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## **Standing Committee on Veterans Affairs**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

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• (1105)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** I'd like to call the meeting to order and to welcome everybody here today. Pursuant to Standing Order 108(2), and the motion adopted on Thursday, February 25, 2016, the committee is resuming its study of service delivery to veterans today.

Today we're going to do this in a panel. I'd like to welcome our witnesses in person: Ms. Gilmore, Mr. Mitic, and Mr. Westholm. By video conference, we have Mr. Kuluski and Mr. Veltri.

To start, each witness will have five minutes to do an introduction and a statement. You don't have to use the full five minutes. I know some of the witnesses have been here before and some haven't, so process-wise, after you're done, we will start with questioning. The question time in the first round is six minutes. I will have to limit your time, unfortunately, as the room has been booked.

For the people on the panel here, or our fellow members, if you want to direct a question to a particular witness, could you state the name of the witness who is to answer the question rather than rolling through on a time frame? Let's be concise. Let's have a great meeting today.

We'll start with the video conference from Thunder Bay. Welcome. Who wants to start first?

**Mr. Cody Kuluski (As an Individual):** I'm Cody Kuluski from Thunder Bay. I had nine years in the infantry out in Shilo, Manitoba, and one tour to Afghanistan in 2008. Since I've been back I've had some troubles. They said that if you needed help, you should go and ask for help. Since I started asking for help, they literally threw me out the door as fast as possible. You're a black flag, a black sheep, as soon as you ask for any kind of help at all in the military. My life has been a shambles pretty much since I've been released.

I went to school during the JPSU. It was all right. And then you have the option when you're released of having two years where you're pretty much ordered and forced to go to school after just being released for a medical reason, or you don't get school. So I did that, and then my life fell apart again because, if I didn't go to school within that two years, I'd lose everything. I went to school and literally lost everything—my house, my wife, my whole life—and now I'm living in my parents' basement. It's not good. I wish I had had some time off to relax after being released medically before going to school, and now I don't even know where I'm going or anything. I'm completely lost.

Now I see that there are some things that I didn't even know about, like Ste. Anne's Hospital. I wasn't too sure what that was until I read these questions, and about a bunch of these other programs. There was a place to go for me, and no one was doing anything.

I'm just in a hard place right now. I'm glad to be here though.

**Mr. Jesse Veltri (As an Individual):** I'm Jesse Veltri. I served in PPCLI. My career started in September 2003 and ended May 25, 2012.

Upon my return from Task Force 1-08 in Afghanistan, I was one of the very first people in the battalion to realize I had an issue. Upon the rules and regulations implemented by the infantry and implemented by the Department of National Defence, I did what was the appropriate action. After I got into an altercation outside a local establishment, I started addressing my issues. I went and asked for help.

Upon my asking for help, I was really motivated to continue my career in the military. I have a police foundations diploma. I'm a college graduate, in 2003 graduating from Confederation College. I spent my whole entire infantry career trying to attain military police, because that was my goal. I have no criminal record as well as I have no military record.

On my return in 2009, I went to mental health and I asked for help. I was on no medical employment limitations, or MELs.

Upon my MELs, I was applying for what's called close personal protection, or CPP, which is an indication of a backdoor entrance to become a military police officer. After an eight-and-a-half-year career in the infantry, I was railroaded because I wanted to be a military police officer. It's like being a military police officer is bad in an infantry setting.

At any rate, to continue, I asked for help. Upon my asking for help, and having zero MELs, my platoon commander decided that ending my selection, the day I was leaving, was the appropriate action, and I quote: "Corporal Veltri, upon your attendance to Mental Health, you are no longer allowed to attend your Close Personal Protection Selection course." It was about to start in 24 hours. My ticket was booked. If you look at the military records, you will see that I was approved for selection.

