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Chair

Mr. Neil Ellis

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•(1105)

[English]

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

Pursuant to Standing Order 108(2), according to the motion adopted on Thursday, February 25, 2016, the committee resumes its study of service delivery to veterans.

Today we have two organizations that will present. We have Mr. McInnis, director of Dominion Command, and Brad White, dominion secretary of Dominion Command. From Equitas, we have Mr. McKenna and Mr. Scott.

Each organization will be given 10 minutes to make its opening statements. After that we will proceed with rounds of questioning.

I just want to bring to everybody's attention the *sub judice* convention regarding matters under the consideration of a judge or court. It applies to debates and questions in committees. Members are expected to refrain from discussing matters actively before the courts concerning the Equitas deputation today.

Welcome, everybody. We'll open today with the Legion.

You have 10 minutes.

Mr. Brad White (Dominion Secretary, Dominion Command, Royal Canadian Legion): Good morning, Chairman.

I'm Brad White, the dominion secretary of the Royal Canadian Legion. With me today is Mr. Ray McInnis. Ray is the director of the national service bureau. Ray and I will be alternating back and forth as we give our presentation today.

[Translation]

Today we are going to make our presentation in English, but if you have questions, we can answer in French or in English.

[English]

It's a great pleasure to appear in front of your committee. I am pleased to be able to speak to you this morning on behalf of our dominion president and our 300,000 members and their families.

The Legion has been asked to discuss programs, services, and support that we offer as an organization to our veterans and their families in their transition to civilian life.

The positive transition to life after release is essential for all Canadian Forces members, whether they be regular or reserve force

personnel. Naturally we also include RCMP members and their families as part of that equation.

The experience of life after release is different and unique for each veteran. Some voluntarily leave after a short period of service, some are single, some have very young families, and some are in need of employment. Others retire after 30 or 35 years of service to the government; they have grown families, with very good financial security. Some members who retire are injured in service to their country, and they must make this transition through this very difficult period of time and under difficult circumstances.

Therefore it is important that the Department of National Defence, Veterans Affairs Canada, and the RCMP put in place complementary policy, practices, and programs supported by a sustainable research program with the goal of enabling a healthy transition for all our veterans and their families through this change in life's course.

Mr. Ray McInnis (Director, Service Bureau, Dominion Command, Royal Canadian Legion): The Royal Canadian Legion is the only veteran service organization that assists veterans and their families with representation to Veterans Affairs Canada and the Veterans Review and Appeal Board.

The Legion's advocacy program is core to our mission. We have been assisting veterans since 1926 through our legislative mandate in both the Pension Act and the new Veterans Charter. Our 23 professional command service officers are located across the country and provide free assistance to veterans and their families in obtaining benefits and services from Veterans Affairs Canada.

Please note that you do not have to be a legion member to avail yourself of our services, and I will stress again that they're free services. Our national service officer network provides representation starting with first applications to VAC through all three levels of the VRAB.

Through the legislation, the Legion has access to service health records and departmental files to provide comprehensive yet independent representation at no cost. Last year our service officers prepared and represented disability claims on behalf of over 3,000 veterans to VAC and the VRAB. There is no other veterans group with this kind of direct contact, interaction, provision of support, and feedback from veterans, their families, and caregivers.

Our branch service officers are located in over 1,400 Legion branches in Canada. In this challenging environment, our branch service officer function becomes more important. Our volunteer branch service officers are the boots on the ground, the eyes and ears in our communities. Therefore it is important that every branch have an active and trained service officer to respond to the challenges facing our veteran community.

Branch service officers assist veterans by identifying those with unmet health needs and possible benefits from VAC and then making appropriate referrals to the command service officers.

Today the policies, programs, and services available to our veterans and their families are complex. Our command service officers are professional and receive regular training.

Mr. Brad White: When it comes to serving veterans and their families, the Legion continues to be the only veterans organization in Canada advocating for and providing assistance to all of our veterans.

First and foremost, we offer camaraderie in our branches. To ensure camaraderie continues after service, the Legion offers a one-year free membership to all members releasing from the Canadian Armed Forces. Since its inception, nearly 2,000 members have signed on. Membership offers veterans and their families the opportunity to volunteer to help other veterans as part of the community-building that is an important value in the nature of our military culture.

Some veterans simply want to support a veterans organization through their membership contribution. However, there are many programs offered by the Legion branches supported by thousands of volunteers. These are the core programs for veterans, and membership is not always a requirement to attain these programs.

The impact of military service on our soldiers, sailors, and airmen and women often makes the transition back to civilian life very challenging. Today the Legion is seeing a change in the needs of some of our younger veterans. This is the age group of early twenties and onwards. Many have invisible wounds and challenges with their transition back to civilian life. Our experience from the veterans transition program provides evidence that some veterans and their families feel isolated and need a welcome home in a very real way.

The veterans transition program, the only program of its kind in Canada, assists former members of the Canadian Forces with their transition into civilian life. This program was developed to address the invisible wounds of our soldiers so they can function and have healthy relationship with their families, friends at work, and particularly and most importantly, with themselves.

This program was established in 1999 with funding from the BC/Yukon Command. It is a group-based peer program facilitated at the University of British Columbia Faculty of Medicine. It is free of charge to former members of the RCMP and Canadian Armed Forces. This program is expanding nationally and is planning to offer sessions uniquely for women.

VAC supports the program, and we recommend that DND and the Canadian Armed Forces support the expansion of the veterans transition program nationally to ensure that serving Canadian Armed Forces members affected by PTSD can have access to this program.

Last week our dominion executive council approved the establishment of an operational stress injury special section of the Royal Canadian Legion. The press release was made this morning.

There is a precedent for special sections within the Royal Canadian Legion. The tuberculosis veterans section was granted a charter in 1926 in response to the need to support veterans returning from World War I with tuberculosis and lung-related diseases. With a growing need to support and advocate for veterans suffering from OSI, the establishment of this special section will further strengthen the Legion's ability to respond to the needs of the veteran community. Through this section, the Legion will build on our outreach, support activities, and enhance our advocacy efforts. In addition, this is a member-driven initiative that will engage all the efforts of our veteran members, especially those with OSIs, and provide them with an opportunity to get involved and become part of the solution.

The mandate of the OSI special section is to recognize and address the needs of veterans suffering from operational stress injury through outreach information, referral services, and advocacy. The special section is a peer support network that will provide enhanced outreach and support to all veterans as defined by the Legion. To be a member of the OSI special section, you just have to be affected by OSI, but you don't have to be suffering from OSI.

The Legion in British Columbia has also partnered with the British Columbia Institute of Technology to deliver the Legion military skills conversion program to help accelerate and advance the civilian careers of former and current regular and reserve force members. This program offers fast-track education, with accreditation through BCIT, through credits for military experience and assistance while developing your own business and finding a job after release.

• (1110)

Mr. Ray McInnis: While the Legion continues to deliver many programs to veterans and their families to ensure quality of life after release and ease the transition from service, more research is required to determine the effects of service unique to the Canadian military demographic and unique to Canadian operations.

The Legion is currently engaged with, and very supportive of, the Canadian Institute for Military and Veteran Health Research to ensure this capability is implemented. We provide annual financial support to the CIMVHR Forum, and through CIMVHR we offer a \$30,000 RCL master's scholarship to a master's student who meets the necessary academic criteria and is continuing to study in the area of military and veteran health research.

Last year we donated \$1 million to the Royal Ottawa Hospital for mental health research. This gift will specifically be used to support the creation of a brain imaging centre at the Royal featuring a state-of-the-art PET-MRI machine. I am pleased to inform you that the machine will soon be operational and will allow the experts at the Royal to conduct research, including clinical trials that will advance knowledge of brain circuitries and create new practices that will help to improve treatment for anyone suffering from mental illness.

