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Chair

Mr. Neil Ellis

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• (1105)

[English]

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

I'd like to welcome everybody today. Today we have, pursuant to Standing Order 108(2), studies of barriers to transition and measurable outcomes of successful transition.

In the first panel today, from the Department of Veterans Affairs we have Elizabeth Douglas, director general, service delivery and program management; Nathalie Pham, acting area director, Montreal office, field operations; and Mark Roy, acting director, case management and support services.

As well, from the Department of National Defence we have Brigadier-General Mark Misener, commander, joint personnel support unit, military personnel command.

Thank you for joining us today.

Go ahead, Mr. McColeman.

Mr. Phil McColeman (Brantford—Brant, CPC): Thank you for recognizing me, Mr. Chair.

The question I bring to you is the matter of scheduling for the minister to appear before this committee on the supplementary estimates that have been tabled.

I know there are timelines involved and I know we've had a personal conversation on this, but I wanted committee members to know as well what actions you've taken.

I have another request, which is that in addition to the minister appearing, I would request that that particular meeting when the date is set be a televised meeting.

The Chair: I can do is turn this over to the clerk. She is instructed to send an email out to invite the minister. I believe that's been done, but I'll give the floor to you.

The Clerk of the Committee (Ms. Karine Parenteau): Yes, I contacted the minister's office to invite the minister. It's ongoing, so I asked them to have the minister appear before the committee before the deadline for us to submit the report on the estimates.

The Chair: I believe under procedure, Mr. McColeman, that when ministers testify, we always televise, and it will be in the lineup and—

Mr. Phil McColeman: I should also mention that it's been the typical protocol that the minister either stays for the complete meeting or for a minimum of one hour of testimony.

The Chair: Yes. During the last two years, both ministers have appeared for the hour. We can request two and go from there.

Mr. Phil McColeman: I would ask that we request two, please.

The Chair: Yes.

The Clerk: Mr. McColeman, you want the minister for a one-hour meeting?

Mr. Phil McColeman: I'd like him for two, please.

The Clerk: For two? Okay.

The Chair: Usually in the last few meetings when we've had the minister, it's been the minister and then the staff afterward, but we'll try to do your request.

Mr. Phil McColeman: Thank you.

The Chair: Okay. Thank you for appearing today.

We'll start with 10 minutes with Ms. Douglas and then we'll move from there.

Thank you.

[Translation]

Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs): Thank you.

Good morning, Mr. Chair and members of the committee.

My name is Elizabeth Douglas, director general for Service Delivery Program Management for Veterans Affairs Canada.

[English]

I am responsible for 200 employees, located primarily in Charlottetown, in the areas of online services, strategic and enabling initiatives, case management and support services, health care programs, income support programs, rehabilitation services and vocational assistance, and long-term care.

I would like to thank you for the invitation to appear before the committee with my colleagues Nathalie Pham, acting director for the western Quebec area, and Mark Roy, acting director for case management and support services.

I am pleased to provide an overview of Veterans Affairs Canada's work in the integrated personnel support centres.

As you know, our mission is to improve the well-being of veterans and their families. Through a comprehensive approach to veteran well-being, we are committed to ensure a seamless and simpler transition to civilian society for Canadian Armed Forces members.

There was an increase in medical releases from the Canadian Armed Forces between 2013 and 2017, going from an average of 1,200 per year to 2,500 in the years 2016-17. The Canadian Armed Forces are projecting 2,500 medical releases per year over the next five years. Since 2013 the average number of total releases from the CAF is 9,107 per year.

What we have learned from the 2016 life after service studies is that although 52% of regular force veterans report easy or moderately easy adjustment to civilian life, 32% report having trouble adjusting. This is a clear indication for VAC that we need to strengthen our transition services for all members who are transitioning to civilian life.

Over the years, VAC and the Canadian Armed Forces have made many improvements to programs and services for members and veterans and for their families. We have dedicated even more resources to improving transition services and we are committed more than ever to working with the Canadian Armed Forces to better support our veterans.

VAC is present at a total of 24 integrated personnel support centres, or IPSCs, and at seven satellite centres. These support centres are located across the country, providing one-on-one contact and support for serving and former Canadian Armed Forces personnel and their families. More than 130 VAC staff are serving veterans and CAF members from these locations every day. Some centres have full veteran service teams, including case managers, veteran service agents, managers, and admin staff; others, depending on the size, will have one or two case managers or veteran service agents. The integration of VAC staff within the IPSC has permitted VAC the opportunity to better understand military culture and the issues facing ill and injured veterans and the opportunity to work with the other partners serving this population.

VAC's presence at the IPSCs allows for earlier and immediate intervention in the event of casualties involving members who are still serving. Upon notification of a casualty, a case manager is assigned and can work directly with the IPSC staff and CAF officers to support the member and family, providing information on benefits, services, and support that could be of help to them. If the member/survivor or family representative is ready to proceed with applications, the VAC case manager can assist with completing applications and gathering supporting documentation as required.

Members and veterans are informed of VAC programs and services while serving and during their transition to civilian life through a variety of outreach activities and initiatives such as the second career assistance network, the SCAN seminars.

• (1110)

VAC staff participate in these outreach activities in order to share information on the programs and services available to Canadian Armed Forces members making the transition from military to civilian life. In 2017, VAC front-line staff delivered more than 70 SCAN sessions to serving CAF members across the country.

Since September 2015, VAC and the Canadian Armed Forces have worked together on the enhanced transition services, which are focused on supporting collaborative work at local levels. Specifically, the Canadian Armed Forces nurse case managers, the VAC staff professional case managers, and veterans service agents have been working closely together to ensure earlier intervention in support of effective transition services.

Moving forward, the enhanced transition services will continue to focus efforts on improving transition services for those medically releasing. While we are moving in the right direction, we know that some members continue to face challenges transitioning to civilian life. That is why we've been working closely with the Canadian Armed Forces in our efforts to improve the transition process, and we will continue to do so.

Thank you again for the invitation to speak to you today. I very much appreciate the opportunity to support the work of your committee and consider what it may hold for the future of Canada's services to veterans and families in recognition of their extraordinary contributions and sacrifice.

Thank you.

The Chair: Thank you.

Next I'd like to welcome Brigadier-General Mark Misener. The floor is yours now.

Brigadier-General Mark Misener (Commander, Joint Personnel Support Unit, Military Personnel Command, Department of National Defence): Thank you, Mr. Chair, and members of the Standing Committee on Veterans Affairs.

Thank you for the opportunity to be here today, along with my colleague from Veterans Affairs Canada, to speak on the subject of transition.

As commander of the joint personnel support unit, I'm responsible to ensure that the ill and injured Canadian Armed Forces personnel, former personnel, their families, and families of the deceased are properly cared for and receive administrative support during all phases of recovery, rehabilitation, and reintegration, whether they are returning to service or transitioning to civilian life. This is accomplished through an integrated team with Veterans Affairs Canada and approximately 400 Canadian Armed Forces military and Department of National Defence civilian staff members on bases, wings, units, and at the joint personnel support unit headquarters here in Ottawa.

As commander of the joint personnel support unit, in addition to an overall emphasis on continuous improvement, my top priorities are caring for and supporting our ill and injured members and their families, renewing the joint personnel support unit, and planning for the future transition group, while working closely with Veterans Affairs Canada.

[*Translation*]

As background, the Joint Personnel Support Unit, the JPSU, was created in 2009 to give ill and injured members the opportunity to recover, to return to duty, or to give them time and support to transition to civilian life.

The number of JPSU supported members has nearly tripled in size since its creation. Today, approximately 1,500 ill and injured personnel are currently posted to the JPSU for periods of six months or more. The JPSU also directly supports approximately 4,000 additional ill and injured members and their families by providing information, advocacy, referrals, and the delivery of numerous services and programs.

• (1115)

[*English*]

This support takes place across Canada at the JPSU's 31 integrated personnel support centres. These IPSCs are the local face of the joint personnel support unit, providing a one-stop centre delivering integrated assistance to the ill and injured.

My top priority is providing care and support to the ill and injured members and their families. The Department of National Defence and the Canadian Armed Forces are committed to the care and well-being of all military personnel and their families. Part of that commitment is provided through the JPSU, ensuring that no one is released until all administration is complete and appropriate benefits are in place. All transitioning members require support, but the needs remain most acute for our ill and injured posted to the JPSU. Improving our daily support and service is an ongoing effort. One very recent and tangible example of this support was the acquisition of 17 new wheelchair-accessible vans that were delivered to integrated personnel support centres across the country in January. An additional 16 wheelchair-accessible vans were provided to various bases. These vans will increase transportation capability and support ill and injured Canadian Armed Forces members in getting to and from their medical appointments.

While the JPSU has assisted numerous ill and injured women and men over the years, there is room for improvement. That's why my second priority is JPSU renewal. The JPSU has grown and is currently undergoing a renewal to better meet its core mandate of service to our ill and injured members.

