories through social media and by talking to vets of how they were made to feel, jumping through hoops to prove disability. When someone has lost their legs, they are not growing back.

I have not seen any recommendations in terms of training for those who are front-line workers, or folks who are working, in terms of service delivery. I'd like to know if you could elaborate a little bit on that.

**Mr. Guy Parent:** Thank you.

It's a good point. I have to start by saying that the front-line people have the wellness of the veterans and their families at heart, but sometimes they're bogged down in processes as well, in complex laws, regulations, and processes. I think that's important. Care, compassion, and respect have to be there right from the start when a veteran applies for benefits and until he receives the service.

As for the "how", I've mentioned a few ideas about how to shape tomorrow and what we need to look at. I think the how should come from the testimonies that you're going to get in front of this committee, with different ideas from different people. Certainly, it has to be veteran-centric. I think that's the important piece of this puzzle.

People have different needs. Some have families and some don't. Some are older and some are younger. Some will be 65 and won't have any benefits. A lot of these things need to be... It can't be just any veteran. It has to be veteran-centric based on the evolving needs of that particular veteran and his family. I think that's the way we have to go.

In the future, it's one of those things where the Department of Veterans Affairs needs to be proactive so the veteran doesn't have to be, and so he doesn't have to navigate the complexities of the system if everything is there, in clear terms, when he transitions from the forces.

I agree with what you said. It's quite a transition. It's a change of life. The military is a profession, not a job. It's the same as a doctor or a dentist not being able to carry on with his trade because of an injury. It's a lifestyle change.

• (1135)

**Mrs. Sherry Romanado:** In terms of the transition to a civilian life, I'm not sure if this is an appropriate question for the ombudsman, but have you looked at partnering with provinces in terms of what we call in the rest of Canada "prior learning assessment and recognition", or in Quebec, the *reconnaissance des acquis et compétences*?

It's in terms of recognizing skills that have been obtained through service or formal education so that our veterans are not required to go back to school and get retrained on things they already know and the competencies they already have, and so they would be able to get transitioned more quickly into civilian workplaces. I'm curious to know if that's something that you've looked at.

**Mr. Guy Parent:** We have in fact looked at it through the lens of the transition review that we're doing right now. Again, the vocational programs that we have are ambiguous right now, because there are two of them. There's one provided by the insurance company on the DND side and one provided by VAC. One is a program that builds up existing skills, and the other one has a bit more freedom of choice.

These things are very important. There are, within that system of vocational rehabilitation, a lot of third party people who help with that, but again, right now we're just in the process of studying the aspects of that vocational rehabilitation program. But that needs to happen, with some coordination of who can help and how different levels of government can assist each other.

**Mrs. Sherry Romanado:** Thank you. Is there any opportunity to have an external audit of Veterans Affairs?

**Mr. Guy Parent:** Of the...?

**Mrs. Sherry Romanado:** It's in terms of creating your *guichet unique* and bringing in an internal auditor to assess the current situation.

**Mr. Guy Parent:** I think that would be a good question for the deputy minister when he comes and presents to you.

**The Chair:** We'll save that one for later. Thank you.

**Mrs. Sherry Romanado:** Thank you.

**The Chair:** That's the end of round one. We will start round two with Mr. Eyolfson.

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

That was a very good and comprehensive presentation. As was said before, thank you for your service.

We've talked about all the services that are needed. Do you think the hiring of additional staff and caseworkers at Veterans Affairs would improve the quality of service that veterans receive?

**Mr. Guy Parent:** That's a loaded question. In fact, on more staff, I think it's more a question of the right people in the right places and not just more staff in number. I think that in a lot of cases Veterans Affairs Canada needs to look at what it is that case managers do and what it is that is needed.

Again, I ask the question, what are the needs and what are the problems that need to be solved within the administration? One of them is navigating the process. It might be useful to have some people who are new hires and are actually benefits navigators who can help people navigate the process of transition, not necessarily new case managers. I think the answer to this would be that whenever you hire people, you have to look at where they're needed and what skills are needed, not necessarily based on an old structure but on the needs of the future.



•(1140)

**Mr. Doug Eyolfson:** Thank you. There was some talk earlier about mental health. Can you comment on whether there is room for improvement in the availability of mental health services?

**Mr. Guy Parent:** There is a mental health strategy within Veterans Affairs Canada, and it's evolving as we speak. There is access, as I said before.

In fact, to link to a comment made by the lady who spoke, one of the biggest problems is that some of the military folks are too proud, and that even includes some of the family members as well. They're just too proud to come out and say they have a problem. Fortunately, within the forces, the stigma has changed a little bit. People are more open, but I don't think that has transcended to the young veterans population.

There are a lot more people coming out and the services are available, but again, you have to know what is available and that's always a matter of communication from Veterans Affairs Canada. A new program for caregivers that was just installed on the Veterans Affairs Canada website might be useful to them in future.

**Mr. Doug Eyolfson:** All right. Do you think there is sufficient access to mental health services at this time?

**Mr. Guy Parent:** Whether there is sufficient access depends on how we define the need. There are regional inconsistencies, obviously. There isn't an OSI clinic in every city but some have been added to the network in the last year or so. I don't think there will ever be enough. People will always need some help, and again, having the right treatment at the right place at the right time is a problem.