The 2017 Invictus Games will be a historic opportunity for Canada and its citizens to pay tribute to and support our ill and injured soldiers along with their families. The Royal Canadian Legion supports the Invictus Games wholeheartedly, and on behalf of our president, Tom Eagles, we are very proud to announce that the Legion will become a signature sponsor for the 2017 Invictus Games.

These games will not only benefit those who are competing but will also send a powerful message to those across the country who are struggling with severe physical challenges and mental health issues because of their military service that they can overcome whatever obstacles are before them.

Families are the strength behind the uniform and must be engaged in the transition process from the very start, especially when it is not a physical injury. Families can request assistance from military family resource centres. There is a family liaison officer, who is a social worker, located in all the integrated personnel support centres across the country who can provide assistance to the family.

The first step in helping members leave the military is the very important transition interview. All releasing Canadian Forces members in the regular and reserve force are entitled to a transition interview.

For ill and injured members, we very strongly recommend that it be mandatory for family members to be in attendance. We recommend that transition interviews be conducted early in the release process to help members and their families identify any needs they may have ahead of time.

Our benevolent assistance program provides financial grants to meet the essential needs of veterans and their families who have limited financial means. The program is available at every level of the Legion and is accessible to veterans, including still-serving members, and their families.

In 2014 alone, we provided \$17 million in benevolent assistance grants to veterans and their families. We also assist allied veterans living in North America with obtaining benevolent assistance from a variety of resources. Our network of service officers at all levels of the Legion from coast to coast coordinates grants with other agencies, including the Canadian Forces Support Our Troops fund, to ensure that veterans' needs are met.

The Legion continues to be concerned with the lack of a formal capability or program that proactively reaches out to reserve units and their members to ensure that these veterans are being looked after regarding access to disability benefits from Veterans Affairs Canada. Most reservists don't believe that they are veterans. With this in mind, the Legion sent a letter to every reserve unit in Canada offering a briefing on our service bureau network and the assistance available from the Royal Canadian Legion. To date we have briefed over 500 reservists on our services, but more importantly, these reserve units have been informed of our service.

The Legion also maintains an extensive outreach program to inform all veterans and their families about health promotion, independent living, community resources, and healthy lifestyles. We present at Second Career Assistance Network seminars on all bases and wings to inform members of our services.

The Legion has a presence at most of the Canadian Forces integrated personnel support centres on each base to assist veterans and their families as part of the transition process.

• (1115)

The Legion has been engaged in assisting homeless veterans for many years through our national Leave the Streets Behind program. Through poppy funds, we can provide emergency assistance, housing, food, clothing, bus tickets, etc. Just in Ontario, over 560 homeless veterans have been helped by Ontario Command alone, and across Canada, Legion provincial commands are working closely with Veterans Affairs, shelters, and community organizations to get veterans off the street and into transition programs.

Mr. Brad White: I'd like to address the issue of communication and accessibility.

The new Veterans Charter was developed to meet the needs of the modern veteran. It is based on modern disability management principles. It focuses on rehabilitation and successful transition to living with the new normal.

The Legion has never completely endorsed the new Veterans Charter as it was presented in 2006. We have been steadfast in our advocacy for its change to better meet the long-term needs of our veterans and their families. We understood that the new Veterans Charter was a living charter. We all have an obligation to understand the complexities and the interrelationships and to inform others and explain what the new Veterans Charter is all about. Our veterans and their families deserve nothing less.

The new Veterans Charter and the Enhanced New Veterans Charter Act are comprehensive and complex. Our veterans and their families need to know what programs are available to assist them and how to access them. They include financial programs, rehabilitation, health services, and family care. The government needs to ensure the resources and programs are in place to meet their needs. The government needs to review the accessibility to these programs and ensure front-line staff are available and knowledgeable to assist veterans and their families. This should not be a self-serve system. You should not have to pull the information out. The information should be pushed to you as you move in transition from the military into your new life.

Most veterans and their families do not have a good understanding of what the new Veterans Charter is all about. I would suggest that highlights the ineffectiveness of the communication of the programs and services available through the new Veterans Charter for our injured veterans and their families.

It is time for the government to start communicating and proactively reaching out to all veterans across the country to ensure they are aware of the financial compensations, rehabilitation programs, health care services, and family care programs that are available, and how to access them.

Lastly, it is also time for us to understand the new Veterans Charter and the Enhanced New Veterans Charter Act, and the recent amendments made by this government. This should be a priority. Our veterans need to know not only the weaknesses but also the strengths behind the program's services and benefits. We can help our veterans and their families.

This is but a brief snapshot of some of the programs the Legion provides to support the transition to life after a military career.

The Legion has been delivering these programs to veterans and their families since 1926. This is our 90th year. The Legion is proud of the work it has accomplished and all that has been done to assist our veterans and their families. Our programs will continue to evolve to meet changing demographics while still supporting our traditional veteran family and community.

Notwithstanding the capacity of the Royal Canadian Legion, we certainly believe the Department of National Defence and Veterans Affairs Canada have a responsibility to ensure that policies, practices, and programs supported through a sustainable research program are accessible and will meet the unique needs of all veterans, with the goal of enabling the healthy transition of all veterans and their families through a challenging and changing difficult life course.

Thank you for your time.

• (1120)

The Chair: Thank you.

I did let you go a little over there. We do have some time toward the end, so in fairness I won't hold the Equitas Disabled Soldiers Funding Society strictly to the clock either.

You're up. We have Mr. McKenna and Mr. Scott.

Mr. Jim Scott (President, Equitas Disabled Soldiers Funding Society): Thank you very much.

My name is Jim Scott, and I'm the president of the Equitas society, a forum to underwrite the disbursement costs to have six disabled soldiers represent their issues through the courts on the new Veterans Charter's compensation packages for injuries.

Next to me is Brian McKenna. He is a veteran injured in the Afghan war and a member of our advisory committee.

My involvement came from my son, who was injured in Afghanistan, and from looking at his settlements and also the settlements of other reservists who went to the Afghan war. They appeared disproportionately low, and therefore the services of Miller Thomson, a law firm with offices across Canada, was obtained on a pro bono basis to do a judicial review of those benefit packages.

Over 200 soldiers submitted their medical records and their compensation package, and six were selected to represent all soldiers. Those six have agreed to have their cases made public in the public domain. We'll discuss them because there's a theme throughout the delivery model.

First, we are very happy and we see great encouragement from the government providing new benefits in the process going forward. I am very pleased that the committee is looking at the discrepancy between programs and what often goes into the individual soldier's compensation package, and the reasons for that. I don't think it's anything sinister; it's just what occurs when you have a major organization like the federal government running a program.

The first area we'll talk about is the conflict between the different government departments. Each department will apply a different standard to the same conditions, resulting in various opinions. For example, the Department of National Defence may discharge a soldier from their duties for not meeting their universality of service because of certain injuries they have incurred, but Veterans Affairs Canada will not accept those injuries and will not compensate for them, and the Canada Revenue Agency may not consider the soldier in a disabled category for the credits.

We'll use my son as a representative case. He had a number of internal organs removed as a result of an explosion in Afghanistan, one of them being his spleen. The medical records he got from the Canadian government—understand that he was in American care for much of his recovery overseas—showed that his spleen was operated on. His claim was rejected because they said he had not proved that his spleen was removed, but had only been operated on. This went on for years. I don't know if it has been settled now. It's just an illustration that the Department of National Defence has records that are not accepted by VAC, and then the duty is placed on the soldier to show evidence of that disability. It's evidence-based, but the soldiers can't go into the United States government's system and extract medical records. They just don't have that ability.