The JPSU has been organized as a formation with a general officer—myself, currently—at its head. While retaining its regional structure, JPSU regional headquarters have become units with designated commanding officers and more authority and responsibility to have a positive influence on members. These commanding officers will be “up-ranked” shortly in some regions from majors to lieutenant-colonels to better highlight their important responsibilities in working with Canadian Armed Forces, Veterans Affairs, and other partner organizations to assist and support our ill and injured members.

At our IPSCs across the country, there has been an increase of staff to better meet the demand in services. In 2017, 31 regular force members were added and funding was secured for 28 more civilian staff. The year 2018 will bring further augmentation to our staff to provide better support and more favourable ratios. As a direct result

of this staffing, we are hoping to achieve a ratio of one section commander for every 20 personnel posted to the JPSU, as opposed to one for every 26 currently. What this will mean in practical terms is better oversight, support, and personalized service for all ill and injured posted to the JPSU.

In addition, JPSU headquarters is undergoing reforms to its structure to prioritize the effort on transition services. These changes put in place a director of transition services to continue efforts to focus priority on transition programs and services.

My third priority is the creation of the Canadian Armed Forces transition group. As you are aware, in June 2017 the government introduced Canada's new defence policy of “Strong, Secure, Engaged”, setting out defence objectives for the next 20 years. Since it was released, we've been busy planning for a new transition group, which will be established over the next few years to provide professional, personalized, and standardized support to all Canadian Armed Forces members to seamlessly transition to post-military life and to ensure all benefits are in place before their transition, with particular attention paid to our ill and injured members. Support will also be provided to former veterans and their families to facilitate integration back into civilian life after service.

[*Translation*]

Professional support means a transition group that is adequately resourced, with personnel in place who are properly trained. It also means a deepening integration with Veterans Affairs Canada to provide more closely coordinated service.

Personalized means a needs-based approach, which tailors services to the individual and their family needs.

Finally, standardized means that the same services are available to every member of the military and their family, whether reserve or regular force, from Esquimalt to St. John's, as they experience transition.

[*English*]

This is an ambitious and complex undertaking that will take some time to build. However, in order to advance it, we will begin a trial this year in Borden, which will allow us to implement some new initiatives with an opportunity to test and adjust them prior to implementing them Canadian Armed Forces-wide.

Finally, tying these priorities together is an ongoing effort, a commitment to implementing continuous improvement while deepening integration with Veterans Affairs Canada. As transition is a shared responsibility between the Canadian Armed Forces and Veterans Affairs Canada, close coordination and integration between both departments is vital in ensuring a successful and seamless transition from military to civilian life. Together with VAC, we've made improvements and continue to improve programs and services, and we have introduced new programs and services that are more aligned between the two departments.

The goal is to better enable our people to successfully transition to civilian life through enhancing training and readiness, promoting recruitment and employment, and nurturing collaboration among those in the veteran employment community. This close collaboration is ongoing. For example, the Veterans Affairs Canada and Canadian Armed Forces seamless transition task force has been established to ensure early intervention, continuity in health care and support, and simplification of processes. This work includes, for example, advancing an integrated case management model, improving alignment between the departments' health benefits, and developing new transition tools focused on overall well-being.

In summary, my goal, the goal of the JPSU, and the goal of the future transition group is to ensure all members and their families are informed, prepared, and empowered to conduct a successful transition. Many of the pieces for a successful transition are already in place or being put in place. Timing, communication, and access to these pieces is in the process of being improved. New support services and programs are being put into place where required, and planning toward the stand-up of the transition group is under way. This stand-up will require a commitment of time and resources over the next few years, in particular men and women who are devoted to providing support to others in helping them achieve their transition goals. This commitment is of vital importance, as nothing is more important to the Canadian Armed Forces than the well-being of our people and their families.

Mr Chairman, thank you for the opportunity to appear today. I would be pleased to respond to any questions.

• (1120)

The Chair: Thank you.

We'll start with Mr. McColeman for six minutes.

Mr. Phil McColeman: Thank you, Chair, and thank you to the witnesses for being here today.

Before I begin questioning you, I want to make a comment, and that is how disappointed I am with the government members of this committee for voting down Bill C-378 last night. It was a non-partisan attempt to enshrine a military covenant—similar to what has been put in place in the United Kingdom, with all parties agreeing unanimously—for fairness, dignity, and respect, recognizing the special bond that veterans have—

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Mr. Chair, on a point of order, is this comment relevant to the terms of reference of this meeting?

The Chair: I don't see it as such.

Mr. Phil McColeman: Are you ruling me out of order?

The Chair: I just want to know where you're going with this.

Mr. Phil McColeman: This is absolutely part of the transition survey. I would argue that it's completely in order, because this particular private member's bill is actually a non-partisan attempt to duplicate what the United Kingdom has done in a non-partisan way by putting into legislation the principles with which we should be treating veterans at all times, but in particular during their transition.

The Chair: I don't see that as something that was discussed in the House. I rule you out of order.

Mr. Phil McColeman: I'll challenge the chair, then.

The Chair: Okay. Would we like to vote on that? We're voting on the point of order. Call the vote.

Mr. Doug Eyolfson: Just to clarify, are we voting on the...?

The Chair: The vote is on whether the decision of the chair should be sustained.

[Translation]

Mr. François Choquette (Drummond, NDP): I would like to clarify one point, Mr. Chair.

[English]

The Chair: Yes?

[Translation]

Mr. François Choquette: I would simply like to know why you said that my colleague's comments were—

• (1125)

[English]

The Chair: I'm sorry, I can't hear you. We're having translation problems.

[Translation]

Mr. François Choquette: I'll start again.

You didn't really explain why you thought my colleague's comments were out of order. It's still serious. My colleague was only at the beginning; he hadn't even formulated his question yet. Even in the House of Commons, people are given a lot of latitude when they set out the lead up to their question. I know that when you ask a question, you have to try as much as you can to get right to the point. Having said that, I would like to understand why you said that his comments were out of order.

[English]

The Chair: I appreciate that. The vote has been called, so we'll call the vote and see whether we continue on this.

(Motion agreed to: yeas 5; nays 4)

The Chair: The motion is carried.

Mr. McColeman, the floor is yours.

Mr. Phil McColeman: Going back to the witnesses, I'll begin by asking Madam Douglas, first of all, if you had an opportunity to review the transcripts of our last meeting, when the veterans ombudsman, Mr. Walbourne, came to this committee. Did you have a chance to see his comments?

Ms. Elizabeth Douglas: I saw the summary, thank you.

Mr. Phil McColeman: You did. You're well aware, then, that he says, and is very emphatic about the fact, that there have been 14 studies and some 190 recommendations that he has made jointly with the veterans ombudsman on transition.

Are you well aware of that?

Ms. Elizabeth Douglas: Yes, I am.

Mr. Phil McColeman: Okay, and you're aware of his very candid comments about the fact that there are some things that could be done and should have been done a long time ago, should have been acted upon, to help in the transition for members coming out of the CAF. The impact he stated, if I might characterize it, was that of its being an overstudied issue. Are you aware of that?

Ms. Elizabeth Douglas: I'm aware of his comments on that matter, yes.

Mr. Phil McColeman: Would you like to comment on why you think many of those recommendations—because you've been around this program for a long time with Veterans Affairs—on these things have not been acted upon?

Ms. Elizabeth Douglas: I will give not my personal opinion, but the opinion of the department, which is that we are making a lot of steps forward and taking on.... For example, in terms of transition, going back to 2006, we made movement with a program agreement between our department and CAF on ways we could avoid duplication and streamline some of our processes and programs during transition.

Then in 2015 enhanced transition services were put in place, and we moved some of our case managers and our own staff to the integrated personnel support centres, so work is being done there. We are looking to ensure that applications for benefits are being made and filled out prior to members' leaving and becoming veterans.

We are thus working very closely to fulfill the spirit of some of his recommendations.

Mr. Phil McColeman: Okay. One item that he continually says is a no-brainer is attributing a medical condition: if it's attributed by a doctor within the CAF, that should be acceptable at Veterans Affairs as the medical file, showing that the condition that has been diagnosed is attributable to service. Instead, veterans have to go through the whole process a second time, as you know.

Is it your view that this is a legitimate change that could be made to ease the stress on veterans through the transition?

• (1130)

Ms. Elizabeth Douglas: Again, VAC certainly wants to ease the stress of transition for veterans, but we believe it is our mandate to make that “attributable to service” designation. As a result, VAC is mandated to look after the ill and injured, and we see this as part of our role.

Mr. Phil McColeman: I see. I don't know whether I got an answer to my question there; at least, if there was an answer in that response, I didn't understand it.

Do you think this is a simple way by which we would be able to reduce the burden on veterans who are transitioning from the CAF to veteran status?

Ms. Elizabeth Douglas: VAC feels that the attribution of service would be better made, as it is now, by VAC.

Mr. Phil McColeman: You believe, then, that the current system would be better than the one the veterans' ombudsman—I just want to be very clear—Mr. Walbourne has said repeatedly would make the lives of CAF members transitioning out much easier.

