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**Monday, June 3, 2013**



**Chair**

**Mr. James Bezan**



## Standing Committee on National Defence

Monday, June 3, 2013

•(1535)

[English]

**The Chair (Mr. James Bezan (Selkirk—Interlake, CPC)):** I call this meeting to order.

I want to welcome everyone to meeting number 83 of the Standing Committee on National Defence as we continue with our study on the care of ill and injured members of the Canadian Armed Forces.

Joining us for the first hour are Heather Allison and Greg Woolvett.

I want to welcome both of you and allow you to make your opening comments.

Greg, if you'd go first, we'd appreciate that.

**Mr. Gregory Woolvett (As an Individual):** I'd like to thank the committee for extending the invitation to me to make a few statements regarding my son and the care and treatment that he and others have received.

My son suffers from catastrophic post-traumatic stress disorder. The family suffers from battle fatigue from dealing with his condition and dealing with the Canadian military.

I'm not here to slam the Canadian military. I'm here purely to give my family's side of the argument.

To give you an update, my son contacted his commanding officer last Thursday and asked to be taken to the Royal Victoria Hospital in Barrie for a detox program. He's had a relapse. They hope to get him back into some type of a rehabilitation program when the detox program is completed. He has told me, and I understand this is a sign of progress, that he's tired of being in the press. He doesn't want his name in the press any more. He wants to move on. So I'm here purely for the family today.

My son began his post-traumatic disorder on his first tour in Afghanistan. On May 25, 2007, his bunkmate, Corporal Matthew McCully, was killed in an IED explosion at 100 meters from Jon. That night Jon had to pack up his personal belongings and send them home to his family. Jon called me that day by satellite phone and said, "Dad, you're going to hear something on the news tonight. I want you to know I'm fine." That was when the family realized we were going to war with our son.

Jon got back from his first tour in August 2007 and was due to be married on October 5. He looked healthy. Everything seemed to be fine. But we didn't know then what we know now, that the PTSD

was already well under way. He went over first as a volunteer. His second tour, which began in September 2008, was with his battalion. He felt it was absolutely mandatory to go back into battle with the guys he trained with.

He came back on leave seven weeks after being over on the second tour, and I took him to a Maple Leafs hockey game. Later in the evening he called me to the roof of the hotel and said, "Dad, I want you to know that I'm not afraid. I'm not scared. But when this is over, I'm done."

During the rest of that tour he suffered more losses of bunkmates, companions. He suffered seven months of terror every day that they were out in the field, and I believe toward the end of that tour he had a nervous breakdown. He had a pistol cocked in his mouth. Two of his fellow soldiers took him to see a medical psychiatrist who gave him some pills—Valium, I guess—and sent him back out.

He had another three weeks to go and almost made it without any incidents, and then two hockey buddies from CFB Petawawa where he was stationed were blown up on the day he was leaving Afghanistan. He got home, and almost immediately he was hiding his drinking. The signs of PTSD were rampant. Basically, with one thing after another, I got heavily involved in his treatment. He gave me power of attorney after his first suicide attempt.

I've struggled with the medical people at CFB Petawawa. I've struggled with them for years. I was called an 800-pound elephant. When I walked into a room I was told that my son was not injured; he was an alcoholic. I said that he was not an alcoholic when he joined the military, and if he's an alcoholic now, it's a symptom of post-traumatic stress disorder. Post-traumatic stress disorder is not a symptom of alcoholism.

I know you want me to keep this brief, so I will try to do that.

Basically, I was told by the medical officer that injured soldiers had his cellphone number, and they could call him 24/7 and he would supply pain killers. My son didn't qualify.

•(1540)

Jon's marriage collapsed. His wife is a medic and is now assigned to the naval forces in Halifax. She took his young daughter; it'll be three years ago this coming November. He has not seen her or had any contact with her. He has been arrested and jailed and has been sent to rehab. When he tried to talk about post-traumatic stress disorder in rehab, he was told that it was outside the boundaries of the post-traumatic stress disorder they treated at those facilities.

I made over 25 trips from Toronto to Petawawa, usually in the middle of the night, in winter driving conditions, and spent three or four days there trying to put him back in one piece and meeting with his medical people. I pleaded with them to get him closer to his family, because he had nobody in Petawawa. He was shunned by his fellow soldiers and laughed at by some. Really, the only people I found in Petawawa who were compassionate were former military people who were in the Ontario Provincial Police forces. They visited his house over 25 times. He was a mess.

I finally got assurances that they would move him to CFB Borden. It was a year and a half ago. I believe it was in November. They assured me that they would have him out of there before Christmas. I didn't want him going through another winter in Petawawa. It was bleak, with no friends and nowhere to go.

Somehow that never happened. I contacted Colonel Blais later to find out why. He told me if I wanted to know why, I had to go through the freedom of information act, because those documents were classified.

So they left him there again for the winter. He tried to kill himself on March 9, 2012, and then he was almost very successful at it on April 1, when they flew him, intubated and not breathing, to the Ottawa General after another suicide attempt. Finally we got him to CFB Borden, with a much more compassionate group of individuals handling his care there. He's had progress and setbacks. He continues to have setbacks.

As I just told you, he has entered a detox program once again. I have high hopes. I was told by his psychiatrist that they now have, at the Bellwood facility in Toronto, an actual program for war-related PTSD and that they're actually sending groups of soldiers suffering from this to that program, because they can interact amongst themselves and perhaps begin a pattern of healing.

He has received a couple of awards—disability awards. He was told recently that he's 58% disabled. Fifty-eight per cent.... His family is gone, his career is gone, he has tried to kill himself four times, and he's been in and out of rehab four times, but he's only 58% disabled.

From a family perspective, it has been a tremendous burden on our family emotionally. He had a brother who passed away while he was back between tours. I don't think he ever dealt with that, so as a family....

Jon's mother and sister started Operation Santa Claus. I don't know if any of you are familiar with it. It morphed into Operation Hero. Jon's mother was given a framed flag by the defence minister, Minister MacKay, in the ceremony. They provided boxes of Christmas-type items, such as shavers and all that kind of stuff, for every serving soldier at forward operating base or in Kabul for at least the two years they were there.

I didn't have a lot of time to get these photographs together. I might pass this one around. My son slept at my house last March and came to me and said, "Dad, come and look at this." This shows his hand after waking up in the morning. It looks like a hand that's been in water overnight. The bed was soaked, the comforter over him was soaked, and he was shaking. His hands were clenched.

I don't know if you want to pass that around. I apologize for not having more copies.

● (1545)

You know, the impact on a family.... The soldier went to war, but the family went with him.

We strongly believe there are more coming out of the woodwork every day. I was recently told that staff cuts, budget cuts, have affected the JPSUs, the IPSC units, across Canada. Two well-meaning warrant officers in Petawawa now have 160 clients each. That's 320 who are out of the woodwork in Petawawa. I say Petawawa because that's where the majority of my involvement with it was.

I'd like to thank you again for your time, and remind you that it's had an enormous impact on our family.

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

Mrs. Allison, you have the floor.

**Ms. Heather Allison (As an Individual):** Thank you.

My name is Heather Allison. I'm from Newfoundland, and I'm a very proud mom of a soldier. I'm not so proud a Canadian right now, to be quite honest.

This is my soldier, my daughter. I'll pass this photo around, because I want to put a face to her.

I am just new at this; my daughter has just returned. She's been back a year. In that short time, we've dealt with two ODs. The most recent was in March. We got a call. Actually a friend, another army buddy, called. The base didn't even call me, which I find really strange, since I am the next of kin. She's a single parent. But yet I don't get a call.

This is a problem I'm having. As parents, it doesn't appear we have any rights. I know they're older, but they're still our children. I'm sure your moms all want to know where you are, if you're driving on the highway, if you're safe. Well, we're no different as soldiers' parents.

When it comes to PTS, I won't put the "D" on it. I certainly do not agree that it's a disorder. I believe it's an injury, and research verifies that. A Dr. Frank Ochberg has been doing a study, and I'd like to give you this quote from him. He says it's a burden that soldiers carry, and that burden should be honoured: "This is an injury like every other medical injury earned in combat." I think the sooner we start thinking of it that way, the sooner our children will be treated.

My story starts in 2006, the year my daughter was over. She is a very proud soldier, with great respect for her uniform. That year, 2006, was a rough time for her. She's a medic, so she has seen a lot in her young years and she has lost a lot in her young years.

This time over, 2011, she was gone for eleven and a half months. Though it started in 2006—there were little changes—I wasn't aware, as so many weren't. But this time back, when she came down the escalator and I looked in her eyes, it looked like her—it was my daughter, it was the child I gave birth to, it was my soldier—but it wasn't her.

Somewhere in Afghanistan is my daughter. I only loaned her to this country. She's on loan to all of you, and to all Canadian citizens.

I think I loaned her to you in perfect working condition. She was a strong and vibrant young woman, a wonderful mother. That's not what I got back.

And it continues. Trying to get her help is.... It's like Greg said; as a parent I'm battle-fatigued. I'm exhausted. I'm caring for her child, which through deployments I had no problem with, or through training, because it's for our country. We're a very proud military family. Anybody who's driven by my home on Quidi Vidi knows that on my fence I have a sign, eight feet long and six feet high, that says "Damn proud military parents", with the Canadian flag.

We are proud, and we're proud of what she does. But we're not proud of how she's being treated, or of how the ones like her are being treated. They're falling between the cracks. I hear it every time I'm talking to parents.

The story is the same, so it can't be just her. It can't be that she was broken before the military took her, because if that's the case, they all were.

And it continues on. I have to tell her little guy every morning that he can't be with his mom because she's in a bad place right now. Thank God she is of mind that she knew this. She knew before I did. She asked me, when she got back, if I could keep him another year until she got settled; she'd been posted to Borden. We kept him, and now I know why. She feared for.... She knew what was coming. She had seen it in her other comrades. She didn't want him exposed to it.