**Mr. Doug Eyolfson:** You just mentioned the family caregiver relief benefit. Are you satisfied with the level of support that provides?

**Mr. Guy Parent:** I'm glad you brought that up. The family caregiver benefit was introduced. Certainly it meets a need for families, but it's not what we had in mind when we recommended a family caregiver benefit under the new Veterans Charter. We were recommending full remuneration for a spouse who sacrifices his or her life or career or income to look after an injured military person.

Right now this new benefit provides a respite type of benefit, a small amount of money so that a person who is giving care can have a bit of relief, but what's needed is a program like the American program called TAPS under which people are actually signing a contract with the department to say they will take care of the injured spouse. They are then trained, certified, and paid to do that. That's one thing that's lacking here in Canada, that particular benefit for a family. A lot of veterans don't want anybody but a family member to care for them, and there's no reason why they shouldn't be remunerated.

**Mr. Doug Eyolfson:** I'll just change gears a bit. Do you think the Government of Canada is making sufficient efforts to foster partnerships with civilian employers that would be interested in hiring veterans?

**Mr. Guy Parent:** That's another good point and I will go back to what I said before. A lot of people are offering benefits and a lot of people are offering opportunities, but there's no coordinating agency.

The problem for a veteran going through a transition process is that they are inundated with options, and a lot of times they don't have enough details about particular options. In our transition review, we found that there needs to be some kind of a coordinating agency or a list of what is available for veterans, and that's not the case. There are a lot of people out there, a lot of organizations that are trying to support veterans, but they're all over the place, and we need to have some kind of a controlling agency to look after that.

•(1145)

**The Chair:** Thank you.

Next we will have Mr. Clarke.

[*Translation*]

**Mr. Alupa Clarke (Beauport—Limoulu, CPC):** Thank you very much for being here, Mr. Parent.

I would like to talk about transition and the fact that it is a process of reintegration.

I also feel that the one-stop shop is a very good idea, but I wonder how we can be sure that the process will be done correctly and appropriately. It seems to me that we often talk about before and after, but not about the period during which veterans are unaware that eventually they will be needing services.

We often hear about the way in which they become clients—which is not the best term here—of Veterans Affairs Canada. But once they are, how can we respond to the different needs of the Veterans Affairs Canada process?

I would like to know how the identity card is going to help veterans who will need Veterans Affairs Canada's services in 10 or 15 years. How is the card going to help them get information from the department, to get into contact with it? The department should be communicating with them directly.

**Mr. Guy Parent:** Thank you.

We recommended the identity card in one of our reports. The essential point is that people in the service must prepare themselves for the possibility of being injured or discharged for medical reasons. Taking that responsibility is a priority. A second career is possible, given that a military career is dangerous.

An identity card would specifically allow people who are part of the military to already have an account or a file number on record with Veterans Affairs Canada. Proof of their service and their diagnosis would already be in the file when they need to access certain benefits at the end of their service.

Members of the military lose their military identity when their service ends. It is not reintegration, it is integration into civilian life. By receiving a card authorized by the federal government and showing that, henceforth, they are Canadian veterans, they maintain their military identity. That is important, in my view.

Some veterans are transients, homeless. So if they had a card in their pocket proving that they served and that they have an account with Veterans Affairs Canada, half of the adjudication process is already complete.

**Mr. Alupa Clarke:** For a year, I believe, at the recommendation of this committee, Veterans Affairs Canada has been able to make contact with members of the military before they leave the Canadian Armed Forces. In other words, the Department of Veterans Affairs can make contact with a member of the military who is going to leave the service for health reasons, either for physical or mental injuries, in order to make sure that the transition is done appropriately.

Is that actually the case? Does it work?

**Mr. Guy Parent:** First, I would like to clarify one point. Members who are still serving have been able to get access to Veterans Affairs Canada benefits for several years. That is also the case during the transition.

• (1150)

**Mr. Alupa Clarke:** Last June, the critical injury benefit came into effect. A number of members are already taking advantage of it, both those still serving and those who no longer are.

In your opinion, would it be desirable for this benefit, a total of \$70,000, to be deferred, like lump sums at the moment? I think the benefit is paid in one single payment.

**Mr. Guy Parent:** We are in the process of analyzing the benefits that came into effect last June and of considering their impact. The act, the regulations and the processes must be in operation in order for us to be able to determine the extent to which those benefits are fair.

In that situation, what counts is to provide people with an amount so that they can meet their needs when they are faced with the impact of their injuries. An amount that is divided up would perhaps not be the ideal choice.

That said, when a new benefit goes into effect, we have to determine what the needs of the people are and what we want to accomplish.

[English]

**The Chair:** Thank you, Mr. Clarke.

Ms. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** Thank you, Mr. Parent, for being here today, and for your service and the services of your office.

From my time in speaking with veterans in my riding, I think many times they need to be heard. They are having frustrations with the processes and the inefficiencies, and sometimes they're made to feel like a burden. We need to move past that.