Ms. Elizabeth Douglas: We always respect the recommendation of the ombudsman and look for ways in which we can pick up some of those recommendations, but we believe that declaring attribution of service is a VAC role.

Mr. Phil McColeman: Okay. I'll go on to another question.

What metrics do you use in evaluating programs under your charge? What kinds of reporting metrics do you use for achieving goals and holding people accountable for achieving those goals?

Ms. Elizabeth Douglas: As a Government of Canada department, we have to follow central agency policies, particularly Treasury Board Secretariat policies. There is a policy on results, which actually gives the ways and means in which we must measure and report on results. We do that with our programs.

I'm going to give you a specific example around a transition report. As you are aware, VAC case managers are currently at the IPSCs, and in 2016, the last year we have stats for, 2,221 medically released members were offered transition interviews by VAC staff. That number translates into a little bit over 90% of medically releasing members getting VAC transition interviews. This is quantifiable data.

Then we can track it as it goes further. As these members release and become veterans and go into our programs, we have program outcomes that we measure, that we track, and that we report on.

Mr. Phil McColeman: Are you aware of any senior—?

The Chair: I'm sorry, but we're out of time.

Go ahead, Mr. Eyolfson.

Mr. Doug Eyolfson: When someone is declared a casualty, we've talked about there being a diagnosis associated with it. One of the challenges we've heard a lot about is when the casualty produces a mental health diagnosis, which can sometimes be very difficult. Something we've heard—and this topic hasn't been brought up in a while—is that there are members who end up being discharged for issues involving substances: they're discharged because they are convicted of impaired driving, or they're found to be showing up on duty impaired and are summarily discharged for that.

In my experience as a physician, we often find that substance abuse is the very first symptom we see of an underlying mental health disorder that was not previously diagnosed.

Is there a means or a mechanism that can be triggered, whenever there is a substance problem identified in a member or a substance-related offence, to make a determination—to explore and do a mental health evaluation to make sure that there isn't be an underlying mental health diagnosis?

I'll start with General Misener.

BGen Mark Misener: Thank you, sir.

Whenever individuals are found to have some sort of dependency, we regularly refer them for substance abuse and try to get them some help to get better, to get well. That's a regular ongoing thing done by the chain of command in the Canadian Armed Forces.

The next logical step, obviously, is that if that dependency continues, we go into deeper support. That's when the medical system would become involved to see whether there's a deeper condition. This is all part of our process, and it all happens well before any member would be released from the Canadian Armed Forces for something like this.

In the case of anyone's being released from the Canadian Forces for substance abuse or something like that, it is because instances of it would have happened numerous times. We would have gone through a long process of trying to rehabilitate him or her first, because we want to keep our people. These are very well-trained people, and they are very valuable to us.

• (1135)

Mr. Doug Eyolfson: Thank you.

Ms. Douglas, in regard to VA, we do know that very often a diagnosis of mental illness is delayed. There's a stigma to it. Do you provide services if someone has been dishonourably discharged?

Ms. Elizabeth Douglas: Yes, and it depends on the service. For example, if someone is coming in and they need rehabilitation services or they need to have our mental health services, it does depend upon the trauma, but we do treat trauma. We treat mental health illnesses.

Mr. Doug Eyolfson: Okay. That's good to hear.

The scenario that I'm thinking is that you have someone who was dishonourably discharged for impaired driving, and rehabilitation failed. An assessment was done. No mental health issue was diagnosed, but they come to you years later. Is it possible that you would find a mental health diagnosis and that it might be attributable to service, due to a delayed diagnosis—

Ms. Elizabeth Douglas: Yes. That scenario could happen. What we do find, and what we are aware of, is that often our veterans do not come to us immediately after release. They could come to us years down the road, and if it is attributable to service, obviously we are there to help that veteran.

Mr. Doug Eyolfson: Thank you.

I'll come back to General Misener. I've talked a lot about the situation of someone being declared a casualty, but it's not complete disability.

We've talked about the subject of universality of service. There are those who will say that they didn't talk about their symptoms because they were afraid they wouldn't meet universality of service, so they didn't talk about them. An example might be a paratrooper who's getting increasing back pain, but is afraid to go see the doctor because he's going to be discharged. If there was a system to keep them on a modified duty within the armed forces at least temporarily, if not permanently, and functioning in a role that didn't involve that activity, despite not being universality of service, would that be a benefit to soldiers and maybe prevent premature transitioning?

BGen Mark Misener: Thank you for the question.

Yes, it would, and yes, that program does exist. It's called the return to duty program. When a—

Mr. Doug Eyolfson: How about if someone would be permanently ineligible for universality of service?

The Chair: I apologize, but we're down to 15 seconds.

BGen Mark Misener: In terms of the universality of service, I know it's been stated before, but the CDS asked us to review the universality of service, so that is currently going on. Again, we try our best to retain our members, because we've invested a lot into them.

Mr. Doug Eyolfson: All right. Thank you very much.

The Chair: Thank you.

Mr. Choquette, you have six minutes.

[*Translation*]

Mr. François Choquette: Thank you, Mr. Chair.

I would like to thank everyone for being with us today.

I'm not a permanent member of this committee, but it is a pleasure to be here.

The 6th Battalion of the Royal 22nd Regiment is located in my region, in Drummondville and Saint-Hyacinthe. These people are doing great work. I am very proud to visit them from time to time. In Drummondville, there are also veterans who unite their efforts, particularly to take part in Remembrance Day, which is a very important event in this city every year.

My question is for Ms. Douglas.

• (1140)

[English]

In one of the other meetings, my colleague asked you to confirm the number of disabled members who are in transition from DND to VAC. This has been estimated to be 29,000, as mentioned in the December 2017 *Toronto Star* article.

Have you been able to get a response to this question?

Ms. Elizabeth Douglas: Yes. I believe the response is forthcoming and is being forwarded to the clerk.

Mr. François Choquette: What is the number?

Ms. Elizabeth Douglas: The number itself... We do know that the disability pension adjudication number has increased. We know that it has increased because the number of applications has increased almost 20%.

I also want to focus on how we are streamlining our services and how we are trying to ensure that we can provide the service as quickly as possible, yet still do a thorough review.

[Translation]

Mr. François Choquette: So there are 29,000 members who want to transition to veteran status, and these 29,000 people are waiting.

[English]

Ms. Elizabeth Douglas: No, those numbers aren't all for those who are waiting.

[Translation]

Mr. François Choquette: What does this figure represent, then?

[English]

Ms. Elizabeth Douglas: Some aren't waiting in terms of the transition period. As a result, again we are looking at those numbers, looking at ways that we can expedite this. We are looking at using technology. We have streamlined processes for some of the disability

[Translation]

Mr. François Choquette: I understand what you are doing right now. I want to know how many people are in need of services and how many are waiting. These people have needs, are alone and don't have help. How many of these people are there? What is the number?

If it's 30,000 people, it's terrible. These wait times are unacceptable. There should be an emergency measure on the part of the government, and right away, in the next budget. Something has to be done. All cases that have fallen behind and need updating must be resolved first. It won't be enough to take a few steps to make up for some small problems. If there are 30,000 people waiting, I don't think that, given the needs that you have right now, you will be able to catch up on those delays. Am I wrong?

[English]

Ms. Elizabeth Douglas: We recognize that there is a significant backlog, and we are just as frustrated about that backlog. We have placed a priority on this backlog. As I've explained, we are looking at all kinds of ways and means to reduce that backlog. We take it very seriously and we do take it as a priority.

[Translation]

Mr. François Choquette: So you mention to the government that it makes no sense, that it is appalling, that something needs to be done as soon as possible and that you are very frustrated with this situation.

Ms. Elizabeth Douglas: Yes.

Mr. François Choquette: Right, I understand your point of view.

[English]

How many of the veterans accessing services are homeless or find themselves in precarious housing situations? What steps is Veterans Affairs Canada taking to accurately measure this growing sector of the veterans population?

Ms. Elizabeth Douglas: I would have to get you the actual number of homeless in our most recent stats on homelessness, but, as you know, that's a fluctuating number.

However, we currently are doing several things. We partner with non-profit organizations. They can go out and help us find these veterans. In addition to all of that, as of April 1 of this year, we are releasing veterans and introducing a veterans homeless funding program in which we will give up to \$2,500 for emergencies. Those emergencies could be emergencies around food or around clothing—perhaps there was a fire—or perhaps an abusive situation of a spouse or a common-law partner of a veteran having to leave the home and get emergency services. That is going to be implemented as of April 1, 2018.

[Translation]

Mr. François Choquette: Is it possible that, for the 30,000 members who want to transition from National Defence to Veterans Affairs Canada, all of these delays can have serious consequences, such as leaving them in precarious housing situations? Can these two elements be linked?

• (1145)

[English]

Ms. Elizabeth Douglas: I'm going to pass this over to Ms. Pham.

The Chair: I apologize. We have about 30 seconds.

[Translation]

Ms. Nathalie Pham (Acting Area Director , Montreal Office, Field Operations , Department of Veterans Affairs): Let me reassure you: when veterans come to our operations office, they get the service and support they need.