● (1550)

Imagine yourself as the grandparent, because I'm supposed to be a fun person, and I have to sit through deployments, hoping that we don't get that knock at the door or that phone call, right? I was at war too. I was in Afghanistan every bit as much as she was.

When she came home this last time, I said, "Thank God." Thank God that I won't be afraid when the phone rings, and thank God that when the knock comes at the door, it'll be a welcome sound. But that's not what's happening. I'm still living that nightmare. I'm still waiting for that call or that knock at the door, and that's just not right. This just can't continue. We have to do more.

I got word on Wednesday that my daughter is—thank heavens—being admitted in June. She has had nothing yet. She is being admitted to Homewood. I'm kind of concerned now, because I know now that Bellwood has the better program, which is the one I wanted her at in the first place. Trust me: her being admitted to Homewood on June 12—which, I might add, is her birthday—is a good thing, but it has been a long battle for me this year. This is me fighting, kicking, and screaming to get it done.

It shouldn't be that hard. It shouldn't be my job. It should be the military's and the government's job—and the people of Canada—to ensure that our kids are well looked after when they come home.

So June comes and she's going in. I still have her son, right? She wants him there, but he can't be there.

We took him up there on March break just to see how she would make out, because I have a fear, and I have his best interests at heart

too. We took him up so she could see him. She desperately wants to see him.

One night he woke up and was afraid, because it was a strange bedroom and a strange place. He went to wake up his mom. Of course, the first thing he does is touch her face to wake her up. She comes out of the bed. Her first reaction is—she's back in Afghanistan—to protect herself. She grabs him. It scares him to death and it sets her back.

She was starting to make progress. She called me and said, "Mom, come and get him."

It has been out of pocket for us to fly out of Newfoundland to Toronto so many times. It's costly. It has been hard on us financially, let alone emotionally. So we bring him back. My worry now is that if I had not put things in place, social services would have stepped in and taken him. This is the fear we have as grandparents of children of single-parent soldiers. Our grandchildren could be taken from our soldier at any time. That is another fear we have.

I can't believe.... I feel like I was sold a bill of goods. I really do. Back when we went into Afghanistan, I was pro.... I mean, I am proud of our soldiers no matter what they do, but I was proud of our country that we were making a stand, that we were doing something. We were told—or it was made to sound like—they would be looked after, that they would be protected, that they would have the best equipment. Well, I'm telling you, I haven't seen any of that yet. They come home and they're shunned, not only by their own, as Greg said, but by the people of this country, by the government of this country. It's shameful. It's very shameful.

There was so much more I wanted to say, but I am nervous and I'm upset, and I'm one pissed-off mother, to be quite honest. Four years down the road, I don't want to be like Greg, sitting here in front of people and saying, "Please, get my daughter help." If any of you in this room are mothers, you know that's not going to happen. It just can't happen—and it's not stopping at my daughter. My daughter hopefully will get into this centre and will get help, because she has one thing to work towards: her child. I really hope it's successful, I really do, because we're all so very tired.

But it won't stop here for me, because there are other soldiers out there who may not have a mom or a dad or a family that will help them. I just want to let all of you know that I will be around, and I will be speaking out, and I will be demanding that they also get the treatment they so duly deserve.

● (1555)

With that, I would like to leave you with this quote, and you can mark my words on this one:

A mother's love for her child is like nothing else in the world. It knows no law, no pity. It dares all things and crushes down remorselessly all that stands in its path.

That's by Agatha Christie. You can count on this mother. That is going to be my battle cry for all the soldiers who need help. I hope somebody here hears me today and will get our soldiers the treatment they deserve. If they came back with a visible injury, would you throw them into a psychiatric unit? You would make sure they got the treatment they needed in a timely fashion, as you should, once a diagnosis is made. Well, I'm here to tell you, PTS—and I will not use the "D"—is an injury. I want it done in a timely fashion. It has to be. We're losing too many.

Thank you so much. I'm a bit nervous, but I do appreciate you allowing me to speak here today.

•(1600)

**The Chair:** Thank you very much.

We really appreciate the frank opening comments both of you have made.

With that, we're going to go to our first round of questions.

Mr. Harris, you have the floor.

**Mr. Jack Harris (St. John's East, NDP):** Thank you, Mr. Chair.

I want to thank you both for coming and sharing these painful stories. Both of your children are lucky to have such dedicated and, dare I say, fierce advocates.

I want to start off with this issue of diagnosis. Mr. Woolvett, you referred to it. You said they were told the diagnosis was not PTSD but alcoholism.

I may use the "D", Ms. Allison, because that's in the literature and all that, but the diagnosis is pretty important. I had someone suggest to me the other day that this happens a lot in the military, and that perhaps there should be a default diagnosis of PTSD if someone is exhibiting symptoms.

I saw a film on CPAC the other night called *Homecoming*, in which the former Chief of the Defence Staff referred to his own symptoms of PTSD. But there's a disconnect between that kind of high-level comment and the stories you're telling us today.

What do you say about that, Mr. Woolvett?

What about the case with your daughter, Ms. Allison? Was there a diagnosis given early, or was there one at all?

**Mr. Gregory Woolvett:** When I first met Jon's medical officer, he told me, "Jon drinks too much." I said, "Yes. Right now he's drinking too much." He said, "Did he drink like that before he joined the military?" I said, "No, he did not. He was fun-loving, like everybody else. He had a good upbringing." He came back and drank to quell the nightmares.

Early on, when he was back, I got calls from his mother-in-law saying, "Greg, you've got to call Jon and talk to him. He's waking up with these night terrors. He bangs the wall. He throws stuff around. He wakes up in a terrorized state." My ex-wife went to visit him and she was so afraid that she pushed a dresser across the door of the room she was sleeping in because he was pacing up and down the hall with an airsoft rifle, like he was under attack. Several times he was in his backyard, cowering in combat fatigues, shouting orders,

and stuff like this. So there was not only drinking, but hallucinations, flashbacks, and things of that nature.

All I ever got from the medical officer was, "No, no, this is an alcohol-related problem." I insisted and insisted that it was not. Their method of treatment, the first time they sent him to Bellwood, was to put him in an addictions program. They never mentioned PTSD. It wasn't until some time in, I believe, 2010 that a civilian psychiatrist contracted to the military, Dr. Suzanne McKay, who's since left, diagnosed Jon with catastrophic post-traumatic stress disorder.

**Mr. Jack Harris:** Ms. Allison.

**Ms. Heather Allison:** Is it the same question? Okay.

As I said, we're newly into this. It's only been a year, and it's only six months since it became relevant to us what was happening with her. She is being treated by the psychiatrist on the base at Borden; she sees him once a week on Thursdays.

She has been put into psychiatric units, which I am totally dismayed about. It's for assessment, they say. It tells my daughter and all these soldiers that people think they're crazy, and they're not crazy.

The first time they put her into a mental hospital, there was a seasoned soldier who had seen four tours in Afghanistan and two in Bosnia. He was a pretty strong, brave guy. He called me. He was terrified walking down those halls. There were people running at him, yelling and screaming. There were people spitting. I asked what was going on there. When he went into her room there was a lady on a phone screaming in German and running around her room. He looked over and my soldier was in the corner or her bed, as far as she could get, with the sheets pulled up, and he said she was shaking like he had never seen anybody shake. All she could say was, "Why do they have me here?" I was astounded when I heard this.

So then I started asking around, and other parents and spouses have the same stories. I talked to one spouse who couldn't even go into the mental institution to see her husband. She was terrified. She got through the door—she made three attempts on three different occasions, but because of what she saw, people chopping wood and stacking it, and another one spinning around and yelling.... Her husband said the same thing to her: "What have you done to me?" He blamed her.

This, ladies and gentlemen, is so wrong.

•(1605)

**Mr. Jack Harris:** Can I ask a question about residential treatment? In your case, Mr. Woolvett, you're accused of having kidnapped your son to get him in-house treatment or overnight treatment. Ms. Allison, you say that your daughter is going through analysis. What about the availability of that? You say there's something going on now at Bellwood. That is new and related solely for soldiers?

Ms. Allison, would you have any issue with that?

**Mr. Gregory Woolvett:** I was told by Dr. Ewing at CFB Borden that they were doing that now, and I wondered why Jon wasn't there. They sent him to rehab three times. It's been a failure every time because he's never ever been treated for post-traumatic stress disorder. He's been treated for alcohol abuse or drug abuse. They had him on eight prescription medications. These people know how to zone out, become a zombie, if you will. They can drink a 40-ounce of vodka right before your eyes and not fall down, and then they'll snort crushed Wellbutrin that's given to them. They'll snort it because it gives them a temporary high. It takes them away from where they go.

He told me that a month ago he was sitting on the side of his bed and he looked out the window and there's a tree there. Immediately it sent him into a flashback to Afghanistan. They were in a village one day. A father pushed out a little boy to take candy, because they used to give the kids candy or little toys. When they came into the village the next day, the father and the child were hanging in a tree, bullet riddled, with their throats slit. That was the warning to the villagers not to go near the soldiers.

I'm straying from what you asked me, but he's never been treated for post-traumatic stress disorder.

**The Chair:** Thank you. The time has expired.

Mr. Opitz, it's your turn.

**Mr. Ted Opitz (Etobicoke Centre, CPC):** Thank you, Mr. Chair.

I, too, would like to thank you both for being here. I know this is very difficult for you both as parents, and I know you have both been dealing with this for different lengths of time. Mr. Woolvett and Ms. Allison, you both have some of the same but somewhat different experiences.

Ms. Allison, you remind me somewhat of my own mum. She's tenacious.

When I'm asking a question—I know you're a little nervous and it's the first time—if you want to get something on the record, just flag me. I want to make sure that you get your opportunity to say everything you want to say.

I'll start with you, Mr. Woolvett. Has your son been on multiple deployments? How many did you say?

**Mr. Gregory Woolvett:** He's been on two tours.

**Mr. Ted Opitz:** Were both to Afghanistan?

**Mr. Gregory Woolvett:** Yes, both were to Afghanistan. The first time was on the OMLT tour, where he was in the rear party. He volunteered and they sent him over. He worked with U.S. Special Forces. That's when his first bunkmate, Matthew McCully, was killed.