One solution is that the lead counsel for Miller Thomson has written what has been used in other Commonwealth countries, a sort of veterans' bill of rights. I've given the clerk a version of this in English, and he will have it translated into French. It ensures continuity among the various government departments that deal with a veteran's files, and not simply Veterans Affairs Canada.

I realize that Veterans Affairs put into some of their amendments a preamble and legislation that address this issue, but as we can see, there is more than one act that affects soldiers.

• (1125)

There's going to be resistance in the Department of Justice and the civil service regarding what we call the "slippery slope argument", which is that if we enshrine this for soldiers, others will follow, and this will mean a higher duty of care for the government in the long run. Therefore, we're asking that parliamentary leadership be provided by this committee and others to look at the Commonwealth countries that have put this bill in place and to look at the reasons for it and to advocate for it, because it certainly will not be advocated outwards by the system.

The second issue that we see is the issue of lifelong pensions. Currently we have the earnings loss benefits. They have increased, and that is a very good development. However, the earnings loss benefits require the person to remain sick. In other words, they have to show that they are entitled to those earnings loss benefits, and, as we've seen in recent national coverage, they have to indicate that they are still sick in order to receive those benefits. There's little allowance for personal betterment. Therefore, it's our position that people stay in a cycle of sickness because every 18 or 24 months they have to prove they are sick, and they can't move on.

A pension recognizes that people are disadvantaged in their ability to earn an income. It supplements them in an attempt to equalize what an able-bodied person's earning capacity would be against a disabled person's earning capacity, and there's no penalty for being better. In other words, it's a platform on which they can go further up. Our submission is that a lifelong pension, even if it's the same amount of money as the earnings loss benefit, for the mental health of the soldiers allows them to move on, whereas the earnings loss benefit traps them into a process of constantly having to justify why they're receiving those funds.

With regard to caregivers, the theme we have seen throughout the files we have been processing is that when a soldier is at a certain level of disability, their spouse is required to remove herself or himself from the workforce in order to be a full-time giver of care to the disabled member. We have had the opportunity to meet with a number of people who are double amputees and even with one triple amputee. It's very clear that the spouse is the primary caregiver and is required for that person to have a meaningful life going forward. However, the caregiver is not eligible for private sector pensions and CPP, but only for old age security.

Even though we make great fanfare about how we've gone from 50% to 70%, I'd urge the committee to actually do a model of what these caregivers get in real dollars. We have models and we are certainly prepared to give the committee these models. Their actual income upon the death of their spouse will be at or below the poverty line. I don't know if we've really considered the duty of care that

these individuals are giving and what the result is. The result is that they are basically going to be in a life of poverty at some point.

The next issue is education. There's been lots of fanfare about education. We're highly supportive of higher education. Trades for disabled soldiers with missing legs and so on are difficult. A lot of them need to go on to be lawyers or to get MBAs in order to be competitive in the workplace. We're seeing government policies showing high amounts for education, but in reality they're not being approved. I'll give an example from our representative plaintiff, Gavin Flett.

He paid for his own undergraduate education. He went into financial services because he can no longer go into a place of employment such as the RCMP, which he thought he would be hired by after he came back from Afghanistan, due to lower-leg injuries. He was advised by his employer that he would need higher education to move forward in the industry. He applied for an MBA that had 2,400 applicants. They took very few. He filled out a very long request. It was rejected. It was rejected on an administrative issue, which was that he would not be able to complete anything meaningful with his first \$25,000, and that money couldn't be applied to the full program. Therefore, he was rejected outright.

He continues to have no educational support, even though he would probably be one of Canada's best examples of somebody going forward.

I get phone calls on a regular basis from other veterans across Canada who are in the same situation of seeking higher education and simply not being able to get it because of the process.

• (1130)

I think the solution is to develop a policy to get disabled soldiers into higher education if they can meet the standards.

I'll go to the next issue. We're not here to make enemies with VAC; it's just that there is a culture of what we call "no". There is very often a rejection of your claim, and then you have to be persistent on it and go before the review committee. If it is sent up to the Federal Court it only comes back, as it must go back to the Veterans Review and Appeal Board if there's no resolution, and it can get stuck in a cycle.

I'll give you another example from a representative plaintiff, this being my son again. He had part of his pancreas removed. He made a claim through that process that it was causing him dietary issues, and it went up and was denied. He got a letter of denial saying that it had no effect on his well-being.

The next issue we'll talk about is service delivery. We have not really seen—and I can speak for the law firm—such complex acts and so many rules and regulations as the new Veterans Charter and the Pension Act. These are very, very difficult acts to administer, and general government workers just don't have the skill to work with these acts, regulations, and benefits.

What we find is that there's no real advocate. I mean, certainly there's the Legion, and we applaud them for what they are doing, but within the system there's no advocate. Some of the help that they need is actually more on a legal side than it is on a processing side. For example, we've had one representative plaintiff who had gone through a matrimonial issue, and the first question that the plaintiff asked was, "Is the lump sum settlement subject to a 50-50 split? When she leaves, does she take half of my lump sum settlement?" This is actually legal advice; it's very specific legal advice that even matrimonial lawyers may not know.

One of the solutions here that I offer to the committee is that Ms. Kelsey Sherriff, one of the counsel for Miller Thomson, submitted to the Veterans Affairs minister within the last two weeks a pro bono private industry proposal whereby lawyers across Canada who have a military background are prepared to act for free for individual soldier cases, such as on the matrimonial issue.

They will need some seed money to start from the federal government, but it will be a self-sustaining program that will have very little cost to the government but a high amount of benefit to the individual soldiers who find themselves in sometimes difficult situations that are hard for the Veterans Affairs Canada staff and even generous lawyers to deal with.

The last issue we want to talk about is mental health. One item that we found is that nearly all the claims have involved some sort of mental health issues. The administrators of the programs are really not trained to deal with people with mental health issues, some of which are severe. Therefore, there becomes a standoff.

I got a call, probably a month ago, from somebody who was in jail. He called me and told me he needed a lawyer. The issue was that he'd gone to a Veterans Affairs Canada office for help, had become unruly, was arrested, and then was in jail. He calls on fairly regular basis, so obviously there's an underlying issue there other than his claim, and it's beyond the capability of front-line workers to deal with it, so they simply defer it into the criminal justice system.

The other issue is that the processing of these files is leading to real mental health issues for the applicants. For instance, the soldier who worked so long to be accepted into an MBA program is absolutely devastated that the Canadian government has found a bureaucratic reason to prevent him from going forward with his career.

• (1135)

Personally, my son will not open any of his mail anymore from Veterans Affairs Canada, because by far 95% of it is bad news. I don't think we're helping any by having a very complex administrative system.

Those in general are the issues we have discovered from the files we've been exposed to, as far as service delivery is concerned.

Certainly we're prepared to take questions.

The Chair: Thank you.

I have just a couple of things. We did get your briefing note. It is in English only, and we didn't have a chance to have that translated.

If I have unanimous consent to waive the bilingual requirement, the clerk can hand it out now or have it translated and give it to you next week.

I don't have unanimous consent?

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): No.

The Chair: Okay.

Members, with regard to the questions today, I will just inform you that you can ask questions of both organizations at the same time. Just make note of who you want to answer the questions and we can go from there.

Thank you for both of the presentations.

We'll start our questions with Mr. Kitchen, for six minutes.

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

Thank you to all four of you for coming today and presenting to us. I appreciate your presentations.

I would like to start relatively quickly and just ask both of you, starting with the Legion, if you can tell me what you're happy about in terms of what came out of the present budget and the recommendations for Veterans Affairs—not specifically the whole thing, but whatever dealt with veterans.

Mr. Ray McInnis: As our press release stated, we were optimistic. We were optimistic that there were 14 tasks provided to the minister in his mandate letter, and I believe five of those tasks were covered.