In terms of homelessness, we have a lot of partnerships with the agencies on the ground, and we use resources in the community to make sure homeless people who are veterans are directed to our offices quickly. These agencies are our eyes in the community.

Our employees on the ground, our veterans service agents and our case managers provide immediate service; they go to the location and meet our homeless veterans. Similarly, veterans who come to our offices for direct service delivery receive the services they need. There is no waiting to meet with a Veterans Affairs Canada employee and start taking steps to be supported in their requests and needs.

[English]

The Chair: Thank you.

Mr. Fraser, you have six minutes.

[Translation]

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

I would like to thank everyone for being here today and taking part in our study.

[English]

I'd like to pick up on something my colleague was talking about, the delays right now, the backlog at Veterans Affairs. I think we all share the concern about that backlog, the delay, and how it actually has real impacts on veterans and their families.

Would you agree, though, Ms. Douglas, that one of the reasons there is a backlog is that there are significantly more applications coming forward now because there's more awareness of programs and benefits and of the enhancement of the benefits and services available for veterans?

Would you also agree that hiring 460 new staff over the last couple of years is helping to at least curb some of the backlog and delay that would otherwise exist?

Ms. Elizabeth Douglas: Yes. I agree with those points, and thank you for raising them.

First, we know that in the last two years, each year there has been an up to 20% increase in the number of applications. That could be because of the new programs that we have around disability. There was the increase to the disability award last year.

As well, we are having success with our outreach and success with our communications, and success with our My VAC Account around explaining and communicating what benefits and services we have.

However, again I want to emphasize the point that we take the backlog very seriously. This is a priority, and it is something that a lot of folks are working on to try to correct. We're not leaving it there, letting it continue. We are trying to address it as we speak.

Mr. Colin Fraser: It's important that the backlog come down, and come down quickly.

Ms. Elizabeth Douglas: Absolutely.

Mr. Colin Fraser: We'll be following that closely.

I want to turn to another thing. You talked about supporting non-profit organizations and said that Veterans Affairs can do that. I have a constituent, Arlene Lively, who's actually here today. I know that she's done amazing work in an organization called the Comedy for Quality of Life Tour, which basically tries to get across the country in smaller communities, associating with Legions and other things, to bring comic relief and assist people who are struggling perhaps

with PTSD. It's a wonderful organization, and I want to commend her for that work.

I also know of other organizations and groups—coffee groups, even—that get together with people who are perhaps suffering from PTSD or are struggling with their transition.

Can you comment on what Veterans Affairs is doing to assist those types of organizations and people in our communities? Is there more we can be doing?

Ms. Elizabeth Douglas: Thank you for the question. Again, as of April 1 of this year, the new veteran and family well-being fund is being launched. That's a \$13.5 million fund over the next four years, and it is for innovation, research, and different types of organization to support those organizations in undertaking the types of work that you've just described.

There will be applications coming into VAC, and we welcome the applications being made by non-profits.

Mr. Colin Fraser: Thank you.

Brigadier-General Misener, if I could turn to you, we heard from Professor Allan English a couple of weeks ago, or maybe a little longer ago, about the staffing priority levels dealing with JPSU, and the fact that they were at staffing priority level six.

That concerns to me. I know that now, as you mentioned, the transition group will be hiring 1,200 staff. I want to make sure that the priority level is correct for them to ensure that they're not understaffed. I want you to comment as well on the priority level six at JPSU, and if it's still the case that it's at the lowest-level priority.

• (1150)

BGen Mark Misener: Thank you for the question.

I'll confirm, first of all, that we are not at staffing level six. We are no longer at staffing level six. We are a second priority, priority two, right after operations. We actually receive great attention when it comes to staffing.

I also want to make a correction on your comment on the hiring of 1,200 staff. That's not actually what it's going to be. It's going to be that many people in the end, many of whom are already part of the joint personnel support unit. We will continue to augment that.

Mr. Colin Fraser: What will the priority level be for staffing, for the staff to be hired?

BGen Mark Misener: It will remain at priority two, a high priority.

Mr. Colin Fraser: Thank you, Chair. Those are my questions.

The Chair: Mr. Samson is next.

[Translation]

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, Mr. Chair.

Thank you very much for your presentations and the information you have provided.

We are trying to identify the specific transition elements. It's a major issue.

Mr. Roy, Ms. Douglas or Mr. Misener could answer my questions about accessibility and the knowledge of case managers.

First of all, I would like to know what training the case managers are getting on the new benefits, because people in the field tell me that they themselves are not aware of the new benefits. This is especially worrying as these people are an important communication channel.

Ms. Nathalie Pham: If I may, I will answer that question, because case managers or veterans services officers work in the field of operations in the regions.

For a few years now, and the positions posted attest to this, we have been recruiting case managers who have varied academic backgrounds, but who have experience in case management. This is one of the essential requirements for our case managers.

Of course, when they come to Veterans Affairs Canada, they have to develop department-specific knowledge, particularly with respect to programs and services. They must also be familiar with the department's culture so they can adequately assume their role as a case manager or other role in the delivery of services.

We have an orientation and training program for new employees. This program, which spans several months, ensures that new employees acquire the knowledge and skills required to perform their role properly. They can also be mentored by a case manager or other experienced colleague.

As Ms. Douglas mentioned, a new program will be launched in April 2018. All of our employees will then have to undergo prerequisite training, as is the case every time there is a new program.

Mr. Darrell Samson: Thank you.

My question isn't about skills, but about the ability to convey information about what's new and promote it. It's essential.

Let's go back to case managers.

[English]

They're on the ground, so they're hearing and seeing what's working and what isn't. Can you maybe share some of the common barriers they are sharing? They're on the ground and they see it and they talk and work with.... Are there some common areas that they're sharing where there seems to be a gap in the transition? They're seeing it, so what feedback can you give me on that?

Ms. Nathalie Pham: When we talked about the enhanced transition services that were put in place, that was one of the mechanisms for addressing some of the barriers. We talked a lot about the communication between the two departments, CAF and Veterans Affairs, to make sure the relevant information is being shared in a timely manner to help the case manager use that information to develop a case plan and move forward when working with the veterans.

Engaging and building relationships earlier in the process is one of the key elements to making sure our veterans are not moving from being CAF members to becoming veterans without having that early proactive intervention.

Mr. Darrell Samson: What do we mean by "early"—a day, a week, a month?

• (1155)

Ms. Nathalie Pham: It's a few months. Before the releasing process, the nursing case managers of Veterans Affairs will discuss it with their DND counterparts, and it can start up to six months ahead of time.

We know that in some circumstances CAF members know they are going to be released, but may be kept up to three years with CAF. During that period, we start working with the member to make sure that the services are in place by the time the transition comes and that we have addressed the needs of the veterans and their families.

Mr. Darrell Samson: We need improvement in that area. Can you speak about the dynamics between the case workers for both VAC and DND?

Ms. Nathalie Pham: As you do know, the case managers at DND have nursing backgrounds. They're under a medical model. The primary concern of the case managers at VAC is reintegration into civilian life. There's a lot of communication before the releasing process. It is part of our enhanced transition strategy to make sure that the case managers from DND communicate concerns they may have so VAC can start being involved pre-release. They can start to work with the veteran so there is a continuity of services during the transition. When the member becomes a veteran, he or she is not left without a case manager in the process.

Mr. Darrell Samson: Thank you.

Should we have one unit instead of two departments? Would a fusion into one department make it seamless, or could that improve it?

Ms. Nathalie Pham: Currently we see that the mandate is different for the two case managers. As you know, the DND case managers are assigned to medically release members, and our VAC case managers are assigned to all veterans who have complex needs. DND addresses the medical issues during the transition; from a VAC perspective, we address all the issues that could be barriers to transitioning into civilian life.

Mr. Darrell Samson: But that's where some of the transition problems are—bingo, right in that dead centre.

The Chair: I'm sorry; we're out of time. Thank you.

Go ahead, Ms. Wagantall.

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

I appreciate all of you being here today. I'd like to follow up on the question that my colleague gave you, Ms. Douglas. It is in regard to the ombudsman's report and his recommendation on the injury that is causing a member to be released from the armed forces being determined as service-related or not prior to their coming to VAC. Your answer was clearly, no, you did not agree with that recommendation. Is that correct, yes or no? Just yes or no. I have a lot to ask.

Ms. Elizabeth Douglas: I'd like to say that VAC believes that this is a VAC function.

Mrs. Cathay Wagantall: Thank you. I understand that. Unfortunately, we're not here for what VAC believes. We're here for whatever is going to work best for our veterans in their transition. We know that on top of leaving under those circumstances, having to wait to determine whether or not they qualify for VAC is incredibly challenging to them and causes a great deal of additional angst. I find it very disrespectful to our transitioning members that they have to wait multiple weeks for case managers to collect all of this information that is readily available already. To me, as a picture of how a business would operate serving its customers, this is not good.