I don't remember the name of the operation on his second tour, but it was with his full battalion, 3 RCR. That's where he experienced multiple deaths. On Boxing Day 2008, his bunkmate, Private Michael Freeman, was killed by an IED. The day after his birthday, January 20, 2009, they were under intense firefight. He is amazed to this day that he wasn't killed.

• (1610)

**Mr. Ted Opitz:** When he was diagnosed officially with PTSD by Dr. McKay, was there no carry-on afterwards? Did people cease to recognize that he had been diagnosed that way?

**Mr. Gregory Woolvett:** It was never accepted as PTSD. They called it OSI, an operational stress injury. They said it was any number of factors, but they treated him more or less as an addict.

**Mr. Ted Opitz:** Ms. Allison, your daughter has been on how many deployments?

**Ms. Heather Allison:** Two tours to Afghanistan. One in 2006 and then just recently in 2011.

**Mr. Ted Opitz:** You said she's a medic as well.

**Ms. Heather Allison:** She's a medic, yes.

**Mr. Ted Opitz:** I have the same question for you. When she was diagnosed, you're saying that afterwards there was a refusal to acknowledge that she was post-traumatic?

**Ms. Heather Allison:** As I said, we're into it a very short period of time; it hasn't been a full year.

She was diagnosed in February, after her first attempt. She had been seen. Hers is more anger. She feels betrayed. It's different. There is drinking, absolutely, which is totally out of character for her. With her, it's more her whole being. Her desire is gone for everything. When she came back this last time and Alexei, her son, stayed with us, she would call him every day, morning, noon, and night. She would call me 30 times. It was almost getting annoying. I wish that was back again. As time went on...she came in the summer to visit him. We spent a great time, but I knew then something was wrong. By Christmas, she came and it was the same thing. By January, phone calls became very limited, very short. Skyping did not exist anymore. It just went downhill from there.

**Mr. Ted Opitz:** I want to ask both of you, do you think there is anything the Canadian Armed Forces could have done prior to the deployment to help with the mitigation of any operational stress injuries or post-traumatic stress? As a former commander myself, I have a lot of experience with troops and colleagues who have experienced this. I definitely have a familiarity with where you're coming from on this.

Afterwards we also deal with...and oftentimes we have been quite successful in trying to deal with the stigma of it, so that people aren't stigmatized, so that people aren't ostracized, they aren't held out. From my own personal experience, it's been generally quite successful.

But prior to deployment, do you as parents think there's anything more the Canadian Armed Forces could have done to lay the foundation in preparing to have soldiers more aware of the potential...that this is something that could happen to them?

**Mr. Gregory Woolvett:** Absolutely, forewarned is forearmed, and if they had been sat down, or had somebody from OSISS primarily who had suffered an operational stress injury.... They could perhaps tell the people going that there are signs to look for that they should be aware of: if you see something like this, don't be afraid to go and talk to the...there's a psychiatrist over there all the time, or whatever; talk to your medical officer.

If they had that, they might not be so susceptible to it when they come back, or when they start to see their own symptoms. They're taught how to staunch bleeding, tie tourniquets, all that kind of stuff, but they're not given any tools to deal with the mental aspect of combat, or the terror, because often it was more terror than combat.

Jon told me, he said, "Dad, the first quarter of a mile you look at where you're putting your feet because you don't know what you're going to step on." That was every day he went out.

**Mr. Ted Opitz:** Ms. Allison, would you agree with that, more or less, and would you have any recommendations?

I think my seven minutes are about up.

• (1615)

**Ms. Heather Allison:** I think every soldier would have their own journey, and some journeys would be blacker than others.

Yes, I totally agree that it's something that should be done during basic training. It should start then, at basic training. It shouldn't be just before they go. That's a little too late. It's something that should be incorporated into boot camp—that this is a part of being a soldier and this is what could happen.

The other thing is that I think there should be more out there for families, what to be aware of. It's sort of after the fact. I know that at the groups for parents that I attended through the MFRC, my one question, because I was then a seasoned mother of deployment, as I had been through one.... I brought up PTS—and we'll put the "D" on it—and I was told at the group by counsellors, "Oh no, we don't talk about that. We're not going to talk about that. We'll have that discussion a couple of weeks before your soldier comes home."

Well, that's fine if your soldier is coming home to your house—it's still not fine, and you should be prepared—but with us parents of the regular force children...our children go to another base. We don't know until we get a call and we hear something over the phone. And trust me, you know when you hear over the phone that your soldier isn't well; you just know this.

But yes, I think it should start at boot camp, sir. I really do. I think it's something that's part of being a soldier, and I think it's something that should be taught early on.

**Mr. Ted Opitz:** Thank you.

**The Chair:** Thank you.

For the last of the seven minutes, Mr. McKay.

**Hon. John McKay (Scarborough—Guildwood, Lib.):** Thank you, Mr. Chair.

Thanks to both of you for coming.

You did marvellously well, Ms. Allison, for somebody who's supposed to be nervous. You were very articulate. It was appreciated.

I particularly appreciate you bringing out the family part, that this just doesn't go away. In our family, we struggle with a child who has schizophrenia, and I understand completely, although not to the magnitude of both of you, that this just never leaves. It never goes away, so I understand.

I almost don't know where to begin, because we've had so many witnesses in here who've said that the services the Canadian military provides to its ill and injured are among the best in the world, and yet the story you're telling us is misdiagnosis, or late diagnosis, or treatment that doesn't parallel the diagnosis, etc. It doesn't seem to jive with a lot of the stuff we've been hearing, yet I'm perfectly prepared to believe that some of the witnesses who have come here have a sincere belief—and maybe they're right, I don't know—that the Canadian military cares deeply about its own people and that they are, quote, unquote, "doing their best".

The parallel that both of you have seems to be improper diagnoses that seem to take more time than necessary. Is that a fair statement?

**Mr. Gregory Woolvett:** I would say so, yes.

**Hon. John McKay:** Tell me about that journey, as to how the military, in the case of your son, Mr. Woolvett, can so misdiagnose. PTS or PTSD is not unknown in literature and has been a pretty well-recognized diagnosis for at least 10 years, so I don't understand how it could get so wrong before it gets at least back on the proper diagnostic track.

**Mr. Gregory Woolvett:** My feeling is that it should. When he got back from Afghanistan, first of all, he had an 11-month-old baby. His wife, who's a medic, was sent to Gagetown on a training course. Basically, three weeks after getting back from Afghanistan, he was looking after an 11-month-old child. He was dealing with the very recent death of these two guys. So he started drinking and having the nightmares right away.

They hide it. They don't necessarily wear it on their sleeve. But even when he went to work, he'd get kind of the pat on the back. They'd see his glossy eyes and they'd smell a bit of day-old booze, and they'd say, "Hey, Johnny, you know, you can't come to work like that. You have to suck it up, you know." It was probably four months after he got back that he went and sought some help from Warrior Support, and he and his wife went to get some counselling through OSISS, because they were having marital difficulties. He was waking up at night and all this kind of stuff.

The medical treatment they get might be fine, but you're talking about a different kind of affliction or injury. Every day I was there, I sat at sick parade. Every morning there were probably 30 or 40 people going to see a doctor. I'm not doubting that they're treated well for various ailments, whether it's jumping out of a plane or cutting themselves or whatever. What I'm saying is that when it comes to this specific injury—post-traumatic stress disorder—it's misdiagnosed and characterized as something different.

• (1620)

**Hon. John McKay:** Was your experience parallel to that?

**Ms. Heather Allison:** Oh, yes.

The only thing I'd like to add to that is that when my daughter—and I can only speak about my daughter—started showing signs or symptoms, she saw the psychiatrist and was given medication. Now, in their wisdom, her unit and the base thought it was best to give her this medication for her night terrors and to send her home and tell her not to come to work.



**Hon. John McKay:** Was this treatment before diagnosis?

**Ms. Heather Allison:** This was before diagnosis.

I thought since they had been dealing with PTSD on this base and they'd seen it.... They didn't just write down "diagnosed" on a piece of paper. They gave her drugs for it. If they gave her drugs for it, then I'd say they knew it was PTSD. They were sending her home all by herself, to an empty house, with prescribed medication, when she was in a very bad place and no one was looking after her. This was a fact. I found this out, and I called. I received a call from her and she was totally incoherent. I couldn't make her out. I couldn't get a hold of anybody on the base because I don't have their numbers. But I did hear along the way, in her 14 years, that if you want something done, you go to the padre. So I went kicking and screaming to the padre in St. John's, and, thank God, he got on the phone.

I talked to a superior of hers shortly after, because the padre in Borden had him call me. He assured me that they had their eye on her; they were watching her and they were taking care of it, which I thought was very strange because I got a call 20 minutes later and she was in the same place again. Obviously, nobody was watching her. She was overmedicated when I was talking to her. I'm a retired nurse; I know what overmedicated sounds like.

So whether or not the diagnosis was made before or after, the thing is, you don't send someone home alone with a handful of pills when they're in this state.

**Hon. John McKay:** Do I have time for a second one?

**The Chair:** You have time for a very short one, and then you're out of time.

**Hon. John McKay:** The 58% disabled—what does that mean?

**Mr. Gregory Woolvett:** Of the \$270,000 that's available as a disability award to soldiers, he's been capped at 58%. That's all he's going to get as a disability award. And they told him he was lucky; they'd never seen anybody get over 58% with PTSD.

To me, that's a characterization of injury/illness, visible/not visible. Basically I'm looking at a life destroyed, a career destroyed. He hasn't lost a limb, but he's lost his mind. What's a prosthetic mind? You can't find one. I don't know what a prosthetic mind would look like. Right now he doesn't have it.

Really, my opinion is that they're trying to stabilize him so that they can shift him over to VAC. Give him his 3(b) medical release, give him 75% for two years, and then he's off the books. If he commits suicide outside of the military, it doesn't fall on their books. And lots have committed suicide outside of the military: 22 have killed themselves in Petawawa in the last three years.