We're optimistic that some of the tasks were covered, but at the same time, advisory groups are being set up for the minister on the more difficult tasks. We're optimistic that within maybe the two- to four-year mandate, we will see further improvement.

We weren't expecting everything in that first budget, so when we saw what they did with the first one, we were optimistic.

Mr. Robert Kitchen: Is there anything specific you could tell us about today?

Mr. Brad White: First off, moving the funeral and burial benefits up to where they are so that there is better access into it was a good move. Getting the ELB up to 90% was a good move as well. That kind of movement forward demonstrates a willingness to consider some of these issues as we move forward and to hopefully address them.

In the mandate letter there are all those quotes about what has to be done. Financial security for individuals is probably paramount in terms of their well-being as they make the transition.

• (1140)

Mr. Robert Kitchen: Thank you.

Mr. Brian McKenna (Veterans Council Representative, Equitas Disabled Soldiers Funding Society): One of the things I've always noticed is that financial help is a significant portion of mental health. My own cases, for example, have been going on for over four years. If there is some financial help, that helps. If there's some end of the road for vets where they can actually see that their cases are going to get solved, it helps a lot of other issues as well. So that's a helpful thing.

I do like the funeral benefit. Essentially, the way the funeral benefit was structured before, almost nobody could access it. That is a positive change.

The ELB going from 75% up to 90% is something of significance as well. Now, there was certainly discussion before about whether it should be 90% untaxed or 100% taxed, but at the end of the day, anything better than 75% is moving the ball forward. The ball did move forward on that one for sure. I'm certainly happy to see that.

I guess a concern that comes along with seeing things that are positive is that we're looking at other files on the government's table right now and seeing how quickly things can be undone—very quickly, in fact. When I look at the actual implementation bill for the veterans portions of the budget, some of the main portions will be kicking in this October, and some in April of 2017.

At the end of the day, then, we've yet to see them—but from what we have seen, the ball has moved forward, in my opinion.

Mr. Robert Kitchen: You both mentioned issues about administration and some things you liked and didn't like.

Starting with the Legion, have you foreseen any administrative issues that could assist veterans when they make that transition from the military?

Mr. Brad White: To provide an example, the first set of application papers that we used to fill out was 19 pages long. People had to fill out 19 pages of requests, listing what they had to do. Through a collaborative effort, I think we have that number down now. It's not 19 pages long, but mind you, it's still in the teens.

As I mentioned, and as we've said here today, when an individual transitions from the military, that individual is the one who is responsible to pull the information. The information is not being pushed to them. I think there's a real requirement for both the Canadian Armed Forces and VAC—through the case management system, if the individual is ill or injured—to make sure that as they make that transition from one to the other, this information is pushed to them as much as possible. The individual should not have to pull out that information all the time.

That would make it a lot easier in the transition phase for the individual, particularly if they're ill or injured, because it's a real crisis in the family when that person is going through that time period. That's where we have people dropping through the cracks. That's where we want to make sure that we're very much taking care of people as they make that transition.

The information, as much as possible—we've never been good at communicating—has to be pushed down to the person so that they understand it completely. Why doesn't the case manager sit down with the individual and say, "These are the things you are eligible

for. We've already started the application process, so sign on the bottom line"?

Mr. Robert Kitchen: Quickly, please, as we don't have much time. I'm sorry.

Mr. Brian McKenna: Yes, sir. I'll carry on with what Mr. White was saying, because I would agree.

One of the things is that when you have your case manager-and-veteran relationship, that case manager can help the veteran apply for the benefits that are in front of them, benefits that the department specifically can deliver, but then, when you have to talk to Veterans Affairs or National Defence or the Canada Revenue Agency or Service Canada about the CPP benefit, you're on your own. The case manager can't help you with that, and you're actually back to square one, with new doctor's letters and new forms. We're looking for something whereby the case manager becomes almost an ambassador of the federal government's programming to the veteran.

The Chair: Now we have Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): One of the things that was brought up by the Veterans Ombudsman was the idea of a veteran-centric one-stop-shop model for veterans. I think we're hearing about the problem of too many ways to chase information.

One of the issues was the provision of an identity card. I see this every day when we come into the House; I just show my card and I go right through. If you don't have it, you have to go through all that security stuff.

I'm thinking that a card could be loaded with information such that the veteran could use that card at a kiosk somewhere and speed up the whole process. I'd ask everyone whether there's merit in the one-stop approach that the ombudsman talked about and in the use of a card.

• (1145)

Mr. Ray McInnis: Yes, we are extremely supportive of a veterans' identification card. We have a resolution in with the government now for a veterans' identification card, along with an identification card for a veteran's family.

I'll go back to my days in uniform, when I wrote briefing notes to ask why we are giving them an NDI 75 card when they leave the military. They've already left the service. They're now joining another fraternity; they're now a veteran.

We should identify the veterans in this country, and their families, and specifically widows in this country. How do they identify themselves as the widow of a veteran? They don't have anything to show it. We are in favour of a veteran and family ID card.

Mr. Jim Scott: There's one issue that I would raise. I think it's a great idea that we have a tracking card for people's medical histories and so on, which they can move from one agency to another, but there seems to be a fairly big wall between the Department of National Defence and Veterans Affairs Canada. You'd have to start again, entering the data over at the DND base into the Veterans Affairs Canada database, but they're not sharing.

The onus is on the veteran to start that flow, and you have to realize that the veteran very often is not capable of that type of endeavour due to their injuries when they come back from the war and so on and so forth. The other issue is that the spouse doesn't have the capability of providing that type of data.

That's my only comment on that aspect. We could share data, but right now, we're not.

Mr. Bob Bratina: The question of data sharing comes up all over the place. There are too many silos, people not communicating with each other, and I that's something we're working on here on this committee.

In my riding—and I'm sure everyone around the table has a similar situation—I have 95-year-old Dieppe veterans and I have 26-year-old Afghan veterans. I know the Legion grew out of the experiences of the First World War, around 90 years ago, and then the Second World War, and so on. Are the young veterans being attracted to the Legion? What is your outreach to those young men and women?

Mr. Brad White: It's a good question, and I'll answer it quickly.

Over 90% of our veteran community within the Legion are people who are post-Korea already. A large segment of our veteran population within the Legion is already in that world you're talking about: the post-Korea, NATO, UN, and Afghanistan people.

We've just created an operational stress injury special section, which is a ground-up movement for Afghanistan veterans to have a special voice within the Royal Canadian Legion. We do outreach to all of the Canadian Forces members when they retire. We offer them a one-year membership in the organization. We participate in the Second Career Assistance Network's seminars when members of the Canadian Forces leave the military, by saying "Come and see us; we can give you help. It doesn't cost you anything. It's free of charge." Even now we've increased our processes for our visibility on social media. We're increasing our output of information and our outreach, and that's how we're reaching the new veterans today.

Mr. Bob Bratina: Mr. McKenna, could you comment on that?

Mr. Brian McKenna: What I would add to that is that technology, obviously, has changed and updated many things. I think most of us are fluent on email right now. There's Wi-Fi in many branches of the Legion, among other places. What we haven't quite adapted to, and it is an issue in the veterans' world, is how much the technology has changed the culture. People expect to be able to get onto their phone and find answers right now. They expect Google to give them viable answers. Sometimes that can be a hit, and sometimes that can be a miss.

One of the problems we find—probably Brad would agree—right across the board is just reaching the members themselves. The day and age of an entire battalion being raised from a single suburb,

going over and fighting, and coming back to that suburb has long passed us by. In my community of Delta, two or three guys might go on a tour, come back, and the community doesn't even know they left. That's essentially what we're tackling right across the board in connecting to veterans.

• (1150)

Mr. Bob Bratina: The Legion representatives—

The Chair: Sorry, we're done. We're out of time.