I'm interested in this concept of one-stop shopping and I'd like to ask you a bit more about that. First, do you see that as something that happens at the time of discharge when that process begins?

Second, do we have any models of that to look at? Are they doing that in other countries or with other service providers? Are there other scenarios we can look at to model something on, or are we already doing some pilot projects?

**Mr. Guy Parent:** Thank you.

In answer to your first question, I think this one-stop shop or process should take place as soon as a person is informed of an imminent medical release. It should not be after the date has been set. It should be done as soon as a person has been told, "That's it. You no longer meet universality of service standards, and you will now be released." That's when all the benefits should be known to the individual, at that point in time.

There are comparisons made with other countries. We haven't looked at that in an in-depth analysis yet, but I know for instance that in the Netherlands nobody is released from the forces until they have been rehabilitated vocationally and they have a job. Then they are released from the forces. There are other countries we could look at to see what best practices are out there.

I always hesitate because Australia is Australia, and Canada is Canada. Sometimes veterans are frustrated when we do comparative analysis with other countries because we are Canadians and we need to look for Canadian solutions.

**Mrs. Alaina Lockhart:** If the department were to look at doing a pilot project, what types of resources do we need to look at to do that? Would you suggest it should be at an active base, or what other services would we want to bring in on that front end?

**Mr. Guy Parent:** I'm not sure I get the question.

**Mrs. Alaina Lockhart:** I'm saying that if we're looking at creating a Canadian model, what services do you see that we should be involving in that? Is there a natural place that we would have that happen?

**Mr. Guy Parent:** Within the transition process, wherever that happens....

There are some joint personnel support units that are being restructured. There are units that do provide assistance for people in transition, and that's where it should begin.

I would like to stress this: what is it that we want for our veterans? If we want financial security, how much do we want and what is the outcome we want to achieve? We need some benchmarks that we can measure to see whether we're accomplishing what we set out to do or not. I think that's what's lacking right now. There is no outcome, but a lot of programs and benefits are offered. We had a good example a while ago with a \$70,000 benefit for critical injury. Where does the \$70,000 come from? What is the outcome we want to achieve? There was no outcome there.

Is it because we want people to be able to get through a period of time when their family is affected and they have to adjust to a new lifestyle? If that's the outcome we want to achieve, is it enough? These types of approaches for our veterans need to be discussed in the future, and not by just arbitrarily putting money into a certain program.

• (1155)

**Mrs. Alaina Lockhart:** I'm interested in the whole concept. From your responses, I take it that we certainly would be at the preliminary stages of looking at something like that. There's a lot of study to be done there.

Thank you very much.

**The Chair:** Next is Ms. Wagantall.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you so much. I really appreciate this.

I'm very new to my job in this committee. This is a huge file, with so much at stake. I have a friend involved in the Catholic Church who said you don't turn a dinosaur around on a dime. Clearly, we have a lot of issues here, partially because of all the changes that have been taking place within our forces and trying to meet those needs.

It was interesting to hear the conversation turn very quickly to programs and whether or not they're successful. The whole concept of looking at it from a veteran's outcome perspective is a change of mindset and thinking that I think would be really good.

I'm not sure if I'm hearing you correctly, so I'm just going to say what I think I'm hearing and then you can tell me if I'm on the right track. When we talk about a one-stop model, it would take so much pressure off our veterans. I think that's a wonderful direction to go in. It's also the type of thing that you look at.... How do you test that, or do you make a huge transition change to your ideology and how you approach this whole area?

Would we be looking at, obviously, the changes going forward, or trying to change the processes that are already in place for so many veterans? Do you know what I mean?

**Mr. Guy Parent:** Certainly. As you say, it's a new concept. Looking forward and developing benefits and a new delivery system, a new way of delivering benefits, I think, is what's important.

Right now benefits and programs have been designed after missions, based on the needs of the particular individual who served. Afghanistan is a good example. There was a suite of programs brought in after the Afghanistan era that was made specifically for people who served in Afghanistan. Again, one of the eligibility criteria was "must have served in Afghanistan". There were the same types of programs after World War II and Korea.

What we're saying is that right now the needs are not based on the mission; the needs are based on what a veteran and his family are facing. The new concept is to make sure we work from there backwards to what we need to achieve. What are the benchmarks, and how do we put the law and the processes in place to achieve them?

It is a brand new concept, yes. Veterans Affairs Canada is not known to be proactive, that's for sure.

**Mrs. Cathay Wagantall:** Thinking in that direction, what I heard was that there was discussion around database systems to do this in a way that is efficient for the veteran. That ID card, I think, is a wonderful way to get that off the ground.

Obviously, we were talking too about veterans. It's a one-stop thinking. A lot of times a veteran may not realize what their needs are until further along, but then at least you wouldn't have to rehash what's already there. You would be adding something new to that file in having another conversation.

Also, we'd be looking at training new people. Now we have case managers who deal with specific areas. You, then, would be needing people who had a really good understanding, an umbrella under-

standing of all the potential needs of that veteran and would be able to deal with them on a personal level. Is that what we're saying?