I'm not trying to be critical. I'm just saying that they don't know how to treat post-traumatic stress disorder. They know how to splint, they know prostheses, they know this, and they know that. But they don't know...and it shocks me. My grandfather came back from World War I and never worked again. He died an alcoholic at Westminster hospital in London. What did he have? He had shell shock.

You know, we've been fighting wars for a hundred years, but we can't figure out how to treat these guys. We can give them crutches. We can do this or that with a visible injury, but we don't know how....

That's why, I believe, the MOs fall back on addiction, why they say it's addiction: here are some more pills; take some Seroquel, Jon, 400 milligrams.

But that will knock you on your butt. That will take down a horse. When he takes them, he stays up three more hours.

•(1625)

**The Chair:** I'm going to have to cut you off there. We are getting close to our time, and I want to get in two more questioners.

Mr. Strahl, five minutes, and then Mr. Larose.

**Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC):** Thank you very much, Mr. Chair.

To the witnesses, I guess when it comes down to it, no matter what occupation our children are in, we're going to stand up for them. You're before this committee because your kids chose a life in the military. But you'd be at any other committee if they'd chosen another path and were facing similar problems. I want to thank you for that.

Mr. Woolvett, is your son still an active member of the Canadian Forces?

**Mr. Gregory Woolvett:** Yes. He's been assigned to the JPSU, the joint personnel support unit.

I've been told that he's being transitioned out of the military. He's what they call a "complex case", so there's no timeframe. He's not a six-month, he's not a nine-month; he could be two more years.

**Mr. Mark Strahl:** Right.

How long has he been with the JPSU?

**Mr. Gregory Woolvett:** He's been with the JPSU since, I believe, March of 2010.

**Mr. Mark Strahl:** You mentioned that he returned home in August of 2007. I didn't catch the month he redeployed in 2008.

**Mr. Gregory Woolvett:** He redeployed on September 8, 2008.

**Mr. Mark Strahl:** So it was just over a year later.

In that intervening year, what was his life like then? Was the military aware of PTSD or something like it—"addiction", as they called it? Did he present as a normal soldier for that year, or were there indications even at that time?

**Mr. Gregory Woolvett:** No, he definitely presented as a normal soldier. He was even promoted from corporal to master corporal. He was made a 2IC, a second-in-command, out of his unit in Afghanistan, and was well thought of. He was fast-tracked to become a sergeant.

**Mr. Mark Strahl:** So it was after his second deployment that things really started to....

**Mr. Gregory Woolvett:** Yes.

**Mr. Mark Strahl:** Ms. Allison, you mentioned your dealings with the MFRC, the military family resource centre. How long after your daughter came home did you engage with them? What has your experience been overall?

You mentioned some issues there, and I just wanted to get some feedback on that resource. What are they doing, and what could they be doing better?

**Ms. Heather Allison:** Actually, I brought up PTSD before my daughter returned home from Afghanistan on her second tour, just so other parents would be informed. I had already started reading up on it, because I thought I had to arm myself, in case; there was nowhere else.

I don't think the MFRC is equipped to handle people who have family members with PTSD. I've now joined OSISS, a support group in St. John's, Newfoundland, and I must say that the OSISS coordinators do a bang-up job.

**Mr. Mark Strahl:** What does OSISS stand for? Occupational stress injury—

**Ms. Heather Allison:** Occupational stress injury support system. There's one for families and there is one for soldiers. They are separate. We meet and we talk about things.

The MFRC is for family, but it's for the everyday goings-on of the family. I actually had several issues when my daughter deployed. I couldn't get her son health care in Canada. Go figure. For a year and a half, nobody wanted to cover him. That, ladies and gentlemen, is terrible. MFRC couldn't help me. One of the psychologists at the MFRC said, "Well, she's a single mom. Why would she deploy? What kind of mother would deploy?" This is what we're dealing with. They aren't all like that, but this particular social worker at the MFRC was doing a maternity leave. She wasn't their ongoing one.

The MFRC just isn't equipped. They are not trained, and they just don't want to talk about it, to be quite honest.

I must say that if it weren't for OSISS in St. John's.... I might add that as a mom, I belong to an OSISS group made up of mostly spouses—there aren't a lot parents in Newfoundland—and we have this thing that we don't want everybody knowing our business, so it's kind of hard to get the parents out. I'm trying to promote that.

I got word on Wednesday that my daughter was finally getting in to Homewood. I went to the floor crying, I was so excited. I had a meeting the next day with my OSISS group, and I was scared to death to tell them, petrified. I was excited; I wanted them to know, but I knew those other spouses and parents would be upset because it wasn't their soldier, and they've been waiting longer than mine has.

This is what we deal with on a daily basis.

• (1630)

**The Chair:** Thank you.

Our last set of questions for this hour goes to Mr. Larose.

**Mr. Jean-François Larose (Repentigny, NDP):** Thank you, Mr. Chair.

I want to thank our witnesses.

I've been very touched, as a father and having served briefly myself—I've never gone overseas—by what you've been saying today. As a parent, I hear your cry, I hear your scream, I hear your anger. I feel that you've been fighting for a long time. I wonder if you find that there is any light at the end of the tunnel. Do you believe that the relationship between the Canadian Armed Forces and the parents should change? Do you have any recommendations? Can you tell us a little bit about how much you've fought, in the case of your daughter, how far you've gone? Do you feel that the programs were there before both of you started fighting for your children?

**Ms. Heather Allison:** The programs may be there, but they are so hard to access, especially living in Newfoundland.

We have so many outposts. Some of those ports don't even have Internet, and when you try to get a hold of somebody to get information, you get, "Well, google it", or, "It's www...", or "Press 2, press 8." A lot of people in these outposts in Newfoundland don't even have computers, but that's the only way they can access this information. We need to reach those people. And I'm sure there are other areas in Canada, small towns, where this happens too. I think we could have a better outreach program for them and make that information available. I think just making it more accessible would be the best thing, to be quite honest.

**Mr. Jean-François Larose:** Definitely, with the experience you've gone through, it's a little bit sad that you only have this time. It would be nice to be more interactive. Sometimes the feeling we get is that it's in one direction—you're asking all the time—and yet I think we have a lot to learn from you.

Do you believe this would be a good direction to go in? Have you met other parents who have the feeling that they would like to share more, that there would be more of a...?

**Ms. Heather Allison:** Definitely.

In 2002 I tried to start a website here, Mothers of the Military, just to get parents...because I was asking questions and couldn't get answers. But it just went by the wayside. It wasn't until 2006 that Canada actually woke up and said, hey, we have a military, we actually have a fighting military—when the bodies started coming home. I really believe that. It was in our faces, and even the parents were waking up. I would talk to parents who didn't even know what their soldier did. They didn't know about the ranks.

I think we should be more involved. We are excluded, as parents. As I told Greg earlier, when we were talking, there are things for the spouses—don't get me wrong, there are a lot of things out there for them. But as far as I'm concerned, I gave birth to that soldier. I have every right, and I can't walk away from that soldier if times get tough. I can't leave them and go on and continue with my life. That is my child. I don't have that luxury to walk away to something easier or better. That's not taking away from the spouses. That's just a fact. As a parent you don't have those options. So there has to be something more for us. We have to be heard. There has to be a forum for us.

I don't know if Greg wants to add to that.

•(1635)

**Mr. Gregory Woolvett:** Could you just repeat your primary question again, so I can give you the right answer?

**Mr. Jean-François Larose:** It was very broad, but it was mostly to see if there is anything we can do to better the relationship and the participation of the parents, which I think is essential. Is there anything we can do better?

**Mr. Gregory Woolvett:** What I see, as an outsider looking in, is a tremendous disconnect between chain of command and medical. They rely very heavily on privacy.

I've had colonels tell me that my son is a responsible young man and they can't interfere with his life. I said he *was* a responsible young man; he's no longer a responsible young man. He blows money like crazy. He drinks himself into stupidity so that he doesn't suffer the nightmares, and they still come back.

I think there needs to be a bridge between medical and chain of command. When they took him to the hospital the other day, I got an e-mail from Major Kiss and he said, "He's with RVH now. We can't touch him. We're not privy to any information, unless he tries to leave the program early, and then we'll get involved. That's a chain of command thing. Other than that, we don't know what he's doing. We don't know anything." I haven't heard from him either. I guess they took his phone away. He's been in there now for five days and I don't know anything about it.

The other pet peeve I have is the universality of service. They've spent \$1 million turning my son into a combat soldier. Now they want him out of the military. Certainly there must be something.... I think universality of service came into effect in 1998, and I believe the military uses it as a way of getting soldiers out of the military, or just saying, no, you can't be a soldier any more.

When a soldier is suffering from post-traumatic stress disorder, I think the local police need to know, as well as children's aid services, if there are children, probation officers, because a lot of them get in trouble with the law, and the chain of command, the military police, and medical. They all need to sit around a table and say, okay, this guy has a problem, or this woman has a problem, and how can we deal with it if the lid comes off?

As I said, the OPP were at his house 25 times. I'm surprised they didn't shoot him, because he used to show up at the door wearing a helmet, a flak vest, and pointing an airsoft rifle, which looked very lethal, at police officers. But they knew, because most of them in that division happened to be ex-military, and they all told me that they've dealt with parts of PTSD. All of them deal with it, but a lot of the soldiers don't come out and say they have PTSD, like my son.

I kind of feel bad in many ways that I've championed his illness or his injury in the press. A lot of them don't come out because they don't want to be like Johnny Woolvett, a former star who is now just a drunk. That's the perception.

**The Chair:** Thank you.

We're going to wrap up our first hour with that.

I want to thank you, Mr. Woolvett and Mrs. Allison, for your passion and for your willingness to share these personal stories with

us. I know, as a parent, that you love your kids so much that you'll do anything for them. You said that if they're broken, you want to fix it.

In our study it's about the ill and the injured, it's the visible and the invisible, and trying to bring that all together from all the different aspects of the service and our experiences in Afghanistan, from what happened in the field to how they transition back into civilian life and how we receive them as they're coming back from theatre.