My concern is why it is your priority that it stay within VAC when it would clearly serve our members far better if it were determined prior to their coming to VAC. VAC would be responsible for delivery of service and benefits, freeing up those case managers' time to do a far better job of knowing how to best serve those veterans and meet all of their needs, rather than this constant angst of not getting service delivery. That's the focus of this study.

We have so much information on programs. I want to know where we can do better as far as the people involved in the bureaucracy are concerned and making this work for our veterans.

Why would you see that as the priority, to leave it where it is?

Ms. Elizabeth Douglas: It is not case managers who adjudicate.

Mrs. Cathay Wagantall: Whoever it is that adjudicates.

Ms. Elizabeth Douglas: First, in terms of the process, once a veteran is determined to need, for example, rehabilitation services, they would go into our rehabilitation program. That turnaround time is two weeks for rehabilitation.

In terms of the disability award, that is where we look at the attribution to service, and in many cases—

•(1200)

Mrs. Cathay Wagantall: I understand that, but would it not streamline the process, which is what we're looking to do, if it were at least deemed, as they left, that their injury was or was not due to service before they left the armed forces, yes or no?

Ms. Elizabeth Douglas: We find it better to give that thorough understanding of the illness and the injury when it comes to VAC.

Mrs. Cathay Wagantall: Who would not know better, when it comes to serving in the armed forces, whether or not that injury was due to their service, VAC or DND? Right now, you say on page 3 that the integration of VAC staff with the IPSC has permitted VAC the opportunity to better understand military culture. I find it very disturbing that we have to find ways for VAC “to better understand military culture”.

How long has VAC been in place and how long have they been providing services to veterans who are coming out of military service, and you're having to make that one of your priorities to better understand military culture?

Ms. Elizabeth Douglas: What I would say to that is that we aim to understand military culture at numerous points, but this is also one of the points.

Mrs. Cathay Wagantall: I think from the feedback that we've had from multiple veterans, who are the ones who are struggling and the ones who are in the circumstances where we're trying to improve their services, they would say that is not accurate.

Do I have time left, Mr. Chair?

The Chair: You have two minutes.

Mrs. Cathay Wagantall: Thank you.

Very briefly, to Mr. Misener, thank you for your services and where you're heading with JPSU. You have a huge mandate here that has been a challenge, it would appear, to a number of individuals trying to fill your role. You indicate that you hope to be there for at least a couple of years. I hope this is at least the case for you.

I have a quick question. On the move up to a higher level of priority, Did you say you're number two now in hiring?

BGen Mark Misener: Yes, Madam.

Mrs. Cathay Wagantall: When it says these commanding officers will be up-ranked shortly in some regions, from majors to lieutenant-colonels, has that up-ranking impacted what that number is?

BGen Mark Misener: No, ma'am, it really just elevates the experience of the person who is responsible at the local level for bringing all our partners together to support our ill and injured members. It puts them on par with the other commanding officers around them at the bases and wings so that they can have a more frank and honest conversation about the support required.

Mrs. Cathay Wagantall: Can you tell me when it moved to being a priority number two? It was six. When did it move to two?

BGen Mark Misener: I believe it was in 2016 that it happened. I say “I believe”, ma'am: I've been in the job for about seven months. It was a priority two when I arrived. I believe it was a year before that when—

Mrs. Cathay Wagantall: Could we get a date for that?

BGen Mark Misener: I can confirm when we went to priority two.

Mrs. Cathay Wagantall: Thank you. I appreciate it.

Also, page 4 of your statement reads:

In addition, JPSU headquarters is undergoing reforms to its structure to prioritize the effort on transition services

Could you identify those reforms?

The Chair: I apologize. We're out of time, so can you make the answer very quick?

Mrs. Cathay Wagantall: Otherwise, you could provide it to the committee as well.

BGen Mark Misener: Very quickly, ma'am, a colonel has been brought in to focus specifically on that effort. Before, it was done through a broad staff effort; everyone was participating. We're putting a focus on it, putting an experienced, high-ranking member in charge of it to focus on that specific issue.

Mrs. Cathay Wagantall: Okay. Thank you.

The Chair: Ms. Lambropoulos is next.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you once again for being with us today to answer our questions. I have quite a few, but I'm going to start off by making sure that you are telling us that when a veteran shows up at one of the service offices across the country, nobody is ever turned away. They're automatically dealt with.

Ms. Elizabeth Douglas: I'll turn this over to Ms. Pham.

Ms. Nathalie Pham: Absolutely. Field operations are mandated to provide direct service delivery to our veterans. Any veteran who comes into one of our offices across the country—we have more than 130 IPSCs and satellite offices as well—is going to be meeting with one of our staff to screen, to see what the issues are and what the barriers are, so that we can provide service and programs. There is no wait-list. We meet them immediately.

• (1205)

Ms. Emmanuella Lambropoulos: These staff are your case managers, correct?

Ms. Nathalie Pham: We have case managers, but we also have veterans services agents in field operations who meet with our veterans.

Ms. Emmanuella Lambropoulos: Okay. Just to better understand the process, let's say that you have a veteran who ends his service and is trying to transition, who shows up at one of your offices or creates a My VAC Account, and there is zero information from DND. You guys don't have anything; they just show up at your office, and—

Ms. Nathalie Pham: We will start, absolutely. If you're talking about an IPSC, because we have staff there, we will hopefully meet with them before they even release. As CF members, they would have known the IPSC in many circumstances. In the case of a My VAC Account, we will have already initiated the My VAC Account while they're still serving.

If a veteran comes to one of our offices, we will greet the person. We need some basic information that they can provide, and very quickly we can verify their service and open a file, and then, as we move along, get more documentation to assess programs and services.

The process of identifying whether the person is a veteran is done fairly quickly. They often have their DND information, and with that we're able to track.

Ms. Emmanuella Lambropoulos: Okay. Once they have been determined to be a veteran and have explained what issues they are

dealing with or what services they expect, how long does it take for them to actually receive the services?

Ms. Nathalie Pham: As you can see, it depends on the complexity and the needs of the veteran. The needs of some of our veterans who come in might be very targeted and straightforward, so we can address them immediately. We try to find VAC resources. In some circumstances there may be something not related to VAC, and we also help that person with the community services or the provincial services.

Veterans who have complex needs—veterans who we see fairly quickly have barriers that we can't address with one meeting or with a targeted program—will be assigned to a case manager immediately. That case manager will then take the time to do a thorough assessment.

Most of the time we will resolve these situations in case planning, where case managers will assess and identify the needs, together with the veteran, and do the case planning process to overcome those challenges with the veteran and the family.

Ms. Emmanuella Lambropoulos: Okay.

Ms. Nathalie Pham: There is no wait time to be assigned to a case manager or to be working with a veterans service agent.

Ms. Emmanuella Lambropoulos: When we talk about the backlog, then, what exactly are we referring to?

Ms. Elizabeth Douglas: I can speak to the backlog. The backlog is solely for disability adjudication for our disability award or disability pension.

I think this is a very important question, because I do not want to leave the impression that's it for all of our programs. Indeed, we just completed a national client survey last year in which veterans stated that 81% were satisfied with our services. Many and most of our services are meeting their deadlines, meeting their service standards. In some cases, such as disability adjudications, they are not.

The other point I would like to clarify is that not all who are waiting are in transition. In fact, there are currently serving CAF members who receive disability awards and disability benefits, so it does not represent a whole group that is there without any funding.

Ms. Emmanuella Lambropoulos: Thank you for the clarification.

BGen Mark Misener: Excuse me. May I just add to that?

I think it's very important to understand the integrated personnel support centre. The integration part of it is that Canadian Armed Forces and Veterans Affairs are co-located. Actually, part of the process of somebody's coming to and going through that location is that there's a deliberate process in which they are met by both teams, Canadian Armed Forces and VAC, and deliberately handed off well before they are released from the Canadian Armed Forces.

Ms. Emmanuella Lambropoulos: Thank you.

Can you speak to how services have improved? You said that some of them are being put in place still and that there are transition services that are in the process of being put in place. Can you speak to what those are?

The Chair: I apologize. We're down to about 30 seconds.

BGen Mark Misener: I spoke a bit about more resources being put to JPSU renewal. We're also focusing very much on updating the release renewal process.

In 2015, there were long wait times for pension payments and severance payments of 12 to 18 weeks. That has all been reorganized and redone. Now we're talking about all of this being done in three to six weeks. We have, then, made some significant improvements, re-engineering and redoing processes, recentralizing how we do things, so that the experience is much more seamless and much slicker.

• (1210)

Ms. Emmanuella Lambropoulos: Thank you.

The Chair: Thank you.

Next we'll have Mr. O'Toole for five minutes.

Hon. Erin O'Toole (Durham, CPC): Thank you very much, Mr. Chair. It's always a pleasure to be back at the veterans affairs committee.

It's nice to see all the witnesses. It's nice to see you, Ms. Douglas and General.

I have a number of questions, but I'm going to try to limit them.

I would like to inform my friend Mr. Fraser that more than 300 of the people he referred to as being hired were hired when I was minister, including 146 in Atlantic Canada who would serve his region. I know that they're working hard to try to help our veterans and get the wait times down.