Ms. Moore is next.

Ms. Christine Moore: My first question will be for the Legion.

I want to bring a specific case as an example. There is a veteran, Robin Brentnall, from Newfoundland, who is currently on a hunger strike due to his being denied benefits. What would or could your organization do to support a veteran like him?

Mr. Brad White: I think Mr. Brentnall has finished his hunger strike at this stage in the game. I think he quit two or three days ago. If he needs the assistance of the Royal Canadian Legion, we have service officers who can go and readily assist him to determine what his needs are as he moves forward in his claims and whatever. All he has to do is take that step, have the interview, and away we go. We start looking after what his needs may be. It's not an issue at all.

Ms. Christine Moore: Thank you. I have another question.

[*Translation*]

I sometimes have the impression that where veterans are concerned, no consistent logic is applied regarding illnesses. In my riding, one person was diagnosed with post-traumatic stress syndrome. This syndrome causes him to grind his teeth; it is one of the recognized and possible symptoms of PTSD. This tooth grinding has caused the destruction of his teeth, a condition known as bruxism. However, bruxism is not recognized as an illness covered under the Veterans Affairs plan.

So this person has been fighting for several years to try to get treatment for his bruxism. However, every time he reaches a certain stage, he gets rejected by the plan. And yet, on the American side, this disease is recognized.

Do you sometimes get the impression that the symptoms a disease can cause, or the health conditions it can precipitate, the potential consequences of a first symptom at the origin of other complications, are not accepted?

[English]

Mr. Ray McInnis: The main claims we are handling are for PTSD. Following on to PTSD, there are many consequential claims. It is recognized that bruxism, one condition you spoke about, can be a consequential claim to PTSD. There are avenues there for claiming in the claim process.

As for the follow-up case management, if the person who receives a disability benefit for PTSD requires the services of a case manager, it will be up to the case manager, during his or her involvement with the veteran, to determine whether there are any other conditions arising from the main condition that we can claim as consequential. We see that many times.

Many of our veterans who are claiming or have disability benefits for PTSD do not have a case manager because they are not at that stage yet. Many of them have the initial minimum 10% assessment, because they are not stable enough yet to be assessed at a higher level.

There are avenues within the disability system for conditions that are consequential to PTSD.

The Chair: If you want to relay your question, say which witness you want to ask, because the people here on video conference can't see us.

Ms. Christine Moore: It was both.

The Chair: We will put that question to Mr. McKenna.

Mr. Brian McKenna: What the member has asked is, essentially, in reference to secondary illnesses. It is a very good question, and it does come up.

I also want to advise the member that this comes up for physical injuries too. One of the things that happens to amputees is that they lose a lot of surface area of their body, so their body tends to overheat. There have been cases of amputees receiving care for their original condition, but then having to go back to the hospital because their body constantly overheats. When they turn to VAC for service for that, they wind up having to jump through a lot of hoops to prove that it is part of the original illness.

Grinding your teeth at night is part of what happens when you are having nightmares and night tremors, so yes, it is also part of post-traumatic stress disorder.

The lady's question is a very sound and accurate one. We all run into trouble trying to get secondary care for previously approved primary care conditions.

• (1155)

Ms. Christine Moore: Good.

The Chair: You have one minute.

Ms. Christine Moore: It was reported yesterday that an emergency fund that is administered by Veterans Affairs but funded by private donations has run out of money. Do you have any suggestions on how the government can improve emergency funding that can be accessed quickly and that does not rely on donations?

The Chair: We have 30 seconds for both groups to answer that.

We'll start with the Legion.

Mr. Brad White: The Royal Canadian Legion, with the poppy fund, can provide emergency assistance to veterans in need.

The Chair: Equitas, go ahead.

Mr. Brian McKenna: We have nothing to add on that point.

Thank you.

The Chair: There are 15 seconds left.

Ms. Christine Moore: I would like to know if we can have an emergency fund that does not rely on donations; that way it would never run out of money. Do you have any suggestions for the government?

Mr. Brad White: The only way that could occur is if money was set aside in the budget to have that emergency fund available to case managers on an on-call basis.

Ms. Christine Moore: Thank you.

The Chair: Thank you.

Ms. Romanado, go ahead.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoynes, Lib.): Thank you so much.

I'd like to thank both the Royal Canadian Legion and Equitas for being here. Mr. McKenna, I'd like to thank you for your service to our country. Mr. Scott, please convey that to your son as well.

I am a mother of two sons currently serving in the Canadian Armed Forces. Like you, I understand what it means to be a family member of someone serving and the concern about what services will be available to them when they come back and have finished their tour.

We've talked a lot today. We've heard about a lot of the programs and the problems with programs. We've heard about the delivery of those programs and services, and service delivery is pretty much the focus of this committee's mandate for this specific study.

There seems to be a duplication of services and/or services being provided because there appears to be a gap in what VAC is doing. For instance, I know the Royal Canadian Legion often steps in to intervene and provide support in terms of navigating the system and making sure veterans are aware of what they're entitled to, how they can get it, and so on and so forth. We've heard a little bit about data integrity and data sharing.

I'd like to get your opinion. From the time a Canadian Armed Forces active member is willingly considering leaving the service or is asked to leave or has to leave because of physical or mental injury, where do you think the onus is? Is the onus to intervene on DND or on VAC? We seem to see that the gap is from the time they're leaving to the time they get service, but we don't know who's on second. Whose responsibility do you feel it should be?

Mr. Brad White: I actually believe it's a joint responsibility. As the individual transitions out of the military, the military has a large role to play.

It's like the American system. I'll go back to what the American system is. It's cradle to grave. Who does cradle to grave, now that we have a hand-off between DND over to VAC?

The issue is making sure that individual and his or her family make that jump well across that gap. Yes, there are a lot of gaps in there that appear because sometimes it's not a thorough handover. It needs to be a thorough handover, and it would even be better if it was the same case manager going from DND straight over to VAC. Why can't we do that?

Part of the mandate letters is about simplifying the process of transition. There have been all sorts of studies on the transition process. Both the OVOs have done a study. There was another study commissioned by VAC last year. It was done. We've never seen the studies at all. I'm sure that whole process is already outlined in those studies that have been done already. All we need to do is close the gap.

• (1200)

Mrs. Sherry Romanado: Mr. McKenna and Mr. Scott.

Mr. Brian McKenna: In answer to your question, madam, when a soldier comes forward and they're dealing with an injury and it's not known which stream they're in—that is, whether they're going to be retained or going to be released—they're often maintained into a JPSU, joint personnel support unit. I'm sure you've heard of that. At that time, as I said, it has not been decided. We might be returning them to service, altering service, or releasing.

The one thing that is a fact in the Canadian Forces is that when you are going to be medically released and the government has decided that for you, there is a minimum of a six-month notice period they give you. The military loves clean lines, so let's give them one. That is the point, right there, where we should be engaging. There's no more discussion as to what the future holds for this person, and there is at that point a minimum of six more months of service before they are shown the door. That would be an appropriate time to engage.

One of the problems you encounter, as I'm sure you're aware through government, is that when you have two or three agencies that ought to be helping, often none of them is the quarterback and actually grabs the file and runs, and that often creates a lot of the problems. There's no maliciousness here out of DND, or VAC for that matter, but there is a lack of control. Who is actually stickhandling this file?

That would be the perfect point at which to actually instigate that engagement.

The Chair: You have a minute and a half.

Mrs. Sherry Romanado: I have another question with respect to reaching our younger vets. I was happy to hear from the Royal Canadian Legion that 90% of their members are in fact post-Korean war. When I go the Legion, I don't normally see a lot of younger vets, so I'm happy to hear that number.