This is very important testimony, you being the first parents to appear, and we want to thank you for that.

With that, we're going to suspend and we'll change our witnesses.

•(1640)

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

•(1640)

**The Chair:** We're back in session. We're going on to our second hour. Joining us as individuals are retired Master Corporal Paul Franklin, who is the fundraising chair of the Amputee Coalition of Canada, and Master Corporal Jody Mitic.

Welcome to both of you. As instructed, you have the floor for ten minutes each.

Mr. Franklin, did you want to go first?

**Mr. Paul Franklin (Fundraising Chair, Amputee Coalition of Canada, As an Individual):** Thank you.

I'm going to read a bit here. I've been to the Senate hearings, and we've talked to senators before. We've done a lot of work with the care of the wounded and injured and ill, and of course the point is to make things better and to have ideas for the future.

When I came here last time, we talked of the care of the injured and the ill. Since that time, several rehabilitation hospitals and universities have made massive changes in the treatment of soldiers. But that was always part of the goal, because each change made for each soldier also helps all the civilians within each province. Thousands of wounded have literally changed the entire Canadian medical system.

My own little charity went from the Northern Alberta Amputee Program to the Amputee Coalition of Canada, a Montreal-based bilingual charity to serve amputees.

The doctor who first helped me has gone on to research the bionic arm that can feel. Edmonton is the only place in the world where this research is being done. Imagine your arm has been cut off and you can feel hot/cold, soft/hard. The idea behind this is that at the next level they will potentially move on to legs.

But in the care of vets, we sadly have become worse than many of our allies. I had a wheelchair repossessed, first in 2006 due to non-payment, and in 2013 because Veterans Affairs didn't have a doctor's note saying I was an amputee. Only in Canada would I have to employ the help of a Canadian comic. I phoned him, he then talked to John Baird and then the Minister of VAC, and then it went to my case manager. I was an amputee finally allowed to get my wheelchair back, only with that doctor's note and the help of a Canadian CBC comic.

My wife and I are separated, and because he lives with his mom, my son was denied dental care. VAC, of course, denies these actions, but because his residence is not the same as mine, he has been denied dental coverage.

You hear from us, the wounded, you hear from the families, but it's really the kids who truly suffer the most from all this.

She also has to write a note every year explaining that I still take care of my child, and even my ex, and that I have family responsibilities. The default level for Veterans Affairs is that I'm a deadbeat dad.

Imagine if you have to do this if you're a drug-addled person, an alcoholic, or you have post-traumatic stress disorder. You're thinking you're doing your best for your family and yet you hear from case managers that they want a proof of life for your son. They want birth certificates, even though they know where you live for dental care.

I'll end on this point. I've lived in Edmonton for four years. I wanted to get my kitchen converted so that it was easier, and I've been attempting to get my kitchen done for six years. I've had an assessment from an occupational nurse, and I had to show her what's out there for access for people with disabilities, from a small stove that's at a lower level to an easier access fridge. It's just basic stuff. And I was using the Ikea catalogue as the example. That's what I had to explain to this occupational nurse.

Now I have to get three contractors to design the kitchen, at my cost, and then they pick the quote that suits them best. It's the typical federal event. It's difficult. Those are the little challenges I have, and that's just my own case.

On January 15, 2006, I lost both legs while protecting diplomat Glyn Berry, and I finally retired in 2009. I've been through this mill from the beginning, and from where we were in the beginning in the care of the injured and ill was very poor. Where we are today is quite good.

Earlier you talked about—we hear all the time that it's world class. To be honest, if you look at what the rest of the world is doing, we are so subpar than world class. To be the world class of the bottom of the heap is not world class.

I'll end at that point.

• (1645)

**The Chair:** Thank you.

Jody.

**Master Corporal Jody Mitic (As an Individual):** I don't really have much to say. I'll recap what happened.

I was injured in January of 2007. I lost both feet. At that time I was a sniper with the military. I had a pretty good career ahead of me, I thought. Getting injured was the easy part. Rehab was easy compared to dealing with the bureaucracy, that is, the after-care.

I think Paul and I have a few different ideas on some things. I didn't suffer medically. I went to Toronto, to one of the best rehabs in Ontario. I've heard it's probably in the top 10 in Canada anyway for provincial health care. I've gotten any prosthesis I've asked for. I have running legs. I've run half-marathons. I run five-kilometre races all the time.

I have two awesome kids with one of the medics who saved my life. She's actually been diagnosed with PTSD. She was going to come today, but we have two little kids, so she couldn't make it.

Even when I was invited here...I don't know how they found out, but my chain of command sent an e-mail, even before I told them I had been invited, telling me I wasn't allowed to come in uniform because they were afraid of what I might say. That's straight from their mouths, from my CO, Colonel Blais.

I've been with the JPSU since, I believe, 2010. I was posted to Ottawa at the request of General Semianiw, who was CMP, Chief of Military Personnel, at the time, to help the system. I have had exactly that much influence. I was asked to leave the office I was in because I was trouble, I guess.

It's a bureaucracy. To this day, we still haven't resolved our home modifications. Paul was just talking about his kitchen. I wish the kitchen was my only problem. I still live in a home that isn't done, as far as modifications. We started in 2007 on a separate home. After Semianiw asked me to move here—after we were posted here—we started on another home. That started in 2009. It's not done; it's done in their eyes because they're done with the file.

This thing I brought here is just a sample of the paperwork that Alannah, my wife, and I—she's a medic; I was a sniper. We're not paperwork people. But this is...I brought copies for....

**Voices:** Oh, oh!

**MCpl Jody Mitic:** I'm kidding. I grabbed this at the last minute. This is about a quarter of the paperwork we were handed and told, "Sort it out yourselves."

We owe the system—we owe the system—somehow in excess of \$30,000 that they say they gave us and we have to pay them back. We had to remortgage the house. We had a lien put on us. Our backyard was left as a desert for the kids to play in—sorry, I'm starting to get pissed off talking about it. The contractor still continues to work with DND somehow. I don't know how. I thought he was a scumbag once we realized what he was doing. That's, again, my opinion.

I've been told on many occasions...usually it's our fault when paperwork goes missing or things aren't filled out. We were told we overspent on a budget. We didn't know we had a budget. We were told this is a project that will be dealt with as we go. A system was then put in place. The cap was the fair market value of the house. That cap was then retroactively imposed on our project, and that's how we ended up owing this money.

It's a bureaucracy. The computer doesn't care. All it knows is that its numbers don't match up, and it's now up to us to deal with it. As I said, this is just a little bit of what we have. We were told, "Go home and deal with it", while raising two kids and also dealing with other issues.

When I was asked to come here, I thought, what can I say that hasn't been said already? That's just my story. I've talked to other guys and girls, other soldiers, that have had similar but not the same experiences. Bureaucracies, like a lot of things...we've heard this about a lot of government issues, but within DND itself we have a lot of this bureaucracy. The onus is on the injured soldier. Never mind dealing with losing legs or arms or broken backs, now worry about the paperwork—when we thought we had people dealing with it for us.

I'll end there. I want to hear the questions you have.

•(1650)

**The Chair:** Thank you very much. We appreciate those opening comments.

Mr. Harris, you have the first question.

**Mr. Jack Harris:** Thank you both, gentlemen, for coming.

Thank you, Chair.

Corporal Mitic, you're a bit of a poster boy, aren't you, for—

**MCpl Jody Mitic:** I was.

**Mr. Jack Harris:** You were. I saw you in that film the other night, getting ready to strap on the running prosthesis so you could keep in shape. As you say, General Semianiw wanted you here in Ottawa for that very reason. I saw you in Newfoundland taking on the Targa Newfoundland race with General MacKenzie and others, and giving a lot of encouragement to others who are in a similar situation.

•(1655)

**MCpl Jody Mitic:** I've done my best.

**Mr. Jack Harris:** I'm disappointed to hear you're feeling the way you are, and that you've been treated the way you have been.

I want to ask you a question, because you are in the JPSU and you've been there for a while. The ombudsman had a report last September in which he said some view being posted at a joint personnel support unit as the kiss of death, from a career perspective, and he says that as long as this perception exists, it constitutes a barrier to care. He also said that a second concern raised was that certain elements of the chain of command are either opposed to the JPSU approach to managing the significantly ill and injured or have yet to embrace it, and that if this friction is not promptly reconciled by CF strategic leadership, it's questionable whether the current approach will succeed on an institutional level.

Would you care to comment on those remarks?

**MCpl Jody Mitic:** I don't know if they still use it, but SPHL is what JPSU replaced, I believe. SPHL was a holding...

**Mr. Paul Franklin:** A service personnel holding unit.

**MCpl Jody Mitic:** Basically, it was that if you were broken and you didn't fix yourself... I joined in 1994, back when if you were sick, you didn't tell anyone, and if you were hurt, you were a wussy. We might have encouraged that attitude a little bit back then. One of the threats I got after being wounded and losing my legs was "You'll be sent to SPHL if you don't shape up." At the time, I'd never heard of it, until I went home and opened up one of the books.

When guys are sent there, I believe they lose touch with the unit. Pretty quickly you lose touch with your comrades and the unit and what's going on. I think the biggest fear people have is that if you get sent to JPSU, you are taken out of operations. That's the kiss of death to a career, to a line soldier, being taken out of operations—you're no longer operational.

**Mr. Jack Harris:** Do they go back in?

**MCpl Jody Mitic:** They can from JPSU, but it's such a new system that there are probably very few examples of anyone going in and then coming back out.

**Mr. Jack Harris:** You have no uniform on, but you're still a member of the CF.

**MCpl Jody Mitic:** I am. Even though I was told I wasn't allowed to wear a uniform—I still don't know who told my chain of command, by the way—I was at a meeting at my JPSU to talk about this and sign some documents, and someone told me I could wear my uniform. I said, "No way, I'm not wearing it now. You already told me I couldn't."