My question is about the recent contract to a company named Agilec on the transition front. What is funny about this is that I've worked on transition of veterans probably more than anyone else in the country for over 10 years as a member of Treble Victor, as a volunteer, and as a mentor.

I also represent part of the city of Oshawa, so when I heard that an Oshawa-based company got that award, I was happy but puzzled, because I'd never heard of them before. Certainly I was familiar with Canada Company. Then a CBC report said that they are well known for ties to the Ontario Liberal government. That certainly caused me concern, because transition is critical.

My question is this. Were there any veterans involved at Agilec in its submission, and how many veterans are employed by that company to run this program?

Ms. Elizabeth Douglas: I would have to go back to find out that information, but what I can share with you is that this is a contract run by Public Services and Procurement Canada and ourselves. We were looking for and had a statement of work that was based upon career counselling, upon how you provide services, upon how best to assist veterans to learn about specific skill sets, such as resume writing, career counselling, job placement.

Hon. Erin O'Toole: My concern is that when we found, through government lapses in the past, that one of the lapse areas was the

lack of take-up of transitional funds available to veterans, part of it was that they felt organizations would not understand military or veteran culture.

What processes are in place with Agilec, who probably do a great job at workplace injury, to actually deal with the culture of the military and of employment? This is a very unique subset.

The complaint I often heard about VAC when I was the minister, and that we still hear—there are people talking about it on the front steps of Parliament today—is that it has an insurance company mentality. To me, it seems as though this contract is going to a private sector player with zero background in veterans.

Ms. Elizabeth Douglas: Again, we will look into the statement of work as to what was required, but we have full confidence in the way the contracting process was run, the way it was tendered, and the way the company was selected.

Hon. Erin O'Toole: Can you undertake to this committee to provide us with the number of veterans who are employed at Agilec, and then perhaps the assessment criteria? MET, the military employment transition program run by Canada Company, had its challenges, as do all other programs, but certainly veterans were deeply embedded in it. It was non-profit and charity-based, so a number of people were surprised when they did not get the contract. If a comparison that Public Works used to assess and the criteria that were used could be released to the committee as well, I think that would be helpful.

My other question is about the JPSU, or the IPSC, or whatever we call it these days, General.

When I was minister and Minister Kenney was in place, we gave direct orders, if you can call them that, to our deputy ministers about not having anybody released until a case manager was in place and briefings had been given about their benefits. I remember a case of an Edmonton veteran who was being released into a home that was unfinished because of contractors. I remember committing in the House of Commons to not having him released.

Can we say with absolute certainty that this is happening now when veterans are released? I still anecdotally hear that people are released without full knowledge of Veterans Affairs programming.

•(1215)

BGen Mark Misener: I guess what I would say is that we do our very best to ensure that nobody is missed. I have instructed my commanding officers and my units to make sure that all the administration is in place and all the benefits are in place prior to anybody's releasing from the Canadian Armed Forces. I've told them to bring it up to my attention if it's a specific case, so that I can make sure that if we need to make any necessary changes, we do so.

Sometimes unforeseen circumstances happen or, I guess I would say, errors are made—people are human. Unfortunately, it happens that somebody slips through the cracks, but we do our utmost to try to avoid that happening. We've put in place processes and release checklists to try to make sure that everybody goes through a very standardized process so that nobody is missed.

The Chair: Thank you.

Mr. Choquette, you have three minutes.

Mr. François Choquette: I want to come back to the question Mr. O'Toole asked. Canada Company, a non-profit charity, offered several programs to transitioning members and their families, such as Military Employment Transition Services and the MET spouse program, which was recently launched, in spring 2017.

Which, if any, of these transitional programs will be offered by the for-profit company?

Ms. Elizabeth Douglas: First, as you mentioned, METS was run by Canada Company, which is a private organization. We also felt that they did incredibly good work and we are saddened to see that they are closing.

In terms of the services they offered, the services that Agilec went out to tender for and won the contract for talk to the way we translate military service experience into civilian life experience: how Agilec will be able to help veterans do so; how they take the skill set they have and translate it into possible jobs, or at least possible wording for CVs; how to write cover letters; how to get motivational counselling. Many of those programs will be in place—certainly not in the METS program per se, as that is owned by Canada Company—but there will be similar types of programs and services offered by Agilec.

Mr. François Choquette: General Misener, since the IPSC transitional unit has been created, have you noticed any trends specific to cohorts of releasing members? For example, is homelessness more common in one cohort than in another?

BGen Mark Misener: As I mentioned, the JPSU was created in 2009. I've not been a member of the JPSU all that time, but what I can say is that there have been studies done on this. The life after service study talks a bit about this.

The most recent one, in 2016, does highlight cohorts who tend to be younger, with less experience. Our junior NCOs have a tougher time transitioning than our senior NCOs or our officers. To me, that makes sense: they have less life experience. That is a cohort that is outlined in the life after service study.

The Chair: Thank you.

We'll go to Mr. McColeman.

Mr. Phil McColeman: Thank you.

I'd like to pick up on my colleague Mr. O'Toole's questioning to the general, which he ran out of time on.

How much effort or concentration is there on looking into opportunities that may exist within the forces for a transitioning member? For those who present as having a tough time transitioning out of the structure of the military, how much emphasis is on looking for other roles that they could play within the military?

•(1220)

BGen Mark Misener: Thank you for the question.

Coming back to my opening comments, we're definitely ensuring that we retain our people, unless they want to leave. We make sure that prior to departing, all their administration is done and we line up the benefits. We also want, however, to enable them to do other things.

Well before somebody is released, we ask them if they want to do something else in the military. The reason they would come to the IPSC is likely their having a medical limitation of some sort. Through that process, if they're not able to serve in their current trade, they might go to do something else in another trade. We offer them the opportunity to do something else in the military well before releasing is an option.

Even after that, if they choose to release, we obviously try to set them up for success as much as possible, which might mean remaining and trying to become employed as a DND civilian. Many of the civilians in my organization are former military members, veterans who have retired, who wanted to come back to use their expertise of transition to help others.

Lastly, obviously they have an opportunity for public service priority hiring, so they can then continue to contribute to the public service.

What we try to do is retain as many of our experienced personnel as possible before they release.

Mr. Phil McColeman: Would this be right across the board, for all members who are in that position? There wouldn't be a member of whom you would say, "Sorry, there's no compatible thing for you within...?"

BGen Mark Misener: That is correct. There is a requirement to be operational—we spoke about universality of service. If you're not able to meet universality of service and the Canadian Armed Forces needs you and you can do some work, we will try to retain you for a period of up to three years so that you can help us, and then you can prepare for the transition.

It also depends on what they are being released for.

Mr. Phil McColeman: Thank you.

I'll go back to Ms. Douglas.

We talked earlier about the metrics you would use to measure performance and such. Are you aware of any senior manager who has been removed from Veterans Affairs as a result of not meeting the goals of the department?

Ms. Elizabeth Douglas: There are none that I'm aware of.

Mr. Phil McColeman: In other words, all of the people meet their goals all the time?

Ms. Elizabeth Douglas: I think that those are two separate questions.

Mr. Phil McColeman: I'll ask a separate question, then. Answer it, please.

Do all senior managers meet all of their goals all of the time, sufficiently that they stay in the job?

Ms. Elizabeth Douglas: I would say that there are probably areas where some senior managers do meet their goals and maybe some where they do not meet their goals, but those are different from measurable outcomes and how we measure performance and provide metrics around our programs.

Mr. Phil McColeman: Thank you for that answer. I find your answers, frankly—and I'm saying this with all respect—to be exactly what we've heard characterized around Veterans Affairs from a lot of our witnesses, in particular by veterans themselves, and they carry the biggest weight, in my personal opinion, around this table. It's that Veterans Affairs is centered around a bureaucracy priority instead of a veterans priority.

We hear from people inside the public service from Veterans Affairs, time and time again, the testimony that's being delivered here today, who say, "No, we concentrate as hard as we can." Then two totally independent ombudsmen give 190-plus recommendations for streamlining, for bettering the system, and we hear that a small fraction of those get implemented. Ombudsman Walbourne, has reported one of these recommendations in numerous reports as a simple procedure, yet the imperative seems to be delivered here today through your testimony that the priority should be on the bureaucratic process.

Do you have anything to say to that?

•(1225)

Ms. Elizabeth Douglas: I do, and thank you for giving me the opportunity to do so.

I would suggest that VAC certainly recognizes that we need to do more in terms of service delivery and service delivery renewal. To that very end, we've had a service delivery renewal exercise under way over the past 18 months. We are focusing on a variety of approaches as to how to address this.

I would also say that we are just as frustrated when we find out and hear from veterans as to some of the difficulties that they have encountered, and we all try to go forward with care, compassion, and respect for veterans in all we do.

Mr. Phil McColeman: I'm going to stop you there, if you don't mind.

The Chair: You're out of time.

Mr. Bratina is next.

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

Brigadier-General Misener, first of all, thank you for your service.