Mr. McKenna, you mentioned the use of technology. Is there a way that we can be leveraging technology to ensure our support of the younger vets? I know that on social media there are tons of grassroots groups of people sharing, talking together, looking for help, and so on. I'd like you both to elaborate. Is there something we can be doing in order to leverage this technology to make sure our vets are getting the support and information they need? Also, are there any recommendations you may have?

The Chair: Unfortunately, it will have to be very short answers on both.

We'll start with the Legion.

Mr. Brad White: Simply, communications have been a big issue for years. It needs to be fixed. I'm now on Twitter. I've never done that in my life. Every day at lunch I send out a tweet about what the Legion is doing for veterans. I get a lot of response that way.

The Chair: I'm not sure if Mr. Scott or Mr. McKenna wants to answer that.

Mr. Brian McKenna: One of the things that would be helpful, and not just from government but from our more traditional veterans' groups that are out there, is that we have to see that not just the technology has changed but that the culture has changed with it.

Another thing is we have a lot of veterans who are attempting, through things like SISIP, to re-educate themselves, and the days of education happening only in a university are gone. For Veterans Affairs and our traditional groups out there, if they could set up Internet cafés or some such idea, a place a person could go where there would be Wi-Fi they could connect to and photocopiers and fax machines they could use, it would help.

First of all, this is part of the mandate letter. You may have to read into the mandate letter a little, but it is part of it, and it could also help the traditional groups increase the number of people coming through the door.

Thank you.

The Chair: Thank you. Next is Mr. Fraser.

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

Thank you, all four gentlemen, for joining us today and making excellent presentations. Thank you all so very much for all of your service to our country, and for the great work that all of you do in advocating for veterans and the brave men and women in the Canadian Forces.

I have 14 Legion branches in my riding of West Nova, and I know them and the good work that they do quite well. They support veterans every day, often in places like my riding, which is rural. I'm sure some of my colleagues here today will share my point of view that they fill a role of being a centre for camaraderie, as you mentioned in your presentation; but also as a community centre, a meeting place, a place of great value and importance in the community itself.

I appreciate very much your comments on the communications and accessibility. I'm wondering if you can expand on the differences you see between Royal Canadian Legions in urban areas versus rural areas, and if there's anything more that can be done in order to have outreach in the rural areas to support the veterans in those communities.

• (1205)

Mr. Brad White: I will call Legion branches the cornerstones of their communities, particularly in the smaller outside rural communities, if you want to use those terms.

Legion branches were also the initial PTSD treatment centres, where individuals went and looked after each other. They took their buddies. My grandfather took his regimental adjutant into the Legion. The regimental adjutant drank two 40-pounders a day to get rid of his PTSD. It wasn't fun, but that's how they protected themselves. They took their comrades into the branches. They looked after them until they were ready to come back out into the real world, and that's what they did. They looked after each other.

Branches across the country are all different. There's no cookie cutter that says you have the same thing all across the country, nor should there be, because every community is different.

With branches in rural communities, we're having a real issue. A lot of them are closing down because, frankly, a lot of people are moving out of the rural communities into the urban centres. Where are the population bases? This is a natural phenomenon as we move on.

We see it in Saskatchewan. We see it in all areas of the Prairies. This is happening even in larger centres. You say you have 14 branches within your area; we're suggesting to these branches that maybe they should all come together and amalgamate a few of them and make them bigger and stronger.

Most of those branches are in 40- to 50- or maybe 60-year-old buildings. The infrastructure is a killer. It's costing them a lot of money to keep old buildings running. Why not come together, amalgamate a few of the branches, put all the members together, so you have.... In their heyday, the branches used to have 1,000-plus members in a branch. You might have 200 people now who are trying to support what 1,000 used to do. It's a very difficult thing to do.

What we're recommending is that they start thinking about this idea of amalgamation, coming together with bigger branches to provide more service to the community.

Mr. Colin Fraser: Thank you very much.

Mr. McKenna.

Mr. Brian McKenna: You brought up a very interesting point about the urban and rural divide. I'll let the Legion have their comments on that. I do agree with them, by the way.

In terms of service delivery, you just brought up a very important point, which I'd like to talk about for 10 or 20 seconds here.

I have the backdrop of beautiful Vancouver over my shoulder here, and so when I had to go to access care, I was able to. I'm probably within blocks of a psychiatrist right now. That's not the

case for the 2nd Battalion, PPCLI, based out of Shilo, and that's something your committee should be very aware of.

Through the process of getting someone better, there's a point where we turn around and say, "Okay, now we punt it over to the private sector for the care that's out there." In Vancouver I had the pick of the litter. I could get rid of doctors I didn't want. In Shilo, you're lining up for months to see the only doctor who may be there, and I think your committee needs to be aware of that.

Thank you, sir.

Mr. Colin Fraser: Thank you very much, Mr. McKenna, for that point.

I appreciate very much, Mr. White, your point on the Legions. In my riding, and I'm sure there are similar examples across the country, the Wedgeport Legion has taken in another Legion that closed down, the Carleton Legion, and they've amalgamated forces and invited members from other areas in. That one is doing quite well. It is struggling, of course, with the challenges, but they do great work in the community.

On the other end of the spectrum, the Kingston Legion in Kingston, Nova Scotia, has a very large membership because of the base, 14 Wing Greenwood, and the number of veterans living there. There are differences, of course, in the various areas, and I appreciate your comments on that.

For the Royal Canadian Legion, I wonder if you can comment on any partnerships that the Royal Canadian Legion has with organizations in the communities themselves in smaller areas where that partnership will allow for service provisions and outreach in the community.

The Chair: We're down to about 50 seconds on that one.

Mr. Brad White: I'm not good at 50 seconds. I never have been. Sorry.

We are the cornerstone. In the communities, every branch will partner with people to support the community. What we've offered, particularly when we're reaching people up in the north where there are no service delivery points for VAC, is to have access to Legion branches, so if you want to send a case manager up north on a rotational basis, we're offering to set that up through the Legion branch system. We can do that in southern Canada as well. If we set it up there, you have a place to go, a place to meet, and a place to communicate.

• (1210)

Mr. Colin Fraser: There was a question about budget 2016. There's a commitment in there to reduce the caseworker ratio from 40:1 to 25:1 and also to reopen the veterans offices that were closed under the former government. Those nine would be reopened, and, in fact, a new one in Surrey, B.C., would be added.

Can I have your comment on that, please?

Mr. Brad White: As long as the offices are open when there's a need, we don't really have an issue with that. Opening offices across the country is essential. Getting the caseload down for case managers is absolutely essential. I now have to hire more service officers because we have a bigger caseload.

The Chair: Thank you.

Mr. Clarke.

[*Translation*]

Mr. Alupa Clarke (Beauport—Limoilou, CPC): Thank you, Mr. Chair.

Gentlemen, thank you for being here with us today. We appreciate it very much.

My first question will be addressed to the representatives of the Royal Canadian Legion and to those of the Equitas group.

I think we can agree that there is a big issue with regard to information-sharing between the Department of National Defence and Veterans Affairs. It is very unfortunate for veterans who must face this difficulty alone when they have to prove that their physical or mental injuries are due to their military service.

I have often asked this question in committee and I would like to put it to you as well. I was told on several occasions that in the United States the veteran's burden of proof, that is to say having to prove that the injuries are service-related, rests with the department responsible for veterans. And so there, it is the department of veterans affairs that has to determine whether the veteran's injuries are service-related or not. If we functioned like that in Canada as well, am I correct in thinking that the veteran would not have to work to transmit the information, but the department, with all the means at its disposal, would work to go and get that information?

I yield the floor to you.

[*English*]

Mr. Ray McInnis: In Canada, Canadian Forces doctors will diagnose the injury; they won't link it to service. That's up to Veterans Affairs.