But as I said, there are no examples of anyone coming out of the JPSU and going back to the units—that I've heard of. Maybe there are, but once a soldier walks out the door of the unit and into the JPSU, even though they can be employed back at their unit, they're still not under the chain of command. What happened when I finally went to JPSU is I got tugged at both ends. JPSU is telling you things, and your chain of command is telling you things. Sometimes they don't agree with each other, because the JPSU is supposed to have your medical condition and your medical recovery as the primary concern.

Am I making any sense?

**Mr. Jack Harris:** Yes.

Mr. Franklin, I have two brief questions.

You said you retired in 2009, having been injured in 2006. Was that voluntary?

Second, you have this umbrella organization, the coalition for amputees. There's an organization that's been on the go a long time called the War Amps. They've been around for 50 or 60 years. I give them money every year, and I'm sure lots of Canadians do. Are they of any assistance in your situation, or similar situations?

**Mr. Paul Franklin:** I'll just correct one thing. In 2006, the explosion wasn't voluntary.

**Voices:** Oh, oh!

**Mr. Jack Harris:** No, we're talking about the retirement. I appreciate that, sir. I appreciate your sense of humour, despite all the hardship you've gone through.

**Mr. Paul Franklin:** In 2009, I did retire. I had a choice of medical release or retirement, and it meant no difference in the care I was about to receive because I was valued at—I don't know—130% disability or some silly thing. It would change nothing, so I just decided to retire. I did that mainly because it gave me a sense of worth, in that it was my choice to leave, not anyone else's.

A lot of our complaints are not within DND itself. It's actually with the bureaucrats and those involved within the bureaucracy and the administration of it.... You see a bus go by and it has "ISO 2001" on it, and what that means is that they simply follow the rules. All we want DND to do is to follow the rules as listed in their books.

• (1700)

**MCpl Jody Mitic:** Make up some rules and stick to them.

**Mr. Paul Franklin:** Yes, stick to them. There are like a million ombudsman's reports. I've been in front of the Senate. The senators visited the Glenrose, and I talked to them, and now it's 2008.... We've been dealing with this stuff for years.

The key point—and as a medic, I've always said this—is that once the war is over, everything will be in place, and at that point, all the budget cuts will happen and everything that's in place will disappear. So when we hit the next war, be it Mali, be it Syria—who knows?—we'll then have to regroup and go, "Hey, I've never heard of this new disease called post-traumatic stress", or whatever the new determination will be, or, "Wow, who thought an amputee would happen?" It will happen again, so what we have to do is find a way to transition from this war to the next war.

But going to the last part of your question...what was it again? I'm sorry.

**Mr. Jack Harris:** It was on the War Amps.

**Mr. Paul Franklin:** Oh, with the charities, yes. The War Amps themselves have been doing amazing work, but what they've made a mistake on is that they.... They've raised \$8 million, but they buy prostheses for kids under 18, and they spend a lot of that money on the CHAMPS program. It's a great program, but there's no province in the country that would refuse prostheses for kids under 18, so what they've done is set themselves up so that the provinces can kind of walk away from a group of patients and citizens of that province. They've kind of made this place where they cannot leave now.

I called the founder of War Amps in 2006 and asked him what we were going to do. I wanted to have a sit-down meeting with the amputees from Afghanistan. At the time, he was in charge, and he said, "Well, I didn't believe in the war in Afghanistan, so we're not

going to touch this. This is a file that we're not going to deal with. You guys are going to deal with VAC and all the rest. It's so much better now than it was back then, so we're just kind of washing our hands of it." I never actually got a meeting with him. I've never actually sat down with anyone from the War Amps, despite a zillion times....

So what we've ended up doing...the Northern Amputee Program morphed into the Franklin Fund, which then morphed into the Amputee Coalition of Canada, which is now peer support and research related. There has never been a single research program on amputees in Canada funded by the War Amps.

I don't want to sit here and diss them, but that is why I created what I created, and creating a charity, as some of you guys know, is like creating a monster. It's tough work. But it's doing well, and we're going to do better in the future, obviously, but these little things.... We're getting our first research program written up now, and then we'll be doing some other stuff, as well as Jackie doing this cool bionic arm stuff.

I hope that answers your question.

**The Chair:** Thank you.

Corporal Mitic.

**MCpl Jody Mitic:** I'd just like to say quickly that with the War Amps, I've been told that if you are an amputee and you.... I'm sorry; if you become an amputee as a serving member, they will handle your file with Veterans Affairs for you. They will be your advocate, and I guess they're really, really good at it. I haven't done it yet because I'm not transitioned to VAC just yet, but I plan to, and their offer stands for anyone who is willing to let them. That's the thing. They don't have access to lists of who is qualified for their services.

**Mr. Paul Franklin:** So there is a disconnect there, obviously, between what Jody has heard and what I have heard, not as a soldier, but as a person from a charitable organization that they might feel is in competition. I think that's where the disconnect is.

**The Chair:** Thank you.

Ms. Gallant, you have the floor.

**Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC):** Thank you, Mr. Chair.

Mr. Mitic, are you in married quarters right now? Is the home you're in owned by the government?

**MCpl Jody Mitic:** It's our home.

**Mrs. Cheryl Gallant:** It is yours.

**MCpl Jody Mitic:** Right, but we were forced to live in a small duplex at Uplands. It was a tiny little thing that was built probably in the fifties or sixties, and it was supposed to be home for three to six months, six months being worst-case scenario. We didn't move out of it for 18 months, and we forced it; the house wasn't done yet, but we were like...Alannah, she had to get out of there. My mom was living with us. They did rent the other half of the duplex, but for both put together, it was like maybe the top floor of the house that we did buy.

**Mrs. Cheryl Gallant:** So what you owe is on your own house.

What exactly do you do at the JPSU? What's your role?

**MCpl Jody Mitic:** Right now I'm awaiting retirement. I haven't actually been employed militarily, probably since I worked at Soldier On with DCSM.

I decided to try a career in broadcasting. I've interned at The Bear, one of the local radio stations. I was trying to get on SiriusXM and stuff. I've done a few other projects as well with TV and radio.

**Mrs. Cheryl Gallant:** I thought maybe you were doing IED awareness training for the troops as they were going over—

**Mr. Paul Franklin:** Now that would make sense.

**MCpl Jody Mitic:** No, I've never been asked.

The operational bases are Petawawa, Edmonton, Wainright, Valcartier. Being here in Ottawa, everyone assumes I'm working within the system, and until I decided to unplug, that's what I did do.

• (1705)

**Mrs. Cheryl Gallant:** So you're transitioning now.

Having gone through JPSU, would you say there's a different between JPSU and SPHL?

**MCpl Jody Mitic:** I never actually did SPHL. When I was a young soldier, SPHL was a threat. As Mr. Harris said, it was the kiss goodbye to your career. So when it was used as a threat to me....

The difference, though, is that SPHL was seen as a scrap heap and JPSU is like a repair bay. Do you know what I mean? It's convincing soldiers that's how they need to see it. I tell the guys, look, if your LAV gets blown up, you don't fix it yourself in the unit. You send it to the mechanics and they put it back together. Well, the JPSU is the mechanics for us.

I think the difference is going to be perception. If we could eventually have a few guys and girls go back to the units as whole soldiers again, we could have some success stories. But it's so new. It's only been around since 2009. I don't know if we have any success stories that the military could point to and say, be like him, or be like her. I don't know. If they do, they might want to take advantage of it.

**Mrs. Cheryl Gallant:** You're in a unique situation in that you've been living both with your own physical injuries and then you mentioned that your wife has PTSD.

Was that on a tour after she was with you?

**MCpl Jody Mitic:** No, her last tour was mine as well.

The way I describe it is that I did the damage; she actually saw what happened after. She would roll up.... She had a tough time with

some of the stuff she saw, and it took her a long time to admit it to herself. We almost broke up because I thought she was just being a bitch, but it turns out she was dealing with PTSD. I didn't know the symptoms myself, right? I also had an OSI for a short period after being wounded.

**Mrs. Cheryl Gallant:** So you have the experience with a physical injury, a psychological injury—you mentioned OSI—and now you're living with your wife, who is going through PTSD treatment, I hope.

**MCpl Jody Mitic:** Yes, she's getting lots of treatment.

**Mrs. Cheryl Gallant:** How would you compare the treatment that somebody gets for a physical injury versus a psychological injury?

**MCpl Jody Mitic:** As I said, my physical injuries were never a problem to deal with. As a patient you have your ups and downs. In my view, with a lot of the mental stuff, the patient has to be as honest with themselves as they are with who they are dealing with. The biggest step we've made in the last 10 years or so is making it okay for people to seek that treatment.

Personally, how I dodged the PTSD bullet is I started talking about what happened to me pretty quickly. I don't know if you remember, but CBC had that show *Dispatches*, with Rick MacInnes-Rae. I think that's his name. He was in my hospital room within a week. I said okay, because even at that time I thought, who knows what's going to happen to this new Veterans Charter thing.

I remember as a kid hearing about the merchant marines getting their pensions or something in the 1980s, I think. I said, "I don't want to be like those guys, so let's make our stories known." When I see a lot of the other... Alannah's thing was that she had a tough time admitting it to herself and everybody. My medical stuff, my physical stuff, was dealt with pretty easily. It's pretty straightforward, right? Then it's the mental stuff.

There are a lot of staff issues. You go to see a psychologist one day, and then you go back for your next appointment. If you're lucky it's a month later, but it's someone new, so you have to start all over again. I saw a psychiatrist briefly in Toronto. I had six sessions, and they changed. At the fourth session I ended up with a different person. They read the notes, but still, when you're in that state, you're wary of new people.

I think the biggest issue they have is people. In Petawawa, I guess, keeping a psychiatrist there...they can't do it.

• (1710)

**Mrs. Cheryl Gallant:** They have now.

**MCpl Jody Mitic:** Yes, they have always had one to deal with a battle group of 3,200 people. That's a lot of people for one person to deal with. I don't know.

Seeing it, I think the physical injuries were straightforward. It's the mental injuries that are the hard side. We keep hearing...like the group before Paul and me were saying about their people; it's tough to deal with.