That was the downfall of my career, because right then and there, I had seven years of being railroaded—and my paperwork was lost in battalion. So I started to fight back. With the fight back, I started to realize that certain things were occurring. Opiate-based medications were given to soldiers on an everyday basis. When I decided to stop taking these medications and started finding alternatives, I was automatically red-flagged as being an issue and a concern. If you look at the Shilo records, I was probably one of the very first people released on the medical illness of mental disorder.

So I started to fight back. I started finding alternative programs to get me off these drugs. And I mean drugs; I mean opiate-based medications. I had drawers and drawers of drugs I didn't even realize existed.

Upon all this, I have nothing. My career's gone—everything I worked for. Once again, I'd never been in trouble. I started to fight back. I fought back so much that I lost it. In August 2012 I attempted to take my life. I woke up two days later on my bathroom floor. I couldn't tell anybody, because you know what? Nobody cared. I was pushed out. I was an outcast. I had nobody helping me. There was nobody around me. I was alone.

I got up off my floor that day and said I've had enough: I'm not going to put up with this anymore. I got up and I started to fight back.

Every day I get up and it's the same thing. It's a constant fight with you guys for just a standard. You guys have to implement one. You guys don't have any. You sit in these committees, and you talk amongst yourselves, and you think life is all grand. But for guys like us, it's fucking hard. Every day it's a struggle. I wake up and wonder what to do with my life. I wake up and go get in fights.

Do you know what that feels like? I have the biggest guys beat the shit out of me, day in, day out, just for some form of normality. It's not normal. What am I going to do with my life? Do you know what I'm going to do? I'm going to sit here and I'm going to fight, because guys like you sit there, and you listen to these stories, and then you get to go home to your family and friends.

I know these systems don't work. Do you know why? Because I claimed PTSD and the legal system took away all my rights of being a father. I know that in everything I do, even if I follow all the rules and regulations, I'll still get screwed.

• (1110)

Do you know why? It's because I went into mental health and I asked for help. I should never, to this day, have walked into that building. I should have just sucked the fuck up like the infantry told me to do and do it, but guess what, I didn't. I didn't. I did the right thing—at least I thought it was. You guys are persecuting me because of it. You are telling me service dogs don't work. You guys won't approve them. You are right. Yet, there are still military members who have full-claim service animals in the military and they get jobs out of this. Day in and day out, these guys have jobs. I have watched guys sail on medical employment limitations in the military for 10 or 15 years, with jobs. How is this appropriate? Do you know what I mean? You guys need standards, just as we need standards.

I am going to quit right here. Once again, my whole statement here is that you guys have no standards with the Department of National Defence, which means your rules and regulations have to apply to them. You guys need to look at them, and your rules and regulations will fall into place, making your job easier.

**The Chair:** Thank you.

**Mr. Cody Kuluski:** Again, the reason we were all released is that we breach universality of service. We breached universality of service for a mental test, but there isn't even a mental test in the DND. There is physical employment. Why is everyone who cannot pass the yearly physical test in the military not being released for breaching universality of service? There are people who can't run, drop, or shoot a rifle, and they are still in the military. For what? They have to be deployable in 48 hours. They breach universality of service, and they are not being released. We ask for help and we are gone in a year.

**The Chair:** Thank you.

Next, we will move to the panel in the room.

We can start with Mr. Westholm.

**Mr. Barry Westholm (As an Individual):** First of all, thank you very much for inviting me here today. The subject I'm bringing forward is a complicated one. It has to do with the Canadian Forces transitional organization, the joint personnel support unit. The JPSU has gone through a hard time in development. It has been the focus of many studies lately, and it is currently under a big restructuring. This is of great concern to me because there are military families in that unit right now who are transitioning to civilian life, and because that unit is being restructured, I'm a little concerned whether they are getting the proper treatment.

In response to that, I've asked the military to give them an extension of the release date if they find it necessary to get their stuff together, so they can release with honour and respect. I first started asking about this in November. Up until this point, I have never heard anything back. I bring this to you, as the veterans affairs committee, to let you know that there may be people from the Canadian Forces who are not prepared to transition well.