One of the barriers to transition, in testimony that we've heard, has been the JPSU, in terms of veterans who served a few years ago and were quite adamant in their feeling that they weren't really being cared for.

If you can—because I know you're new to this job—could you take us from the creation of JPSU, which was in 2009, through the problems to the point where we are and where you are, which is to correct those problems and improve the transition?

Basically, was this a good idea that wasn't thought out in terms of execution at the beginning? How would you see the progress with JPSU from start to present?

BGen Mark Misener: Thank you for the question.

The JPSU is a very important capability. It was a capability that was born out of the Afghanistan conflict to take care of our numerous casualties from that conflict. It was a very good idea that was put in place very rapidly to deal with a very challenging and important situation. It has continued to grow and develop in that time—almost 10 years now.

What we've done is go from basically focusing on physical wounds, which is what was happening in Afghanistan, to taking care of all of our complex ill and injured cases. With that comes more complexity.

You have also heard that through that timeframe and the awareness of the JPSU as a place to go if you're ill or injured—a place to go to recover, to reintegrate, to heal—more people have come up, so the demand also grew.

I think what happened over the years is that the demand likely outstripped the capacity to provide the same personalized service they had been doing. We've been slow, but are now catching up, adding additional resources to get to ratios that I feel are good to be able to provide that service again.

We have been adding additional personnel over the years to grow the capacity to deal with all of the ill and injured in complex cases. Concurrent to that, we have also been streamlining many of our processes, as I was saying earlier, and bringing many of the partners together at that one location so that it becomes a one-stop shop, and it has become a one-stop shop for all of our ill and injured who are being cared for there.

•(1230)

Mr. Bob Bratina: What's your global budget for JPSU? Do you know off the top of your head?

BGen Mark Misener: The global budget? My operations and maintenance budget is approximately \$22 million per year—

Mr. Bob Bratina: Twenty-two million?

BGen Mark Misener: —for the JPSU.

Mr. Bob Bratina: That has increased. I was reading an article critical of the time, which was 2013, when I think the budget was around \$19 million. Obviously, more resources have been brought to bear.

BGen Mark Misener: Yes, sir. That speaks to the resources I control. Again, the importance of the integrated personnel support centres is that they are integrated. There are many other stakeholders and partners there that offer services that I don't fund or directly control. It's through that team effort that the positive experience comes out.

I talk about positive experience. We do annual surveys of the members who participate, who go through the JPSU or the IPSCs, and the same thing with the commanding officers. When I look down at the item "I feel that my file and personal situation were treated respectfully", I see that in 2015, the results were 91.2%. In 2017, they were 92.9%, so there was an increase in satisfaction. There are still some people, though, 6.1%, who feel they did not get the services they needed.

As I said, we have work to do to improve the service, but I think we've come a long way, and we continue to make improvements.

Mr. Bob Bratina: In fairness to the critical nature of the question, I think a lot of the testimony we heard came from the first five years of the organization, when people were really upset and wanted to get back and tell their story. It's good to hear that response you just gave.

On the notion that "I am responsible to ensure that they are properly cared for," any one of us who has had to deal with the public knows that there will be people whom you will ultimately not satisfy. They will always say, "No, what you're saying is not true."

How often are you confronted with the sort of situation in which you say, "These are the benefits that we feel you're awarded," which then triggers a report to the ombudsman?

The Chair: I apologize, but be very short on that answer.

Mr. Bob Bratina: I'm sorry for the long question, but I'm curious about that.

BGen Mark Misener: I regularly speak to my commanding officers about challenging situations, and it's not necessarily because of what they're entitled to, but just because of the situation.

We regularly get feedback from the members who are not completely satisfied, and we work through the chain of command and with all of the partners to try to resolve those as well as we can.

Having said that, we are, in the end, limited by resources in what can be achieved, but we do try to do our best to take care of our members.

Thank you.

Mr. Bob Bratina: Thank you.

The Chair: Go ahead, Mr. Choquette.

[Translation]

Mr. François Choquette: Thank you, Mr. Chair.

[English]

I will come back to General Misener.

We heard previous testimony from Barry Westholm that the JPSU is a low-priority unit. In the priority ranking system, JPSU is number six, which was described as the battalion ping-pong team.

Barry Westholm underlined that the inherent problems with JPSU are created by this low rank on the priority system. Has this priority level been upped, or is it due to be upped?

[Translation]

BGen Mark Misener: As mentioned, it was indeed a priority level six. However, it is currently a priority level two, which is the one immediately after level one where members are deployed in operations. Our priority has therefore been high.

As mentioned, I will confirm the date of the change of priority.

● (1235)

Mr. François Choquette: Will this change in priority solve the problems that existed before? What improvements will result from moving from priority six to priority two?

BGen Mark Misener: Thank you for the question.

It helps us to have the human resources to move forward. I can honestly say that we are not at 100% when it comes to human resources. For various reasons, we have positions that are not filled. However, we are trying as much as possible to fill our positions because having more people allows us to provide better services to our members.

Mr. François Choquette: What is preventing you from filling the positions? You say that you are not at full capacity in terms of human resources. How problematic is it?

BGen Mark Misener: About 10% of the positions are unfilled, but most of them are reserve positions. It also depends on the location. For example, we want a reservist in a certain place, but there aren't any. That's the problem. We're trying to make changes. Where we have reservists, we're trying to have regular force members.

We absolutely want to make sure we have all the human resources we need to support our members. However, as in all areas of work, some people can't occupy certain positions, whether for personal or medical reasons.

Mr. François Choquette: It's a problem that worries you, but it doesn't seem to matter, as I understand it.

BGen Mark Misener: I don't think it's a problem. In fact, the same problem occurs in all workplaces; some people are sick or take sick leave.

Mr. François Choquette: Okay, thank you.

Do I have any time left?

[English]

The Chair: You have a minute and a half.

Mr. François Choquette: What indicators of performance measures does the CAF transition program apply to transition to such civilian employment community organizations as Canada Company and Helmets to Hardhats?

BGen Mark Misener: When you say performance measurements...?

Mr. François Choquette: Yes, what are the indicators?

BGen Mark Misener: These are third party organizations. Obviously we want to work with third parties and help them to support our members as they transition. We want to do some sort of validation to confirm what they provide to members, but we don't measure third party outcomes.

If we do measure, it's through their reporting to us on their successes. A very successful program in Alberta, for example, is Prospect. Prospect and the Alberta provincial government work very closely together in a not-for-profit enterprise and develop programs to support veterans who are transitioning. They have very high placement rates—an 85% success rate in placement, and then retention rates of 90%. These are reports that they provide us. It's very encouraging, because this result supports our members.

• (1240)

The Chair: Thank you.

Go ahead, Ms. Lambropoulos.

Ms. Emmanuella Lambropoulos: My question is for Ms. Douglas.

Earlier you said that improvements have been made since 2015 and that you've gone back to 2006 to take care of things that had fallen through the cracks. I wonder whether you can specify what you meant.

Ms. Elizabeth Douglas: Yes, certainly. Thank you for the question.

One thing I would hope to get across is that we at VAC are continuously looking at and take very seriously concerns and problems that have been raised by veterans as to our programs since 2006, the period of time when our new veterans charter came in. It, of course, has been aligned with our well-being model and the indicators of well-being.

Our new programs coming in place on April 1, 2018, do address well-being, perhaps even more than our programs have in the past. There is, then, continuous improvement.

Also, we listen to what people say who want to advise us and make recommendations to us. We look at their input and find out what's meaningful for us and how we can incorporate it. As I pointed out, we are doing a service delivery review, and it is touching everything that we look at.

We're looking at our applications. We were criticized for our applications. As a result, we are looking to streamline. We're absolutely ensuring that we do not have a VAC application that asks someone with a double-limb injury to come back and prove that they have that double-limb injury. That does not happen at VAC.

We have streamlined several applications and letters in the past period of time, over the past year. We are working with our veterans on our client surveys, in which we get some good results on certain areas. That's not to say that we don't have great results in other areas. It will be those areas that we will go back to, doing a deeper dive to see how we can improve: in terms of working with my colleague at

CAF, how do we go forward, and what have we done over the past few years by way of enhanced transition?

When we put our case managers and our VSAs into the IPSCs, all of that makes us a stronger organization collectively to better serve our members and our veterans.

Ms. Emmanuella Lambropoulos: Okay. Thank you.

You mentioned just now that often they don't have to prove more than once that they've had these service injuries, but we spoke to a veteran who mentioned that he had to prove it several times. He has a broken or an amputated foot and has had to prove that more than once. He was not happy, obviously, about having to do it. Obviously there are improvements that can be made.

Can you speak to improvements that you see should be made?

Ms. Elizabeth Douglas: Improvements that I see? One of the first is in applications. We have a heck of a lot of applications at Veterans Affairs. We would like to go to one application.

What we would like to do is ensure that a veteran or a family member provides us information once, and then instead of asking them to repeatedly provide us with this information, it's given once. We're working electronically with My VAC Account to do that. It will not be ready right away, but it's something we're working towards.