**Mrs. Cheryl Gallant:** In terms of the biggest changes you have had to make, obviously yours both were physical, or would you say there are other big changes you have had to make in addition to having to change the way your homes are? Are there other big changes you have had to make?

**Mr. Paul Franklin:** It changes everything. It's going from black to white. It's going from young to old in an instant. You go from a person who's an Olympian-calibre athlete, who can run marathons, a triathlete, mountain man, you name it. Jody's a good example, with a lot of the stuff he's done, and I've done lots of stuff around the world. Those are examples of high-functioning amputees. It goes from that level to literally, in some cases, being bedridden and being told not to move. That's changing slowly, the medical side, but it's the military side that is such a big change.

There's a double amputee in Calgary, working at the museum. He's being medically released, forced to release, because he can't do his job, yet he recently climbed Mount Kilimanjaro. There are people within the military—and you have seen some of them, who have what we know as a “button disorder”—who would never be able to climb a mountain, let alone a little hill, because they are so unfit.

We have this complete disconnect of what's deployable. Why can't someone deploy behind a desk or work in a museum? Why can't I work at a computer? There's nothing that says we can't do these tasks other than universality of service, which is great, but there still has to be this part where I can teach about combat medicine. I have knowledge of this. Jody can teach the concepts of shooting. He can shoot. There's nothing wrong with his ability to do his task in this environment.

We even have amputees who have redeployed to Afghanistan and Haiti, and yet we as soldiers here are cut out. I think that's part of the problem. We go from that level to nothing; we recover to a certain point, and then we are cut down. Just as much as we lost our limbs, we lose our jobs, and everything we have ever known and done is gone.

How do we recover from that? Well, that is supposed to be Veterans Affairs. That's the piece. But Veterans Affairs doesn't support the families, as you have just heard. Veterans Affairs doesn't believe the clients. I've had to provide doctors' notes proving I'm an amputee in 2013, six years after—every year I provide a doctor's note saying that I'm an amputee, with pictures even. I even held up a newspaper once. It was hilarious.

**The Chair:** Thank you.

**Mr. Paul Franklin:** That goes to the point of where we were.

**The Chair:** Mr. McKay.

**Hon. John McKay:** Thank you, Chair.

Thank you to you, both, for lending an aura of reality to our discussions here. We appreciate your courage, and both of you are extremely articulate. I have never heard of the concept of “button disorder”.

**Mr. Paul Franklin:** I was trying to say it in a good way.

**A voice:** We would say it in a different way.

**Voices:** Oh, oh!

**Hon. John McKay:** I was thinking we could recommend that to our colleagues at the House of Commons.

**Mr. Paul Franklin:** Steady.

**The Chair:** Order.

**Hon. John McKay:** Over the course of a parliamentary session, we gained eight members. It's a disorder that affects many of us.

Ms. Gallant anticipated my first question, and you basically confirmed that the folks who you heard before, in some respects, have an even more difficult struggle than you do, because even though you still have to get a doctor's note that says you don't have both your legs, that they haven't grown back.... That sounds more absurd than—

● (1715)

**Mr. Paul Franklin:** We don't have salamander DNA.

**Hon. John McKay:** Okay.

But it's basically confirming that particularly for the PTSD folks, this is an even greater hill to climb, and the military bureaucracy drives them even crazier than it drives you with yours.

I think it was you, Master Corporal Mitic.... How do you end up owing thirty thousand bucks? I don't quite understand.

**Mr. Paul Franklin:** I don't think he's the right person to ask.

**MCpl Jody Mitic:** Basically, this is the thing. This bag of papers is how I'm supposed to figure it out for them, because they're saying they did everything. We had a budget that they controlled, and then they told us afterwards that they were paying percentages of parts of the project. Whether they would sit down in a room, probably a lot like this one, and talk about it—it was never with me or Alannah. They had lots of meetings and decided that they would pay for 75% of the front walkway, which I need for the wheelchair.

I walked in here, and I run marathons, but I spent half of 2012 in a wheelchair because I had a lot of skin issues. Skin breakdown is one of the biggest problems for an amputee. I had infections. I had to get part of my bone cut out. So when I'm not on my legs, I'm in a wheelchair, much like Paul...exactly like Paul.

I even took my kids to Mexico in a wheelchair. I did not have the best vacation. Mexico was not barrier-free.



We went into a meeting one day in the fall of 2011. We've been dealing with this for six years, anticipating getting a cheque to pay back a lot of the upfront costs.

**Hon. John McKay:** So you've been on the hook yourself for a lot of this?

**MCpl Jody Mitic:** I have, for a lot of it. They always say, "You pay and we'll reimburse", except one day the reimbursements dried up. They said, "You know, you've gotten a lot of money." And we said, "You guys have taken a long time to do this, so we've paid for storage and this and that." We went in anticipating a cheque for \$36,000, I believe—we were going to just pay off the line of credit and stuff like that—and they said, "It turns out you owe the system \$40,000", or something like that. A little warning before the meeting would have been nice. Then they said, "Don't worry—we convinced the military family fund to cut you a cheque for the original amount you thought you were going to get, and you're going to pay the system back some \$20,000 of it from the military fund", as if that were a charity. We were sitting there saying, "Okay, umm...", and to this day we are still trying to figure out exactly how we ended up owing this money.

**Hon. John McKay:** Actually, it's one thing to say that you owe you the money, but do you legally owe the money?

**MCpl Jody Mitic:** Yes. They threatened to take it off my pay.

**Hon. John McKay:** They would garnishee your wages in order to pay back the loan they've decided...?

**MCpl Jody Mitic:** Well, I guess they have these percentages. That meeting was the first time we heard about that. I wish I could have brought a copy for everybody, but my printer doesn't print that much.

We thought the front walkway would be 100% paid for. Let's say it cost \$38,000 to get the ramp all done up and widen the door and then do the front hallway. They handed us a sheet and said, "Look, we only paid 75% or 80%." We said, "Okay, but that was done in 2010. This is 2012." They said, "Well, we spent the amount of money that it cost on that. So for every project we paid for, there was a deficit coming up at the bottom."

Do you know what I mean?

**Hon. John McKay:** Yes. I sort of know what you mean, but it seems like a pretty bizarre system where....

**MCpl Jody Mitic:** My back door, my deck, still isn't done. It's supposed to have a lift on it for my wheelchair. That's been in storage since it was bought in 2010 because the contractor bailed and ran on his responsibilities for the backyard. Then the money that was supposed to pay for the walkway from the back gate to the deck was apparently spent on other things, even—

**Hon. John McKay:** Okay. I can't get into that amount of detail—

**MCpl Jody Mitic:** I know. I try to make sense of it myself. But then they said, "Well, we gave you that money for that walkway." Where? What cheque? That's the thing. There are cheques flying everywhere, and then to retroactively apply the cap on what the house was worth in 2009, when we bought it, to the project in 2012, when it finally got finished....

**Hon. John McKay:** You're in serious need of a lawyer, it seems to me.

**MCpl Jody Mitic:** Well, we're working on it.

**Hon. John McKay:** Mr. Franklin, how did you get your wheelchair repossessed?

**Mr. Paul Franklin:** In 2006 Veterans Affairs offered to purchase wheelchairs for me. I think their cap was \$2,200. I was offered a \$7,000 wheelchair from Shoppers Home Health Care. I needed one for downstairs and one for upstairs, because you transfer up. DND bought them, and they purchased—

• (1720)

**Hon. John McKay:** Which one, the Shoppers one—

**Mr. Paul Franklin:** They bought both, actually.

The first wheelchair arrived, and I waited and waited. I did my rehab and all this stuff. It was only about four weeks. Shoppers Home Health Care was asking where their cheque was, or at least a valuation that we're going to pay. Veterans Affairs told them they were not going to pay, and then DND, being the bureaucracy it is... there was no one to report to and ask for these cheques.

Eventually the salesman just said "I have to take the chair back, and hopefully this will impose a quicker transition from you getting the chair to me getting the cheque." I said "Okay, no worries." Then I told my CO, and from that point a cheque was written from the hospital emergency fund and the wheelchair was given back to me.

In this latest one, I got a new wheelchair. I went to Shoppers Home Health Care, and because I didn't follow the specific rules of Veterans Affairs, which is to talk to the occupational nurse to get your seat and your back measured, and all the rest of the stuff, because I didn't follow those rules—and I understand, but the salesman knows me, he has those measurements on file, and we deal with this stuff. I don't know, I talk to the dude on a monthly basis. So everything is there. I have a huge-ass file like that. It's all there, it's easy to do, but the problem is that Veterans Affairs doesn't trust the salesman.

It all has to do with trust and how they don't trust the client or the salesman. Anyone outside the system is not a trustworthy person, even though we could fill libraries with the number of honourable things we've done in this society. But that's the stuff we can't get these people through. That's why I actually had to go through a comic to get this done. I purposely went a little outside the box. I could have done it a little quicker, but I decided to go this route because it is literally so absurd, and being one of the more visible people, as an amputee and as a wounded soldier, I thought it would be completely classic that this is the route I would have to take.

Imagine someone with PTSD, alcoholism, a family member locked up in a psychiatric ward, or you name it. That is the true problem. I like to call it the sit and die program. They wait for you to die because it's cheaper. Remember, back in the day they said death is cheaper than a wound, and it's true. That standard is still held to this day.

**The Chair:** I'm going to have to wind it down. We're way over time.

Mr. Chisu, we're going to go to five minutes, so be sure you keep your comments to that.

**Mr. Corneliu Chisu (Pickering—Scarborough East, CPC):** Thank you very much, Mr. Chair, and thank you very much, Master Corporal Franklin and Master Corporal Mitic, for being with us today and for telling your stories.

I completely agree with you about the bureaucracy. As a retired member of the forces, and I was in Afghanistan in January 2007 with Roto 3, I understand the issues and the things you are going through and the bureaucracy you are facing. I faced bureaucracy, imagine, at the officer level, and now we are facing you, at your level.