With that, I'll get on with my prepared statement. This is rather broad based. It's about the JPSU, what it should be doing and what it's not doing right now.

The JPSU was intended to be the seamless conduit to civilian society for injured military families and, with that, from Canadian Armed Forces to Veterans Affairs services. This has been mentioned many times before in this committee as something that is desperately needed. Regrettably the JPSU, instead of being an efficient, consolidated support unit—or a one-stop shop as I heard it mentioned here—was poorly managed, and became ineffective, and is currently under review.

I mentioned the preceding because the JPSU remains the best means to consolidate the support and seamless transition we all desire for our military families. In the Veterans Affairs construct, transition becomes synonymous with VAC service delivery for injured or ill service members and their families.

Should such a time arrive, the service member may be facing many areas of transition. A physical injury can be a transition of mobility, capacity, and independence. A mental injury can be a transition of thought, outlook, and self. A catastrophic physical injury may include physical and mental health concerns, and a catastrophic mental injury may eventually impact physical health.

All of those cause a military family to a transition in structure, roles and relationships, finances, rhythm and goals, employment, quality of life and security, location, home, and friends. The transition from military society to civilian society is a big move. There is the transition from Canadian Armed Forces support to Veterans Affairs support, and with that Veterans Affairs services, and finally Veterans Affairs service delivery.

Addressing the issues of VAC service delivery becomes challenging without taking all the preceding transitions into the equation. For a transitioning military family, more times than not, the injury causing a release is a surprise event, and their lives have just taken an unexpected turn. This is a great deal for a family to cope with, and it is my submission that it is the exact wrong time to spring the enormity of Canadian Forces and Veterans Affairs support upon them.

It also puts Veterans Affairs planners in a highly reactive mode to best guess, on very short notice, the way to approach the injured family. While the ability to react is a fine attribute, it should never become a policy. To address the cause of reactivity, Veterans Affairs Canada must have an awareness of what is going on in military society. Veterans Affairs Canada must be proactive. This is a step toward the realization of the consolidated support, or one-stop shop, the JPSU could be.

When an injured service member is posted to the JPSU, they should be placed in one of two distinct streams based on their injury. One is a stream transitioning back to military duty, and the other to civilian life. Those transitioning back to the military will maintain a military posture throughout their rehabilitation and eventual return to duty. Those transitioning to civilian life will fall into a different stream designed to rehabilitate them and prepare them for civilian society and VAC support.

It's in this stream that Veterans Affairs Canada should take a partnership as equals with the Canadian Armed Forces to ensure that the transition of the military families and military members goes smoothly. It is here where the Canadian Forces can provide benefits

falling under their purview pre-release, and where Veterans Affairs Canada and the Canadian Forces can discuss the situation and the outcomes the family wants during the release process, and then post-release when VAC takes over. This would be synchronizing the two independent structures as one.

I realize that my speaking notes and my brief may appear to stray from direct VAC service delivery, but it's difficult to effectively address service delivery while on a reactive footing. The information I have provided to the committee describes a proactive footing, allowing VAC, the Canadian Armed Forces, the military members, and their families to be well prepared, informed, and engaged years before an injury takes place.

•(1115)

Should an injury take place, the consolidated support with the one-stop shop will be available, as well as a well-structured, well-led joint personal support unit to support the transitioning military family and members, to provide VAC with a solid platform for strategic support.

Those are my comments.

**The Chair:** Thank you.

Next we'll call on Mr. Mitic.

**Mr. Jody Mitic (As an Individual):** Thank you, Chair.

I guess I'll start. Hey, Cody, Jesse, guys. I was 20 years in the infantry. I hear you guys loud and clear. I'm tracking, so get in contact if you can, and let's have a talk.