First, on the transfer of the file, we have no problem as service officers in getting that file very quickly. Once the member signs, that's an immediate process. I shouldn't say immediate; sometimes it takes a month, but it's all electronic. Then, of course, it's a matter of linking that injury to service, but the Canadian Armed Forces doctor will not link the injury to service.

Changes in the past year have related only to reassessment, so once entitlement from the initial assessment is established by Veterans Affairs and a Veterans Affairs doctor, then if the veteran or still-serving member who has a disability claim goes back for reassessment purposes only, Veterans Affairs will send the medical questionnaires to the Canadian Forces doctor and they could be reassessed by a Canadian Forces doctor, but the doctor will not make that initial link to service.

Mr. Alupa Clarke: Is that a problem?

Mr. Ray McInnis: It's not a problem for us at the moment. I see more problems with.... Again it's tooting our own horn, I guess, but we've been in this business for a long time. All our command service officers are ex-military. I must say one positive change in the past few years is the department's favourable rate when it comes to different types of musculoskeletal injuries and cumulative joint trauma, and they're now paying more attention to the task statement for individual trades.

Yes, it was difficult before, trying to get favourable outcomes based on sports injuries in the military or sports cumulative joint trauma, or even just the fact that you'd been in the military for 35 years and jumped out of airplanes or were in a combat trade—broken knees, broken back, all part of the process. It's not idiot-proof by any means, because I have served in regiments where people were in there for 25 years and didn't jump out of airplanes, and they were in combat service trades as well.

It's been a positive improvement to date, but we still have to make the link to service.

● (1215)

Mr. Jim Scott: From Equitas, our experience in looking at these 200 files that have gone to a law firm and are representative of claims is that the transfer from DND to Veterans Affairs Canada suggests there seems to be a bit of an attitude that Veterans Affairs Canada is going to screen out bogus claims. Therefore, they're putting a very high onus on the veteran to show that these are in fact legitimate claims.

Especially when we deal with post-traumatic stress, I still think there's a culture that we don't believe in in many cases and we feel the candidate may simply be looking for some money after having done a tour of duty and not having secured income on returning to Canada. That's an uphill battle, especially for people who.... It is worsening their situation to have to show that they're sick over and over again.

My background is in the policing world, and when something happens to an officer, the organizations rally around that person. When I look at the soldiers, although I'm an outsider looking in, I see it as very adversarial in many cases. The soldier who is disabled now is almost on trial as to why they're asking for this government assistance. In cases of amputation, it's clear, but when you start to get into mental health, the lines get very blurry.

I think sometimes you get a caseworker who is sympathetic to you and things will go well, but if you get one that's skeptical, all things are going to end and you're going to end up appealing, and that process.... We have seen people who have been in the same vehicle as those who have been injured, yet they've had two different settlement packages.

Maybe....

Mr. Brian McKenna: Continuing on with the question, one of the things that the Veteran Affairs Department often says is that veterans have the benefit of the doubt. I really ask that the committee look into that to see whose definition we're going with.

I would say that the level of evidence is too high. Today, if there's a city work crew outside here, there will be someone standing back simply observing safety. In military training we certainly do that as well, and those people can provide evidence statements, but when you're on operations, sir, there's nobody there who has nothing to do but watch. It doesn't work that way. The commander is commanding. The two ICs are watching the IR screen, the driver drives, the gunner guns, and when that hatch breaks and falls on the back of your neck, no one is there to see it, so the level of evidence that's being demanded is sometimes unattainable.

The Chair: Thank you.

Next is Mr. Eyolfson, and I believe you might be splitting with Mr. DeCoursey.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): That's right, yes, I am.

Thank you. I thank you all for coming.

We're talking about PTSD, and it is good to see this is being recognized by more and more authorities and that we're starting to recognize that substance abuse is often the first indicator that this is going on.

Regarding addressing mental illness and PTSD—and I'll ask both groups—at this point now, do you think this is being adequately addressed?

Mr. Brian McKenna: I'll take the first shot at that.

I don't have any problem telling the entire group that I've been diagnosed with PTSD. It's been something else to try to work through it. I think it's being addressed, but I think we're playing catch-up. There is a lot of history of not addressing it, so we're finally coming around to it. It is going to be a cultural change.

Look at any cultural change that the departments have had to go through. A good example would be making all the jobs in the Canadian Forces open to women. It happened almost 20 years ago, but a change like this can take over a decade to creep its way through all levels of the chain of command. I suggest the same thing is happening with mental health.

As to substance abuse, one thing I'd like to bring to your attention is that there essentially isn't a substance abuse plan. Folks in the department will say that there is, but our experience is different. The department winds up punting—I use the football term—to the civilian sector. We've had soldiers with traumatic situations that have led to substance abuse, and they wind up going to the civilian sector for care, where they are surrounded by people who have been sentenced to that care facility. I use that word on purpose: "sentenced".

If you have two combat vets who are stressed beyond belief because of what they've gone through overseas sitting at a table with a bunch of convicts, the chances of their broaching the subject, their problem, and getting healthier is minimal. That's why we've been telling the government to acknowledge the situation and bring in some veteran-centric programming, modelled after the VTN that the Legion put forward.

• (1220)

Mr. Doug Eyolfson: Thank you.

Mr. Brad White: The Legion brought forward the VTN in 1999, before people were accepting operational stress injuries as an issue. I agree totally with what Brian has said.

We've made a lot of strides forward. We have a lot more to go. The issue we now have to tackle is the stigma associated with mental health issues. We still have young soldiers out there who will not disclose, because they're afraid of letting their buddies down. They're afraid of losing their jobs. You go to the JPSU, you're gone. That's the mentality out there. Once you hit that system, you're out of it. You've lost your job, your life, your whole career.

If you think it's bad in the military, take a look at the RCMP. It's horrendous there. I know; I have two sons in the RCMP.

Mr. Doug Eyolfson: I can appreciate that. My father was an RCMP veteran, so I completely understand what you're saying.

At this point, I'll give my remaining time to Mr. DeCoursey.

[*Translation*]

Mr. Matt DeCoursey (Fredericton, Lib.): Thank you, Mr. Chair.

Gentlemen, I thank you for your testimony, for your service to Canada and the work you do every day for veterans and for Canadians.

[*English*]

I come from a riding that houses Base Gagetown, the largest training base in the country, home to a lot of young veterans and their families returning from recent conflicts. I've seen a number of peer-support organizations, trauma centres, take root in the community. My question for the Legion is, are you working with those organizations at all?

Mr. Scott, you talked about the important role that family plays in support and care for loved ones. You mentioned the need for income stability and security for families, possibly better training to provide care, as well as family peer support. Can you talk about the decisions the government should be taking to provide that level of care for family caregivers?

Mr. Jim Scott: We've had a number of amputees stay with us, and it's surprising how much care it takes just to put them into the washroom when the washroom is not big enough to get the wheelchair in. They have to sit on a stool that is pushed through by their spouse, and the wheelchair has to go back in the car after they've gotten in.

We've seen that the spouse becomes a permanent caregiver, but they don't have the training. We talked to one spouse who had to check herself into a hospital for two months after having an emotional breakdown because she wasn't able to care for her husband. They also realize they will never be financially secure again, and this puts tremendous stress on the family.

I think we need to have training and support for the families. One spouse said that when they were having their house upgraded, they were taken advantage of by contractors because they did not know the cost of putting a ramp into the house. They had a certain amount of money and it was almost like con men taking advantage of them, because this was her first time administering money on behalf of a disabled person. They need training and they need a support, an advocate. We have to consider that they will be poor after this process.

Mr. Brian McKenna: Sir, we need to take into account a term we call the cost of being crippled, if I could briefly put that out there.