• (1200)

**Mr. Guy Parent:** I'm not sure the role of case managers would change. I think what would be happening is that we would become conscious, then, of how one benefit affects another. A lot of times right now, not necessarily case managers but people who administer benefits sometimes work in silos and don't know that a benefit affects another. That's what we're talking about here.

For instance, we have a permanent impairment allowance that provides benefits for life, yet we have introduced a benefit for financial security after 65. If the PIA, for instance, was easier to access and was applied to more people, then they're people who wouldn't need those benefits for life. What we're saying is, look at the outcome and work from there. Obviously, the administration of those benefits would change, but not necessarily the management of cases.

What's happening right now is that a veteran has no idea what he's entitled to, but he can go to the Veterans Affairs Canada website and to the benefits navigator or browser, and he'll find out what he could be entitled to. What we're saying is that you shouldn't have to go to the website. When you leave the forces you should be able to know what you're entitled to. You may not need it now, but this is what you're entitled to whenever your need arises. It should be automatic.

**The Chair:** Thank you.

Ms. Mathyssen.

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

I do have some more questions.

I want to pick up from the previous questioning in terms of the global envelope. The envelope has been increased to \$75,800 from a much lesser amount. I guess that originally it was \$20,000. On the surface that sounds very generous and quite significant, but that amount of money also includes travel costs, accommodation, child care, and other expenses. We know that affordable housing is at a premium in this country. We have 10-year waiting lists for affordable housing. Also, we don't have any national child care.

With this in mind, I'm wondering about the \$75,800. It would seem to me that it is not sufficient. I wonder if you've heard from veterans who've had to abandon training or leave post-secondary education, because that amount of money simply wasn't sufficient. Are there concerns coming from the veterans community?

**Mr. Guy Parent:** That's a good point. It goes right back to what we've been saying all along. Have we determined what outcome we want to achieve for people who are going into the vocational rehabilitation program? If it is a full university education, for instance, we need to say that and have a benchmark that allows them to do that.

The one thing that is important is that there's an envelope ceiling of so much money, but there's a lot of flexibility within the program to actually use it as needed. Some people may not need child care. Some may not need accommodation. At least the flexibility is there now that there is a ceiling sum and at least it's easier to administer.

**Ms. Irene Mathysen:** I was thinking in terms of younger veterans with families, and I know it's very difficult.

I also wanted to go back to the disability award. Now it's set at about \$310,000. However, in 2012, the Supreme Court said, in regard to damages in civil cases, that the maximum amount should be somewhere in the range of \$342,000.

There was a recommendation that the disability award match that of civil cases, but that hasn't been implemented. I wonder about your sense in regard to why it hasn't been implemented. Is it simply a matter of cost?

Secondly, the impact on younger veterans.... I'm thinking of—

•(1205)

**The Chair:** Ms. Mathysen, sorry. We're going to run out of time for the second part of the question. The witness would have 20 seconds to answer the first part, and then we'll have to move on.

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

**Mr. Guy Parent:** The lump sum award is a pain and suffering.... We opted not to mix it with the income replacement types of benefits. We are, right now, doing some work in the pain and suffering area to try to determine what is fair and what is comparative to a police officer, for instance, injured during service. We're in the process of doing that right now in our office.

**The Chair:** Thank you.

I guess for time's sake, this ends our questioning of you today. You might be invited back, so I would say keep your calendar open.

On behalf of the Standing Committee on Veterans Affairs, I would like to thank you for taking the time out of your schedule today and for all the work that you do on behalf of veterans. We quite enjoyed meeting you here today and hope to have you back sooner rather than later.

**Mr. Guy Parent:** It would be a pleasure. We're here to assist.

Thank you, Mr. Chair.

**The Chair:** We will take a short break to reset the mikes. Grab a quick coffee, and we will move to the second part of our agenda.

We will suspend for a few minutes.

Thank you.

•(1205)

\_\_\_\_\_ (Pause) \_\_\_\_\_

•(1215)

**The Chair:** Let us come to order, please.

In the second part of our meeting we'll be going over the supplementary estimates. We have two witnesses here today, Ms. Stuart and Ms. Sinnott.

We will open the floor for 10 minutes. I can't give you 10 minutes each, so we'll combine five and five minutes, or seven and three.

I think we're ready to go.

**Ms. Elizabeth Stuart (Assistant Deputy Minister, Human Resources and Corporate Services Branch, Department of Veterans Affairs):** Good afternoon, Mr. Chair, vice-chairs, and committee members. It's a pleasure to be here with you and I look forward to discussing the Veterans Affairs 2015-16 supplementary estimates (C) submission.

My name is Elizabeth Stuart. I was recently appointed assistant deputy minister of human resources and corporate services branch for Veterans Affairs Canada. I'm here today with Maureen Sinnott, who is the director general of finance division and acting chief finance officer in Charlottetown, P.E.I.