I don't have a prepared statement or anything. I retired. I was lucky. My transition was, I want to say blessed, I guess. Alannah here is my wife. We support each other. I was lucky enough to get elected to city council here in Ottawa pretty much as I was retiring, and that's been great. It gave me a sense of purpose. It gave me a reason to get out of bed and carry on serving my country.

The thing that I hear the most, and I think our first two witnesses pointed it out, is that there's a big gap in what happens from when VAC can help you and when DND is releasing you. I have to wonder if SISIP is perhaps a barrier to a proper transition. I've heard several times...Cody said it. He had to go to school or he was going to miss out on those benefits. I know that Veterans Affairs has some kind of benefit. I've been told they do. I haven't used that but maybe in his case he might have been advised to wait like he said, take his break, and then Veterans Affairs could have picked up where SISIP had left off. I'm not sure what the answer to that is.

We have a lot of soldiers releasing who are in the same state of mind as Cody, Jesse, and I was. I was in that state of mind until I realized I had a purpose, to run for the election. I don't want to speak for Alannah but she released and is trying to discover who she is going to be after being a soldier for 23 years. There are many great programs and systems in place. The problem everyone seems to be having—DND, SISIP, and Veterans Affairs—is how to deliver them, how to communicate enough.

I went to my SISIP representative, my Veterans Affairs representative and, of course, when we release we have our DND representative who helps us with our release process. I couldn't tell you which benefits I qualified for, at what time. I'm supposed to be one of the guys who has it together, so to speak. I think it's a very complicated process—or maybe it's not. Maybe it's not being communicated in a way that we can understand.

This is not to draw a line between combat arms and anybody else, but I don't know what you guys had. I was at the RCR—guys, don't hold it against me. When you're in the infantry you have a lot done for you. You have an administration clerk. They do your leave pass. You have a medic that looks after you when you're sick. You have a supply clerk who gives you your boots and your ammo.

For me, I had both feet blown off by a land mine, and suddenly when I was releasing I was supposed to do all this paperwork myself. It was extremely frustrating because paperwork to me was my recce sketch and my patrol report that I would hand in after coming back from a mission. I didn't understand the process. I know that it sounds at this point now, 10 years later, a little weird that I couldn't figure out how to do paperwork, but at that time I was more worried about learning how to walk again than how to fill out a form.

I want to leave it there. I'm eager to get to your questions, and I want to allow Alannah a few minutes to testify as well. What I'm seeing is that we have a gap between release and when Veterans Affairs can help. I do believe Veterans Affairs does their best with what they're given but I think maybe we need to make it a lot easier for the troops to access what's available.

• (1120)

**The Chair:** Thank you.

Ms. Gilmore.

**Ms. Alannah Gilmore (As an Individual):** Good day, and thank you for having me. I am hoping that maybe I can shed some light, and maybe there are some points I bring up that are valid and we can work on.

Who am I? I am a 23-year veteran. I was a medical technician. I started in high school in the reserves and switched over to the regular force after college. I have been posted to Petawawa, and here in Ottawa. I have done a few tours, up north and over in Afghanistan. I am also the spouse of a wounded soldier. We have been together since we came back from Afghanistan in 2007. I am a parent, a mom of two young children. We have two daughters, four and seven. My father also served for 34 years, so I was a dependant. Basically, for 42 years, I have served.

My release was a medical one. I was released for PTSD, and I believe that VAC at one point became a huge trigger for me. Dealing with the JPSU system, trying to get a home modified for Jody,

became probably more difficult than anything I had ever done in Afghanistan. That is from a stress perspective and a lack of knowledge. There was quite a bit of ignorance.

When he says he has been lucky, he is saying that from a physical standpoint, not from the years and years it took both of us, as a united front, trying to fight and make changes, positive changes, and help educate people about a person who has a physical mobility issue and how it affects you every day, 24-7. Unfortunately, those years took a humongous toll. Not only did the JPSU become a big trigger, but dealing with VAC also became one. It is not because they aim to be difficult, but when you have so many names and terms to describe different benefits and items, but you don't have anyone who is available to explain that to the individual, it is beyond overwhelming.