In terms of transition, with my colleague we have a VAC-CAF joint task force on seamless transition. We're looking at a number of projects to make that transition as seamless as possible.

In terms of adjudication, we're looking at ways in which we can diminish this backlog. We are constantly looking to improve. I find it very unfortunate if my comments left the impression with this committee that we are so bureaucratic that we focus on a program-centric approach rather than a veteran-centric approach, because veteran-centricity is really what we're all about.

Ms. Emmanuella Lambropoulos: Thank you very much.

The Chair: Go ahead, Mr. Samson.

[*Translation*]

Mr. Darrell Samson: Thank you, Mr. Chair.

Mr. Misener, thank you once again for your service to Canada and for the information you have shared with us.

I have a few questions that, of course, touch on the Joint Personnel Support Unit.

Some witnesses who have appeared before us seemed to say that the period of time was problematic. It's for six months, or more. They were even wondering whether, at the Joint Personnel Support Unit, the service offer should be for life, not for six months

• (1245)

BGen Mark Misener: For life?

Mr. Darrell Samson: Yes. At the Joint Personnel Support Unit, it's a six-month window.

Shouldn't it exist for a longer period of time?

BGen Mark Misener: I will answer in English.

[English]

The six months is really for a standard transition. For anyone who is severely ill or injured or has complex needs, it changes; they have a much longer time—up to three years, actually.

The other thing to understand is that the whole process from when someone is deemed to breach universality of service and needs to be released can take two to five years, just because of the whole process. For this to all happen in six months is a very rare exception, if it does happen.

It actually takes quite a lengthy period of time even for the adjudication of the medical limitation to be determined—the better part of a year—because it requires a process of determining the limitation and then ensuring that a disclosure is presented to the member, and then the member has an opportunity to make representations, because the member is involved in all of this entire process.

Six months is the standard for medical transition, but in reality it is actually quite a bit longer than that. This allows the member at that point to start working closely with our Veterans Affairs colleagues and start planning for that transition to occur.

Mr. Darrell Samson: Well, I'm glad you made reference to the universality of service, because I'd like to pry a little deeper into that.

Do you feel in your experience that members are not necessarily sharing how severely injured they are because they want to return to work and are afraid that if they do share, they're out?

BGen Mark Misener: What's important to understand is that neither I nor my units see the medical information associated with a member. That is private and is held by the doctors and the medical folks.

I don't know whether they are withholding their information. I expect they would not be, because they are going to see their health professionals to get help. I expect they tell their health professionals the truth, and that's what is needed.

Mr. Darrell Samson: I'm hearing from a number of veterans that they're very hesitant, because the conclusion could be the end of their service.

You made reference to universality of service. We're looking now at expanding it or making it more flexible so that it won't be an end-all. You said you were working on it because, of course, we said no release prior to that.

Can you tell me where you are on it? What areas are you looking at that could make it more flexible?

BGen Mark Misener: I'll just clarify. The CDS has directed that we look at universality of service. When I say “we”, I mean the chief of military personnel.

Mr. Darrell Samson: Where are we in that analysis?

BGen Mark Misener: I'm not the lead on it, so I can't really comment other than to say that it is ongoing.

Mr. Darrell Samson: That would solve some of our challenges in reporting, for sure.

Here is another question. During the reassignment to the JPSU, can members continue to pursue rewarding activities within the CAF despite their medical conditions?

• (1250)

BGen Mark Misener: Thank you for the question. Absolutely yes; in fact, that's what we want. When our members come to the JPSU, our aim is to return them to duty as quickly as possible. We treat them based on their medical limitations. That's what we try to do.

Ideally, we would return them to the unit they came from, because that's the environment they're most comfortable in. It's all driven by their medical employment limitations. Again, we don't know the medical details; we just know their limitations.

We try to employ them within those limitations to get them back to work as soon as possible. Research has shown—Dr. Pedlar was here talking about it—that the sooner somebody returns to work, the more likely it is that they will recover and be able to return to work in the future.

The Chair: Thank you.

Ms. Wagantall is next.

Mrs. Cathay Wagantall: Thank you, Chair.

Mr. Misener, I'm trying to understand this. The transition group that is being planned is your third priority and is within JPSU. I'm sensing, then, that there's going to be a very specific focus on those who are transitioning out—that it may have been just part of a bigger picture before, but that this is a much more focused look at that side of your responsibilities.

BGen Mark Misener: Yes, ma'am. Really, the essence is not just taking care of the JPSU, which is focused on the ill and injured folks releasing from the Canadian Armed Forces, but being responsible overall for all of the members of the Canadian Armed Forces who are releasing, so that we implement a standard transition process such that everyone has the benefits that the JPSU gives to the most ill and injured.

Mrs. Cathay Wagantall: Can you tell me what portion of your \$22 million would be focused on that part of your priorities?

BGen Mark Misener: At this point, ma'am, we're still under-going planning. I don't have further details on it.

Mrs. Cathay Wagantall: You indicated that professional support means a transition group that is adequately resourced, with personnel in place who are properly trained. There are three major goals there that are very well outlined.

What processes will you be putting in place to ensure that you're actually meeting those requirements? Will there be a means of determining whether you're succeeding or failing very specifically in specific areas? Is that going to be a priority?

BGen Mark Misener: To answer your question, ma'am, yes, we will put performance measures in place. I would just underline, though, that similar to the case with Veterans Affairs, when people come into their job, they receive initial training to do that job. Every year, obviously, depending on their role, we bring them in to do annual training as well. Then on top of that, we continue to do professional development.

Mrs. Cathay Wagantall: I'm not questioning the quality of the people you're bringing in or suggesting that you wouldn't be training them, but in any scenario you have to measure not just the programs but the effectiveness of the people doing them. I was constantly working through that process in the work I did, in which I sat down and said, "You're doing great here, but not here", and "We expect to see changes there."

Okay, thanks.

You also mentioned that there are vacancies to be filled—about 10%—and I can certainly appreciate that. Is there a plan to incorporate veterans themselves into these roles?

BGen Mark Misener: Yes, ma'am. As I said, my organization already has a number of veterans working in it. Our senior person in an IPSC, the service manager, is almost everywhere, if not everywhere, a retired Canadian Armed Forces member. There are numerous other civilian employees who are previous Canadian Armed Forces members.

Mrs. Cathay Wagantall: That's great.

As you're creating this program, I understand that it's going to take some effort on certain people's behalf to determine what it is going to look like.

BGen Mark Misener: Yes, ma'am.

•(1255)

Mrs. Cathay Wagantall: You've heard the name Barry Westholm. He came to our committee. He provided a great deal of information on JPSUs. He comes across as pretty tough, but he's very passionate.

Have you considered at least sitting down at a table with him and discussing some of the recommendations? I know that you've incorporated moving up the priority level from a six to a two; that's something that was very important to him. Will you be sitting down with him to discuss some of the concerns that he has?

BGen Mark Misener: We endeavour to work with all partners and stakeholders—

Mrs. Cathay Wagantall: Is that a yes?

BGen Mark Misener: —to try to improve our programs wherever people want to support us and improve—

Mrs. Cathay Wagantall: That's fine. I would just really recommend it, and I think it would encourage veterans for you to do so.

I have one more quick question that any of you can answer. On our summaries from the Library of Parliament there's an indication that a transition interview...gives members an opportunity to request a copy of their medical file, which can help accelerate the processing of applications for financial benefits and services. Once members are released, it is more difficult for them to obtain access to this information quickly, as medical files must be stripped of any third-party information and [be] provided to VAC rather than directly to members.

I see this as a huge chasm in processing veterans efficiently. I don't understand why their medical files are accessible to them while they're still in the Canadian Armed Forces, and yet they have to go through this huge process when they come out. Can they not simply sign a form and say, "I'm good with this; you have the freedom to release my information"?

Mr. Mark Roy (Acting Director, Case Management and Support Services, Department of Veterans Affairs): Just to clarify, for access to their health records they can definitely submit a request while they're in the forces to their health services unit to get a copy of the file. The information must still be redacted in accordance with the Privacy Act. When they leave the military, they can still request their health information from the CAF; it's just a slightly different process.

Mrs. Cathay Wagantall: My understanding is that you can't request more than 10 pages at a time. Is that accurate?

Mr. Mark Roy: I would have to confirm that with the Canadian Forces health services.

Mrs. Cathay Wagantall: I would like to know the answer.

Mr. Mark Roy: From my understanding, they can actually request it.

For the comment you made about its going to Veterans Affairs, it's usually because they're applying for a benefit and we are requesting the file from the Canadian Forces on behalf of the member.

Mrs. Cathay Wagantall: From my perspective, as soon as you know that a veteran is coming to VAC, this should be done automatically without their having to go through any process to get it other than to say, "As I'm leaving, this is available to VAC." That will get it there before they even try to determine what their needs might be while they're in the process of moving from the Canadian Armed Forces to veterans services.

The Chair: That concludes our time today.

On behalf of the committee I would like to thank you for taking time out of your day to testify, and for all the help you provide for our men and women who have served and who are currently serving.

The meeting is adjourned.

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