Honourable members, as you know, the department is responsible for providing benefits and programs to veterans, Canadian Armed Forces personnel, and their families in recognition of their service to Canada, and for ensuring that their achievements and sacrifices are honoured and remembered through commemorative activities. The department is proud of this dual mandate, just as it is proud to continue to do everything in its power to enhance the programs and services that are important to Canada's veterans and their families.

As you have seen from our 2015-16 supplementary estimates (C) submission, Veterans Affairs Canada's overall total planned spending this fiscal year, including the supplementary estimates, is almost \$3.67 billion. That's close to a \$150-million or a 4.2% increase over our 2015-16 main estimates budget of \$3.52 billion.

As these supplementary estimates show, our first priority is to make sure that veterans and their families have the support they need when they need it, for as long as they need it. For the younger veterans, this often means ensuring that they are able to successfully transition to civilian life. That's why the largest chunk of this new funding, \$81.3 million, is for veterans programs and services, the majority of which flow to Canadian Armed Forces veterans through the new Veterans Charter. Another \$25.5 million is to enhance the delivery of services and benefits by increasing front-line and case management staffing levels to provide increased support to veterans and their families. These funds will also be used to improve the timeliness of disability benefit decisions so that veterans have earlier access to benefits.

A further \$2.7 million in new funding is to support implementation of three new grant programs: the retirement income security benefit, the critical injury benefit, and the family caregiver relief benefit, which were initially approved through VAC's 2015-16 supplementary estimates (A) submission. However, this submission includes an additional \$400,000 for the family caregiver relief benefit. It also includes funding to hire resources to implement these three programs, provide online training to primary caregivers, and improve system interoperability between Veterans Affairs and National Defence. With this supplementary funding, we continue to ensure that Canada is there for the men and women and their families who were there for Canada.

Our supplementary estimates also contain \$1 million for the community war memorial program, which will allow the program to continue for one more year. This program was initially approved for five years in 2010 and extended for one year to cover the final cost of contributions for the construction of new monuments previously approved by the department.

There is also a return of \$200,000 to Canadian Heritage for funds previously provided to VAC to help with a commemorative initiative; however, as the funds were not required, they were returned.

The last item of notice in VAC's supplementary estimates (C) submission is an increase of \$3.8 million for an increase in employee benefits plan cost statutory funding, which relates to increased new personnel costs.

• (1220)

It is important to understand that VAC's budget fluctuates each year because of the demand-driven nature of its programs and services. VAC updates its client and expenditure forecast each year to ensure that all veterans who come forward receive the benefits to which they are entitled. Expenses, however, are only incurred for the veterans who actually come forward as qualifying for our programs and services.

As VAC's program budgets can only be used for the purpose for which they were intended, excess funds cannot be redirected for other purposes without explicit consent from Treasury Board. This reality has led to repeated criticism in the media in recent years around lapsed funds; that is to say, our not spending our entire budget. This is primarily attributed to the declining number of veterans we are supporting.

For example, we are forecasting a net decrease of about 11,000 war service veterans and survivors receiving Veterans Affairs Canada benefits this fiscal year. This is the single largest reason for the lapses in our overall spending.

VAC's 2016-17 report on plans and priorities sets our course for the coming year. These plans are driven by three basic principles: care, compassion, and respect.

Our top priority is to provide veterans with excellent service from their first moment of contact with our department. We will place veterans at the centre of everything we do: our philosophies, our ideas, and our operations. This means being proactive and responding quickly to veterans' changing needs with care, compassion, and respect.

Secondly, we will provide veterans with the services they need, when and how they need them, and in ways that work for them. Finally we will work closely with the Department of National Defence to make sure we fully support our Canadian Armed Forces members to make an easier transition to civilian life and focus on their well-being.

In closing, I would like to point out that in this year, as in previous years, approximately 90% of VAC's budget, or \$3.3 billion, will flow directly to veterans, their families, and the other Canadians served by VAC.

Thank you, Mr. Chair. Maureen and I would now be happy to answer any questions that you or other committee members may have about any part of these supplementary estimates.

**The Chair:** Thank you.

I'll just ask permission of the committee here. Time-wise, if we did the first round of six minutes, and six minutes, and six minutes, that should take us closer to our time limit. Having said that, I spoke to a few of you before. Some of you might not have questions on this and some of you have very short questions, so if it is basically the consensus of the committee, we could start again with round one with the Conservatives, which would be six minutes. We could divide that among the three of you, if that's fine, and then that should wrap it up with you, Ms. Mathysen. Then we can vote on the estimates, if that's fine.

Do I see agreement with that, if we're going to make it to House duty today?

**Some hon. members:** Agreed.

**The Chair:** Okay, seeing consensus, we will start round one of the questions with Ms. Wagantall.

**Mrs. Cathay Wagantall:** Thanks very much. I just have a couple of little questions. I'm sure they're nothing significant, and I'm not sure if they can be answered here today anyway.

Under "Operating Expenditures", at the end of the first paragraph there, it talks about "payments to the professionals providing some of these services". It's basically outlining what the 80%, about \$720 million, is spent on, and indicates that some of it goes to the payment of professionals providing some of these services. Then for the remaining \$180 million, it talks about the "salaries of employees assigned to other programs", so for the "some" and the "other", I was just wondering which programs are covered by which employees' funding.