I actually thought I knew what I was talking about. I thought I understood SISIP. I thought I understood VAC. I was, like, “Good, I get it. I know what is being offered on both sides.” To have a case worker come to the house—I was going to laugh. I have no clue what I am even talking about. The fact that she is saying, “No, no, that's a SISIP thing. No, no, that's a VAC thing”.... I was a sergeant, senior NCO, like, come on. Twenty-three years and I can't figure out what this system is. I was medical; I should completely understand. If I don't, then what is the young private, corporal, or anybody else who has a physical or mental disability supposed to be able to do, if I can't figure it out?

I look at that and I say, obviously there is a problem. When we talk.... I know it was brought up from an education perspective. I have actually written things down in numbers and hopefully I won't go over.

The first one is education, and pushing people who have mental issues leaving the military. Do not push someone into education. If they are not ready, then the education is not going to happen. It is going to be a waste of money. You are going to stress them out, and you are going to make it worse. I can attest to that because I was pushed into going into an education. This last year, this year of transition, that is what I tell people. They say, “Who are you? What do you do?”, and I say, “I am transitioning”, because that is a job, figuring out where to go. My identity of 23 years is gone. I don't know who I am. I don't know what I am doing next. I still feel like I am a professional, but a professional what? I have so many skill sets; I just don't have a job right now. I am professionally retired. I am transitioning, but I still don't know what I want to do next.

From where my mind was pre-release to where it is now, I have changed completely. It is not a negative thing. It's a great thing, but there is almost a year of education that I am now behind. I have to play catch-up because at that period of time I wasn't ready. I prepped myself. I mentally got myself ready. I had my ducks in a row, but once I walked out that door, everything was released, and it changed. I want to put that forward and let you know that not everyone is ready for the next step, and pushing someone there is going to make them fall down that hill, and things are just going to get worse.

• (1125)

Concerning communication, there's the problem of our not having email access to our case managers. Well, our entire career within the military was based on email. Sometimes what's nice about it is that you can go back through your email and say, there's my answer right there, instead of trying to call a 1-800 number to contact the one specific person you're trying to access.

I actually think that having the two people talking, instead of making it into this insurance company thing that you have going on—"call a 1-800 number, because I can't talk to you directly".... That doesn't work, and immediately it does not give the warm and fuzzies; that is not a client-based service. I know, because I did the medical technician thing for 23 years. So email is an issue.

When you have two veterans in a household, we have coverages based on our disability or anything that's wrong, but what's happening—and I'll speak for my family, as I can't speak for someone else's—is that they'll say, you're already covered under him for certain things. Well, what about my coverages? Basically, VAC saves money, because they don't have to cover me because they're covering him. Why can't it be a top-up? Obviously I'm covered, because I have my own personal issues. Do I have to make up the difference somehow?

I just want to say that it should be like CAA: cover the member, don't cover the household.

**The Chair:** Thank you.

We'll now begin our round of questioning. Again I'll ask the members, if they want to ask a question of a particular witness, to address it to that witness.

We'll start with six minutes, with Mr. Kitchen.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** First, I'd like to thank all five of you for your service to this country and for the many hours and the dedication that you've put in. It's much appreciated, and again my heartfelt thanks.

Part of what I would like to try to get to—and Alannah, you've probably brought up some of my questions and answered some of them.... I come from a health care background. One of the things I've always found in health care is that when I say to my patients a certain thing, I believe I'm saying what the science tells me, but what they hear are two different things.

I want to try to get an answer, hopefully from all of you, on what you heard when you were presented—and maybe you were, or maybe you weren't.... I'd like to hear from you what you envisioned when people asked you to do the paperwork.