If today you go home and you want a new ceiling fan, you'll just go buy it and put it in, but if we have an amputee, there's the cost of a ceiling fan and now \$400 to bring an electrician in to put it in. There are no seat sales on a vacation for your family that are going to accommodate a service dog like I have on the floor here, or a specialized wheelchair. The cost of being crippled is hard to write down, but very present for the families, and that's something that needs to be addressed in the department as well, sir.

• (1225)

The Chair: Mrs. Wagantall is next.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you all very much for being here today. I appreciate everything I'm hearing and learning. I know everyone on this committee wants to see improvements on your behalf, so thank you so much.

I have a question in a bit of a different direction. Homelessness was mentioned. I know the Legion is working in that area, and it's been front and centre on the news somewhat. I live close to a mission. Being on this board, I look and I think, "I wonder if there are veterans there?" Can you talk a bit about the complications of those circumstances and how they end up in that homeless situation? How do you identify them? From what I understand, we don't even know how many are out there.

It would be great to have a response from either or both of you.

Mr. Brad White: We don't know how many homeless veterans are out there. Our experience through the work we've done, principally here in Ontario, is these are individuals from close to the Afghanistan era—from Bosnia, Yugoslavia, or Rwanda—who through operational stress injuries have now found themselves on the streets.

They don't identify well as veterans. You can go into a shelter and ask, "Are you a veteran?", and they won't say yes. What we ask is, "Have you worn the uniform?" A whole bunch of hands will come up, and we start the engagement process from there.

Ontario Command started years ago the Leave the Streets Behind program, which we've made into a national program. The principal centre right now is out of Toronto, but we're here, starting in Ottawa as well. They've helped over 1,000 veterans get off the streets. They have some housing units they now use to put veterans into. We started this program across the country.

Out in B.C., there's Cockrell House. It does a lot of good work with homeless veterans or near-homeless veterans. Those are the people we're trying to reach before they get on the streets and go into that deep dive.

As Ray mentioned, sometimes these people don't want to be helped. Sometimes they want to be unknown. They want to be behind the scenes. They want to be in the shadows. They're not ready to come forward to be helped. We've had veterans tell us they won't identify because they don't want their families to know where they are. It's a big issue out there.

We haven't seen Afghanistan veterans on the streets yet. Most of them are people suffering OSIs from the pre-Afghanistan era, but it's not finished yet.

Mr. Brian McKenna: I'll follow up on that.

One of the issues we have with homelessness, first of all, is that homeless people, whether they're veterans or not, can be transient in nature. They can be hard to find. They're at one shelter one day, and they're out on the road the next.

That's where the current square peg in a round hole concept is difficult to deal with through VAC. For any benefit I want to access at VAC, first of all I need a "K" number for the individual. I need a case manager, there will be a form to fill out, and there'll be an adjudicator who has to say yes or no. After days or weeks or sometimes months have gone by, try finding that person.

I have helped homeless vets. We do have a couple out in Surrey from the Afghan conflict, and three I've dealt with myself. It can be very hard to find them.

The other thing is that before they were in Veterans Affairs, they were in a department that made them adept at handling adverse situations. It does make sense that people who can survive in the desert and the Arctic and hostile environments are quite good at finding a way to survive out on the streets. When you look at the Vancouver situation, due to our decent climate out here, often they wind up migrating out here just because of the survivability.

The homeless situation in Vancouver is big in society as a whole, and it's certainly strong in the veterans' community, even though we don't have the mega-bases of Edmonton and Gagetown out here.

The Chair: You have one minute.

[*Translation*]

Mr. Alupa Clarke: I am going to ask my question very quickly.

Mr. White, the Royal Canadian Legion is the biggest veterans' organization, recognized by an act of Parliament. Over the past 20 years, and particularly in the last five, we have seen the creation of many other groups who want to offer assistance or services to veterans.

Do you think that is a positive thing? It certainly is in some respects, but does it not dilute the strength of the veterans' movement?

[*English*]

Mr. Brad White: The plethora of veterans organizations is not new. The Legion was born out of 15 or 16 organizations that came together in 1925-1926. Through the course of time there have been many veterans organizations formed for each particular war. There's the Gulf War Veterans Association of Canada and the Afghanistan Veterans Association. There are many veterans associations. It's how we talk together that makes the difference. It's how we consult, how we understand our positions, and how we treat each other that make the big difference, because if we can go forward with some sort of an agreement on what advocacy should be directed towards the government to look after veterans, then that's where we want to be.

• (1230)

The Chair: Great. Thank you.

You have the last three minutes, Ms. Moore.

[*Translation*]

Ms. Christine Moore: The process to release military personnel for medical reasons is quite complicated, and I could give certain examples.

When you are in a certain psychological state, it may be tempting to simply ask for a voluntary release from the armed forces in order to be able leave quickly, rather than having to go through the medical release process.

What are the repercussions at Veterans Affairs when someone obtains a voluntary release rather than a medical release?

Does the fact that someone who asked for a voluntary release may not be able to serve after a review of his medical file have an impact?

[*English*]

Mr. Brad White: I'll use some of the experiences that I know about.

There were many veterans who left the Canadian Armed Forces prior to Afghanistan because they were suffering, and they left voluntarily because they didn't know what they had. OSI was not accepted; OSI was not in the forefront, so they left the military not knowing exactly what they were suffering from. Some did and some didn't. We had a lot of people who left the military voluntarily because they just didn't know what was going on anymore, and they couldn't continue to meet the physical requirements of being in the military.

Mr. Brian McKenna: In answer to the the lady's question, I would second what Mr. White just said. Being released by the military is not the same as moving on. Someone else has decided that you're leaving, not necessarily yourself, and there's a certain feeling of being robbed of not necessarily dignity, but certainly your identity, as you're walking out the door.

As well, you know that you're walking out the door while at the same time your employment capability has been limited, so it's a very scary time. It's a difficult time to be forced to make decisions. It's a very difficult time to do that while at the same time being told your pay is going to go down.

Again, we just mentioned that earlier. I want you to think back to the earlier conversations. Is this the right time to be cutting someone's pay by 10%? We're now hitting them with the fact that they need to go find a job with limited capability while we just stripped them of how they characterize themselves, how they

identify themselves to people. It's an exceptionally tough time when someone else has decided that your career has changed.

Mr. Jim Scott: I would add one thing here too, please. We have to talk about the reservists, the young men and women who were in university who signed up to go as volunteers over to Afghanistan and were injured. They may not have injuries that would relieve them of their ability to go to the reserve unit and parade once a week, but they do have injuries that will prevent them from going forward in the private sector and they really have no benefits.

Around the pool table at our house, there were a number of young men. The ones who were not injured are off into the RCMP. The ones who are injured are just hanging around. They are still parading at the reserve unit, but they really haven't found anybody who wants to take them on, and their compensation can be anywhere between 5% to 20%. They aren't in a program and they're not eligible for training because they haven't been released from the reserves, but their ability to earn an income in the private sector has been diminished.

The Chair: We've run out of time.

On behalf of the committee I would like to thank both—

Mr. Colin Fraser: Mr. Chair, I think Mr. McInnis wanted to make a brief point.

Mr. Ray McInnis: It's very important that someone who is in the medical chain while they're in the military stay that route for release and do not take a voluntary release.

There's a huge difference between being released 3B medical and 4C voluntary. Monetary disadvantage is one. It has no bearing whatsoever on your disability claim to Veterans Affairs Canada, but it does on your benefits when you leave the military, so stay in and take a medical release.

The Chair: Thank you.

Again, on behalf of the committee, I would like to thank both organizations for presenting here today and for all the good things they do for our men and women who have served.

Right now I would ask to suspend and come back in camera. Please clear the room in five minutes.

Thank you.

[*Proceedings continue in camera*]

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