I would like to ask you a couple of questions. You retired from the forces, and you are just in the process of retiring. How do the forces prepare you for your retirement? When I retired from the forces, and I was forced to retire because of the age limit and so on, it was one of the saddest days of my life.

To go from every day on the job in the military and now you are going into a completely different world...how do you think you are prepared for that? I'm not speaking about the services from Veterans Affairs, because you are able-bodied and you want to do something; you are young and you want to participate in society. How is DND or the army preparing you for this transition?

How were you prepared, and how are you getting prepared?

**MCpl Jody Mitic:** For me, I've looked at the services. SISIP has services, and DND has services. My personal feeling is that it's actually really good. There's a lot in terms of retraining, for example.

Being a combat soldier, I have a little bit more available, because there's not much of a market for a sniper in the world—unless you're a cop or a mercenary.

**Voices:** Oh, oh!

**MCpl Jody Mitic:** You know, Libya was hiring for a while, but that ended.

You can go to university, or if you're a clerk or a mechanic, they will pay for your upgrade to be certified on the civilian side. If you're a medic, they'll send you to paramedic school, or maybe nursing school, if you can get some of the qualifications on your own.

I've said on a few occasions that there are almost too many options on how to prepare yourself to leave. For me, my biggest hurdle was accepting that I wasn't a soldier anymore. But that was a personal thing.

As far as the services are concerned, I've seen lots of soldiers leave the military and get jobs outside the military, no problem. I think they do their best.

You know, it's one of those things; this is one of those cases where everyone is different, but they have a lot of options for you to choose from.

•(1725)

**Mr. Corneliu Chisu:** So you are satisfied with the services, essentially.

**MCpl Jody Mitic:** I'm not using any of them, because I'm going down a route where I've made my own path, which is my choice. If I wanted to, though, there are plenty of options for me to find a way out.

So it's good. For a lot of soldiers, as I said, you wake up one day, you're told where to be, what time to be there, what to wear, when you're going to eat, what to bring, and the next day it's like, "Okay, see you later, fella."

**Mr. Corneliu Chisu:** Mr. Franklin.

**Mr. Paul Franklin:** I did the same thing; I chose a different path from what was offered.

There are programs out there. One of the newer ones is Helmets to Hardhats. That's great, but after sleeping in the forest for months and years, do you really want to go and work in the oil sands? Like, no. I'd rather work at a bank, thanks, and be sitting at a job.

But this is if I were even able to do it, which is part of the problem. As a paramedic, I was fully trained and fully capable of doing my job. After being blown up, I can't serve in any provincial paramedic force, or even instruct, because I can't get my paramedic licence. I can't go in the back of a car where I can see patients. Now I'm in kind of a quandary, because all my seven years of education are tossed out the door. I have to recreate my own self.

There is this problem, then. The wounded and injured/ill have an issue of where they can go, based on their training. This small group of people of I guess probably 5,000 who are wounded—just the wounded—we have an issue with. We have to find a place for them. With PTSD, we then have to add an extra probably 40,000 to that group.

These are huge numbers, when you actually start to think about it, to integrate back into society within a six-year period. We started in 2002, and now here we are in 2013-14. We've had about six years of people slowly returning, and then, in probably three years, people retiring from that timeline. We'll have another three years of that next group retiring because they can't serve anymore. With universality of service, you only have three years.

So we have this huge group within society that is marketable, intelligent, educated, and cannot be employed. That's a big issue. We have to figure out how to do that.

I will refer back to the family issue. What we're not doing is we're not training the families before deployment. What we're not doing is we're not talking to those families and telling them what to expect and what to do.

We all signed up. We know what bureaucracy is. You're here; you know what it is. This is not an expectation that DND would screw us. It's standard; it's that level of care; it's as low....

As I was saying, the highest level of care in the world; well, when you're at the bottom, it's easy to be the highest. When Afghanistan went from the worst country in the world to the third worst, for them it was a massive step. But the reality is that you still have a hard life there, dude, because you're only going to live to 45.

That's the kind of thing where we have to think about what we're doing. It's not about spending more money; it's about employing the ideas we already have, making them simpler to understand, making them more flexible.

Why do I have to pay beforehand for so many of these things, as Jody is doing with his house, as I'm going to be doing with my kitchen? I have to cough that money up first and then get it done after. It all comes out of this hole, which will be a line of credit or extra mortgage or whatever.

I'm running two homes right now, the house I have with my ex and then this house. I'm helping with that, and then I'm doing this thing. And this is not unheard of. I mean, 90% of wounded soldiers are divorced. We're all separated from different places and families, so we all have this huge issue.

Then, of course, you add all the family matters. They don't understand what we're going through.

Jody and I, we don't really have PTSD. All it is, post-traumatic stress disorder, is a normal reaction to a very abnormal situation. We worked through those steps to get out to the other side. Then we fought through the system, and we fought the way we fight as combat people to get to the other side.

Maybe we come at it from a bit of a different perspective than other people do. That's just an idea.

• (1730)

**The Chair:** Thank you.

Time has expired. We're going to move on.

Madame Moore.

[*Translation*]

**Ms. Christine Moore (Abitibi—Témiscamingue, NDP):** Can you hear me?

[*English*]

**MCpl Jody Mitic:** Yes.

[*Translation*]

**Ms. Christine Moore:** Mr. Franklin may be in a better position to answer my first question.

Two or three years ago, a friend of mine had a mining accident. He was a military reservist, and his civilian job was working in a mine. He lost the use of his legs after falling in a mine. Now he gets around in a wheelchair. He lives with his spouse. Since the accident occurred in the mine, the CSST handled all the home adaptation and the other costs.

Have there been any comparisons between what is available to members of the military and what is available to civilians, through worker's compensation, for example, when people have had an injury, an amputation or a serious injury?

Mr. Mitic, do you have a specific claims adjudicator, in other words, a single person who walks you through the entire process and helps you fill out adaptation requests? Does anyone look after you in that way? If not, do you think it would be a good idea to have an officer looking after an injured person's individual case? The officer could assist the individual with all the paperwork and applications, give them an overview of the situation and take steps on the person's behalf so he or she doesn't miss anything?

You were a sniper. Going through the binders of documents describing all the programs may not be your specialty.

If it doesn't already exist, do you think such a system should be established to ease the burden on members of the military who have to go through administrative steps?

[*English*]

**MCpl Jody Mitic:** You can do the WSIB thing.

**Mr. Paul Franklin:** Yes, sure. I've talked to other insurance groups and the workers' compensation board, through the charity issues and how people are compensated.

SISIP offers a value for your limb, but it's not the same value that a typical insurance agency would offer. It's \$125,000 per limb, up to a maximum of \$250,000. Billy Kerr lost three limbs, so he doesn't get any more money, even though his quality of life is down to minimum because of three limbs lost. Other people get the same amount of money for having much smaller injuries. We have a guy who is surviving and doing amazingly well, yet he's not compensated the same.

If it's below the knee, an insurance company may pay \$125,000; for above the knee, \$150,000 to \$200,000; or at the hip, maybe \$250,000. The reason for that is because of the lack of mobility. As you saw, Jody walked in. He is a double below-the-knee amputee. As a double above-the-knee amputee, I hardly walk. The difference in mobility and effort is a thousandfold. I don't ask for 1,000% more, just simply a different percentage, which workers' compensation, insurance companies, and others do quite regularly.

As for case managers, they exist. It's always funny when you go into a Veterans Affairs office, because the clerk is behind—literally—bullet-proof glass. You can imagine that already the level of confrontation is up. It's like asking for money at the airport; it's just stupid. You have to get through that level to even talk to someone.

Again, we go back to that initial piece. Imagine someone who is confrontational, who has a drinking problem, and who has all those other issues. To even see their case manager... They finally get downtown, they finally get to the Veterans Affairs office, or the family does, they finally get to see someone, and it's like, "Do you want fries with that?" It's not cool. It's not the best way to have Veterans Affairs represented, and it's not the best way for the families and others to get care.

That's the key. Even for the programs that exist now, how can we give people better access to the system so that someone like Jody, who is going through this lawyer stuff, should not have to pay for a single lawyer, ever, especially when it's a DND-created problem. We should have a DND lawyer who represents DND, and we should have a DND lawyer—which we actually have, called JAG—represent both clients, just as they normally do in any other harassment or any other DND issue. They should talk together, come up with the problem, and Jody gets his solution, which should be that there's not a single cent paid if it's been an administrative mistake on anyone's part.

• (1735)

**MCpl Jody Mitic:** That would be nice.

For serving, the JPSU is your agent. So if you're posted to JPSU, there is the services manager in charge of the platoon. They still use military jargon, so everyone is assigned a section commander. A normal section commander—in the infantry, anyway—will have a section of 10, if you are mechanized, which means that if you're in vehicles you'll have a 10-man crew.

I've heard of JPSU section commanders looking after 75 soldiers. These guys and girls do good work. They do their best to stay on top of things, but a lot of the time the section commanders within the JPSU, as well as the officers and the commanders of these units, are themselves injured or ill, or approaching retirement, or they're on a class B contract from the reserves, and when that expires they then leave the job. So there is constant turnover of personnel in these

units. Just as they're getting good at it, oftentimes that's when their contract is done or they're offered another job. Frankly, I don't blame them when they jump ship, because they deal with a lot of stuff. I don't know if \$65,000 a year is worth dealing with the problems of 100 different people on a daily basis. That's what the JPSU is created to do.

They didn't have it when I was first injured, and I made a point of saying it would be nice to have, and they said, "Oh, don't worry. In about a year we'll have this system in place."

They're doing their best with what they have, though.

**The Chair:** Thank you.

Time has expired, and the time for our meeting has expired as well.

I want to thank you, Master Corporal Franklin and Master Corporal Mitic, for joining us today and giving your comments and sharing with us your experience. I want to thank you for the sacrifice you made for your country, and also for the service you do today for your country in helping us with our study.

This is important work, and we hope with the report we come out with at the end, the government will help improve on some of the hurdles you've encountered and the services you're being provided.

With that, thank you very much.

We are adjourned.

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