Perhaps I can start with Mr. Kuluski, if you can answer that. When you were given the paperwork when you were released, was it one piece of paper? Was it a whole bunch? What did you hear when you they said to fill out this paperwork?

• (1130)

**Mr. Cody Kuluski:** It was a huge stack of forms. It was completely overwhelming, for sure. I don't do paperwork well. As Jody was saying, we're infantry. We had people doing everything for us, and then to hand an infanteer a stack of forms and to tell us to get all of our ducks in a row and get them off or we won't get services, it was completely overwhelming for me. I definitely fell between the cracks.

I probably lost services I didn't even know about or wouldn't have heard about. I had to use myself. I was just getting released and I was trying to get fine. Just as Jody's been trying to walk, I was trying to find a life.

You just took my identity away, and I know what's coming, and now you hand me a stack of forms to fill out? I couldn't do it. It was overwhelming. Then you go and ask some of the people at JPSU, and there are so many people coming into play. These people are trying to help you, but they don't know what they're doing. You appoint people into JPSU, which is good, but many of them come from combat arms, like me, and aren't the best in doing some of the paperwork at all. The forms are not filled out right, things are missing, and we suffer.

**Mr. Robert Kitchen:** Mr. Veltri, I have the same question for you. Mr. Kuluski mentioned earlier, in his presentation, that he did not know of the Ste. Anne's Hospital. Could you comment on that as well?

**Mr. Cody Kuluski:** Yes. I was reading through this, because I've been to three rehab centres now—thank you to Veterans Affairs—and they paid for them all. Ste. Anne's Hospital has never been mentioned to me before. I had never even heard of it.

I wish I had known about it, because I was in an altercation with my wife, and as Mr. Veltri said, when you're diagnosed with post-traumatic stress, the police services use it against you. I was thrown out of my house. I had nowhere to go. I was living in motels and on the street. I was in Kingston at the time, which is not far from Ste. Anne's Hospital, which I found out about when I did some research. I had a place to go. I had no idea.

**Mr. Robert Kitchen:** Mr. Veltri

**Mr. Jesse Veltri:** My release was interesting, due to the fact I was probably one of the very first people of the CFB Shilo base to be released on grounds of mental illness, though I wasn't the first person in the JPSU. Surprisingly, I could do all of the stack of paperwork they presented to me, because I was a college graduate.

You put this into perspective. I was an infantry guy who could actually do the job, who had no charges in the military and no criminal charges outside the military, but who couldn't have a job because I asked for help. The paperwork for most people, infantry-wide...? I get it; it's hard. Even 80% of the higher-ranked master corporals and sergeants could barely do a memorandum, let alone do regular-ass paper work, yet you're asking them to look at legal doctrine, which surprisingly I was rather interested in, so I researched a lot of this information.

Even my research came across as... I didn't know everything. You can't look through enough Veterans Affairs doctrine to know everything. I kept asking questions and more questions. The next thing you know, I got led in circles. This is what ended up happening. All your paperwork indicated that I could be led into a complete circle by asking different questions.

My example of that is the service dog program. I've had a service dog since I was released from the military. My doctor at the time, who is now deceased, wrote a massive letter to Veterans Affairs stating that Corporal Veltri required a service dog, because this medical information—and the United States does extensive research on service animals, because they already have it there—states that it will help offset a lot of the prescription opiate-based medication that physicians were feeding us. They were not just giving it to us; they were feeding us this medication.

I was tired. I was tired of being a drug addict, and being in the infantry we're very well-promoted on alcoholism: it gets put to us. We get it handed to us hand over fist. So not only are we in an environment in which drugs are easily accessible—and I'm talking about high-base OxyContin, Percocet, and Tylenol 3s—

I'll get to my point.

The fact is that you guys leave us in paperwork and you lead us in circles with this paperwork, and now we get nowhere. Because we get nowhere, we get frustrated. And I get frustrated, because I swear at Veterans Affairs—pretty much daily, if I have to.