• (1225)

**Ms. Maureen Sinnott (Director General, Finance, Human Resources and Corporate Services Branch, Department of Veterans Affairs):** Okay, yes. If I may, Mr. Chair, the 80%, about \$720 million, relates to health care rehabilitation and re-establishment services. Now, you are aware that we have Ste. Anne's Hospital as well, so it's long-term care and medical expenses, and so on, that are provided for within that \$720 million.

The salaries of some departmental employees are assigned to the programs. For “payments to professionals providing some of these services”, those would be payments that we would be making on behalf of veterans who would have seen their own physician or physiotherapist or rehabilitation specialists. An individual would, under our health services programs, have gone to their own health care professional, received a service, and because the Department of Veterans Affairs was responsible for the services they were receiving, we would provide the payment to that professional.

**Mrs. Cathay Wagantall:** Okay, thank you.

In the next paragraph, it says the remaining \$180 million are for “salaries of employees assigned to other programs”. What would be the “other programs”?

**Ms. Maureen Sinnott:** Non-health-care related programs. When they're talking in the previous paragraph, they're saying “assigned to these programs”, which would be health care, vocational, rehabilitation, and so on. We would have commemoration programs. We would also have the department's office and travelling expenses, commemorative partnership programs, and there are a number of other ones in that group of programs.

**Mrs. Cathay Wagantall:** Okay.

Then below in the first bullet point, where it says that this goes toward hiring case managers to achieve a ratio of 30 cases per manager, how many cases annually in, say, this last year did we deal with? Where's the need for—

**Ms. Maureen Sinnott:** Additional...?

**Mrs. Cathay Wagantall:** How many are they handling now?

**Ms. Maureen Sinnott:** I would preface my remarks by saying that I know you're going to be spoken to by the assistant deputy ministers of service delivery and of policy on Thursday. They will expand on this generously, I'm sure.

However, if I can say it this way, we did receive additional funding in supplementary estimates (A). We received additional funding, or there were representations made, for three new grants. We also made submissions for additional staff, because some of our case managers were trying to deal with an excessive number of veterans. An ideal number according to some of the literature reviews is 25 or 30 veterans to one case manager, but some case managers were dealing with 50, 60, or 70 veterans at a time and trying to case manage them. In an effort to reduce that ratio, the department was allocated another \$25 million.

That determination and that agreement were made at the time of supplementary estimates (A), but we did not receive the money until supplementary estimates (C), so that's why you're seeing this money now, rather than at a previous time.

**Mrs. Cathay Wagantall:** Are those high numbers based to some degree on where veterans are located?

**Ms. Maureen Sinnott:** Yes. Again, the service delivery assistant deputy minister will explain that at length.

Some area offices have a larger number of veterans in their area. It depends on where people settle. Recent veterans who leave the military may not settle close to the base they were at but will move back home, to another location. We're always adjusting how many

case managers we have in different areas in order to respond to the need, and it was very evident that we didn't have enough.

• (1230)

**Mrs. Cathay Wagantall:** My questions may be appropriate for a different time.

**Ms. Maureen Sinnott:** I'm happy to see what we can do for you.

**Mrs. Cathay Wagantall:** Okay. I would just note that there's funding for 100 more employees to help process quickly. There's also an increase in the number of employees dealing with an increased demand for disability benefits and allowances.

Are those two different employee groups serving different purposes?

**Ms. Maureen Sinnott:** What your document was talking about was that another 100 employees were to be hired in order to more quickly process requests for benefits and services. We were seeing a larger influx of applications for disability benefits, and we were unable to deal with those disability benefit applications in as timely a manner as we should have; therefore, we were hiring additional individuals in order to adjudicate the disability benefit applications and ensure that the funds were provided in a faster manner after the applications were adjudicated. That was one group of individuals to process the benefits.

In the second one, there was an increased demand for health care, rehab, and re-establishment services, and employees were dealing with increased demand for disability awards and allowances. One group we were hiring had case managers to case manage the veterans. The other had disability award specialists—

**The Chair:** Sorry, we're going to have to wrap that up.

We have six minutes to split, or we could give them to one person.

Are there any questions on the supplementary estimates?

Ms. Romanado.

**Mrs. Sherry Romanado:** I absolutely have questions.

Thank you so much for being here today. As I'm sure you're aware, Veterans Affairs is something near and dear to many of us across Canada. Looking at this, I think we're definitely moving in the right direction.

In terms of the internal transfers, I would like to get some further clarity on the reallocation of resources for contributions and grants. For those, I understand that we're moving, but it seems as though we have a program on top of a program on top of a program. It's very unclear to me why we have so many programs on top of programs, instead of just one disability award and so on.

I just want to get some clarity on why we have so many programs and why they are all lumped together. Is it because of the new Veterans Charter? Could you elaborate a little bit to give us some explanation?

**Ms. Maureen Sinnott:** You're speaking from the...?

**Mrs. Sherry Romanado:** When you look at some of the funding we're putting forward I notice that we have lots of programs for disability awards and so on. I don't know if it's because we have the new Veterans Charter that we've added another supplement. I know you can have a disability benefit and then after 65 you get a different benefit. I want to get some clarity on the amounts to make sure that I'm understanding them better.