But now, you guys have a security council that contacts me because I get pissed off and angry because the person on the phone doesn't know what they're talking about. I don't know if Jody has ever had to deal with this problem or anybody else in the council, but I had security guards—your makeshift Veterans Affairs security guards—telling me that I'm being inappropriate because your people on staff don't know what they're talking about and lead me around in circles.

For example, medical marijuana is one of those things I've had since I've been released, because it offsets the drugs that you guys gave me and the alcohol that was fed to me. I don't do any of these things anymore. I lead a somewhat stabler lifestyle, in that I have a service dog and medical marijuana. The service dog isn't approved, even though you guys state you will look after me because of my medical condition—and I will get to that.

Once again, your doctors state that if I need a prescription by a doctor, you will look after it. I'm not asking you to purchase a service animal, because that was never part of the agreement; it was to look after my service animals, which is \$130 a month. But you would

feed me \$500 worth of opiate-based medication instead and pay for that?

I'm confused with all the paperwork and doctrines you guys present to us, but once again, we get stuck in circles, because you guys don't know what you're talking about. We have written this information to you and you lead us back to, “Well, DND doesn't do this”, and “we don't do that”, and “SISIP doesn't do this”, and this doesn't do that. Once again we get stuck in circles, and with all this paperwork we're presented, I'm surprised that 95% of even the educated ones get lost in this paperwork that you guys present to us because you think it's easy.

•(1135)

**The Chair:** Okay.

**Mr. Jesse Veltri:** Once again, I was one of the first people released from CFB Shilo on mental ailments, and I was never given any other option but “You have six years to get out. We're going to stop paying you after six years”. Then I came to find out that there are people who have never even left this country who get the exact same things we get. You're telling me that a guy who has never left this country gets a 65% payout, while a guy who's served as combat and claims PTSD gets the exact same thing, but you tell us that there's a case-by-case difference.

**The Chair:** We'll have to stop—

**Mr. Jesse Veltri:** The doctrine doesn't state what you guys are stating. Once again, you guys need to look at your paperwork properly and address it properly, because you're not. You're leaving us limbo, and you're leaving us with no jobs. That's why guys are killing themselves, because you're leaving us in positions in which we're not looking after ourselves because you guys would rather give us a large payout where we can go get all fucked up off of your drugs, illicit drugs, and more alcohol—

**The Chair:** I have to apologize. I have to stop there.

**Mr. Jesse Veltri:** Yes, you're going to stop me, because, yes, I'm ranting. I get it.

**The Chair:** No, we're—

**Mr. Jesse Veltri:** You guys are leading us in circles and paperwork.

**The Chair:** Thank you.

Next, we'll call on Mr. Eyolfson.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Mr. Kuluski, Mr. Veltri, I can hear that this is very painful. I thank you for your service, and I understand that you're both going through something awful.

Now, I just want to clarify, when you were first asking for help, you both intended to continue your careers in the military. Is that correct?

**Mr. Jesse Veltri:** Yes, I had zero medical employment limitations. What that means in a civilian context is that a medical employment limitation restricts what one is allowed to do. Inevitably, from a military standpoint, if I have an MEL, I can't get promoted, I can't get posted, and it's in direct conflict with how you get in the military.

I was under zero medical employment limitations when I asked for help. I went to anger management, and my platoon commander stated directly to my face, over the phone because they were doing exercises in Suffield, that because Corporal Veltri attended mental health, he was no longer allowed to attend a selection course. But I was under zero medical employment limitations. I followed all the rules and regulations that applied to me, including the paperwork. Once again, I'm very good at doing my own paperwork. The military forced me at a very young age to do my own paperwork. Once again, an individual in the military actually guided me to, in common phrasing, "be my own career manager".

Doing my own paperwork was necessary. So once again—

**Mr. Doug Eyolfson:** Sorry, I don't mean to cut you off. I just wanted to clarify that both of you had intended to continue your military careers.