**Ms. Maureen Sinnott:** On Thursday, you will receive large comments and explanations on many of the programs.

**Mrs. Sherry Romanado:** Okay.

**Ms. Maureen Sinnott:** But if I can, we do have a disability award. We have an earnings loss benefit, because if an individual is injured and they're unable to work, then they are losing income.

When you asked about programs on top of programs, a new program, which was introduced in May in supplementary estimates (A) and listed as a grant, was the retirement income security benefit. Essentially those benefits stopped at age 65 and the question, rightly so, was what they were going to do after 65; hence, there was an examination of that and a determination that there should be a benefit that would extend beyond age 65.

The other new benefit that you would have seen is the critical injury benefit. Last year, an individual was injured in an explosion of some sort overseas. There are cases where individuals would be severely injured, and it would be sudden and traumatic. They could be hospitalized overseas for a long period of time and then back in Canada they'd be unable to function the way they normally did. Normally our disability awards are finished when a condition has stabilized. Due to the miracle of modern medicine the individual who was so severely injured could be put back together, be back at work, and fine. But during that period of time when they were hospitalized severely injured, and the family was going through such trauma, there was no compensation for that. The critical injury benefit was the compensation to deal with that, and it's a one-time, tax-free payment for that one incident.

When you ask if the benefits are stacked on top of each other, in some respects it may seem that they are but there was no benefit to deal with that particular thing. Disability awards are meant to deal with a condition that has occurred. A decision's made, the disability has stabilized, and then your award is based on a certain.... For example, earnings loss is based on lost earnings and your ability to earn in the future.

•(1235)

**Mrs. Sherry Romanado:** I have another question with respect to Ste. Anne's Hospital. As you know it will be transferred to the Province of Quebec effective April 1 of this year. I'd like to get some information in terms of whether federal funding will be following that or will taking care of our vets now be a provincial matter. I'm just curious. Could you elaborate on that, if there's significant funding for health care for Ste. Anne's? I'm not sure if that will be repeated going forward.

**Ms. Maureen Sinnott:** There is an agreement with the Province of Quebec to transfer Ste. Anne's to the province. As you noted we still have veterans at Ste. Anne's Hospital, and we still are not only obligated to care for the veterans but are seriously concerned about

the care they will receive. Hence, the transfer agreement addressed that.

Will there be funding? There is a funding agreement whereby certain amounts of money will transfer to the Province of Quebec on certain dates based on the transfer agreement. But after that, we will pay the Province of Quebec a per diem for the care of our veterans. That will carry on in the future. The per diem will be paid, so they will be paid to look after the veterans in the manner we have determined appropriate, in the language of their choice, and so on. The veterans will receive the care and concern that they should and that they have in the past.

**The Chair:** You have 10 seconds, Sherry.

**Mrs. Sherry Romanado:** I'm good. My question will be longer than that, so Irene maybe...?

**The Chair:** Okay.

Ms. Mathysen.

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

Thank you so much for being here and providing some clarity to the numbers. My first question has to do with something that Madam Sinnott said with regard to expecting a decline of 11,000 veterans who had war service. I understand that. I see these folks all the time. They are frail. They are elderly. But the reality is that we have a lot of new veterans who also have war service, Afghanistan veterans, and in many cases they have some profound injuries, some of which won't appear for the next 10 to 15 years.

I wonder, in light of the fact that funds are returned to the Treasury Board, how you anticipate the needs that Veterans Affairs will have with regard to those post-Korean veterans, because their needs and the needs of their families will be quite significant.

**Ms. Maureen Sinnott:** Let me put it this way. Yes, we do expect a decline of 11,000 war service veterans. In order to make somewhat of a separation, we refer to them sometimes as our traditional war service veterans and then talk about our new or more modern-day veterans. There is an age distinction between the two, for sure, and there will be a decline. There's nothing, sadly, that any of us can do about that.

With respect to whether or not we will be able to meet the needs in the future, we do forecasts. We forecast fairly generously in this department in order to ensure that we have sufficient funds to be able to provide for all of the eligible people who come forward to request services from the department.

Now, when we say we lapse, we do lapse some money, because we don't have the right or the ability to vary from what Parliament voted the money for to this department.

Will we have money in the future? We go back in our main estimates. Once we make our forecast, then our main estimates determine, as of December of the previous year, what the government's spending plan is.

Obviously it doesn't take everything into account, so we adjust our forecasts every year. The supplementary estimates (A), (B), and (C) are the three opportunities we have to go back to the government and say, you made new decisions after December of the previous year, or you made a decision in the budget, or you made some decision that you would like us to go in this direction and add a new program, and we're coming back looking for additional funds in order to do it. We have the opportunities to go back regularly, and our forecasts will show where we expect to have increased demand.

The nature of our funding is that our programs are quasi-statutory. When I say that, it means not that they're statutory and governed by law and that the money is mandated and has to be provided. We have to go back to Parliament saying, "This is the amount of money that is required or needed for these programs."

But it's a great thing to be quasi-statutory, in one sense. It's a thing that is need- and demand-driven and entitlement-driven. It's not that the government can say, "Thanks, but we're not going to fund those." They're quasi-statutory. As soon as you need additional money and an eligible person comes forward, then that person must be provided for.

We like to say that if 10 people come forward or 10,000 come forward, we go back to ask for additional funds in order to provide for them. In the future, if people come back with post-traumatic stress disorder or other injuries that didn't manifest themselves or didn't show up, or if they didn't want to come forward when they left the military and it took them two, three, four, or 10 years to come forward, we still have the ability to go back and say, we have a bigger need than we thought we had at the start of the year.

• (1240)

**Ms. Irene Mathysen:** Thank you.

The transfer of Ste. Anne's to the Province of Quebec was mentioned. I want to underscore my concern about the fact that post-Korean vets don't have access to long-term care in places such as Ste. Anne's, now that the transfer is complete, or my home hospital, Parkwood, and the need is there.

I know there's nothing you can do about it—this is something that happened as far back as the early 1960s—but I want to underscore that it disadvantages post-Korean vets, who are reliant upon the province, when it's a federal responsibility to look after our veterans.

I wonder, too, whether you have any indication explaining why the following programs are seeing such an increased demand: disability awards, allowances, health rehabilitation, and support services. From your perspective, why has there been that increase?

**Ms. Maureen Sinnott:** With the disability awards, I'd say that we have a larger number of people coming forward. We also had, however, with such a large number of applications coming forward.... You say we see "such an increase". The increase is partly due to the fact that we have hired more staff and we have changed our business processes internally so that we are able to produce related decisions in a more timely fashion and the disability applications that are in the system are being produced a lot faster; hence, the money is being paid a lot faster, so you see a spike in funds.

**Ms. Irene Mathysen:** Thank you.

**The Chair:** We have six minutes left on the last round of questioning. Are there any questions from the Liberal side?

Mrs. Romanado.

**Mrs. Sherry Romanado:** Thank you very much.

In terms of operating, we talked a little about it. I know there was an increase in the statutory appropriations. You talked about \$3.8 million in total statutory appropriations for employee benefits, and so on and so forth. What percentage of that amount is management, versus front line and casework?

I'm trying to get a better sense in terms of those who are actually providing front-line service versus the administration of Veterans Affairs. Could you elaborate?

**Ms. Maureen Sinnott:** The \$3.8 million that's listed in the statutory appropriations [*Technical difficulty—Editor*].

**Mrs. Sherry Romanado:** Okay.

In terms then of operating expenditures, could you elaborate a little about the adjustments? You mentioned you're going to be hiring more caseworkers. Can you elaborate on how many caseworkers you're going to be hiring, or case managers, as you refer to them?

**Ms. Maureen Sinnott:** I believe there have already been somewhere slightly in excess of 150 hired this year, and hiring is ongoing as we speak. When the other departmental officials show up on Thursday, they may say it's 160 and you will wonder whether I misspoke. However, hiring is ongoing and they're carrying on.

I can't answer definitely on how many case managers or disability support staff the department is hiring. You will have Michel Doiron, who is the assistant deputy minister of service delivery, on Thursday, I believe. I think he would be more than happy to speak to that.

• (1245)

**Mrs. Sherry Romanado:** I have another kind of bizarre question.

We just had a presentation by the ombudsman, and he talked a little about what we call a *guichet unique*, or a one-stop shop for veterans services and so on. I'd like to get your sense on what you feel about this issue.

I know it's a bit off the supplementary (C)s, but in terms of providing service to our vets, there was a recommendation of a *guichet unique* or one-stop shop. Would that be something that's in line with your vision of how we can improve services?

**Ms. Maureen Sinnott:** That's a hard question to ask someone in finance.

I'd say that rightly belongs in the service delivery area, and Michel Doiron would be responsible for service delivery for veterans. I think you're also having our deputy minister here, and he could speak to that more fully than I could.



**The Chair:** Having said that, on behalf of the Standing Committee on Veterans Affairs, I thank you both for taking time out of your busy schedules today. I guess we will be seeing a lot of each other over the next three to four years.

Thank you very much.

With this, we need to call a vote on 1c under Veterans Affairs Canada in the amount of \$29,528,515, and vote 5c, in the amount of \$81,062,000.

VETERANS AFFAIRS CANADA

Vote 1c—Operating expenditures.....\$29,528,515

Vote 5c—Grants and contributions.....\$81,062,000

(Votes 1c and 5c agreed to)

**The Chair:** Shall the chair report votes 1c and 5c under Veterans Affairs Canada of the supplementary estimates (C) 2015-16 to the House?

**Some hon. members:** Agreed.

**The Chair:** We need to suspend for a minute and come back in camera to quickly discuss committee business. I need you for about three minutes, if we could clear the room. We just need to get set for next week.

On behalf of the committee, I'd like to again thank everybody in the audience for attending today, and everybody who took part.

*[Proceedings continue in camera]*





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>