Is that correct?

**Mr. Jesse Veltri:** Yes.

**Mr. Doug Eyolfson:** Mr. Kuluski, you say that as well?

**Mr. Cody Kuluski:** Yes, sir. I had a signed contract for about 25 years. It would have been expired in 2030.

My unit helped me more than pretty much all of Veterans Affairs. They asked me if I wanted an occupational transfer. I was told for three years that I was getting an occupational transfer. I was moved from the front-line infantry to the maintenance department in the mat shop, doing job shadowing. I ran a mat shop with a mat technician for three years where they gave me the Queen's jubilee medal in a trade I'm not even in, in a shop I wasn't trained for. That's how good a job I did. And I was still told I would be getting an occupational transfer, and then they came down, and for each university salary rate of service, they said, we're sorry that you have to be released for a mental test.

• (1140)

**Mr. Doug Eyolfson:** Now, for both of you—

**Mr. Cody Kuluski:** There is no mental test in the Canadian Forces unless you go to CSOR. So how are you being released for a mental test?

**Mr. Doug Eyolfson:** Sure.

To both of you briefly, what was the time frame between when you first identified yourselves as wanting help and being put on medical release? What would you say the time frame was? Weeks? Months?

**Mr. Jesse Veltri:** In 2009 I got back from Afghanistan and I got into a bar fight. Once again, it was a little out of my norm, and I decided to correct the problem. So I went to mental health, walked in

there, and I said, "Listen up," and they said they would put me into anger management. So I did the anger management course, and actually my psychologist said I had some issues of concern, but that I'm motivated. Once again, the key to that is "motivated" because I was trained every day for the close personal protection course.

Once again, I did all my own paperwork. I followed the battalion's rules. I'm one of the few guys in 2PPCLI history, I think, who ever got denied so many times, to try getting out of the battalion. Once again, I'm a college-educated individual. I wanted a better job for myself with a little more stability. Being in the infantry is very difficult; physically, mentally, you have to be tough to be there every day for 20 years. To be Jody for 20 years is hard. That's hard work, physically and mentally. I just wanted something different, and I've had a lot of questions asked to me about whether I could do other jobs inside the infantry, with a mental ailment. And the answer to that is yes. I'm internationally ranked in Brazilian jiu-jitsu. I have now put my body through the physical torment of—

**Mr. Doug Eyolfson:** Sir, I don't mean to cut you off, but I just need to know.

**Mr. Jesse Veltri:** Sorry.

**Mr. Doug Eyolfson:** What was the length of time between when you first asked for help and they determined that you were to be—

**Mr. Jesse Veltri:** A year and a half.

**Mr. Doug Eyolfson:** Okay, thank you.

And Mr. Kuluski?

**Mr. Cody Kuluski:** Probably within a year I knew that I was being released. After seeing the MO, they said you are going to breach the universality of service, so you might as well start looking to be released.

**Mr. Doug Eyolfson:** And that was about a year after you had asked for help. Is that correct?

**Mr. Cody Kuluski:** Yes. It's pretty much as soon as you go on your first TCat almost, so within six months. As soon as you get on TCat, you're pretty much done.

**Mr. Doug Eyolfson:** All right.

**The Chair:** You have 30 seconds left.

**Mr. Cody Kuluski:** I've never seen anyone go to the JPSU and actually get back to work, ever.

**Mr. Doug Eyolfson:** Sure. I'm down to 30 seconds. I also need to know, in a very brief answer, how long it was between the time you said that you needed help and the time you actually got help from a mental health professional? What was the time frame for that, both of you?

**Mr. Jesse Veltri:** Very quickly. They took me up immediately, and they said they would deal with this, and I said, "Okay, let's deal with this."

**Mr. Doug Eyolfson:** Thank you.

**Mr. Jesse Veltri:** But it wasn't the mental health facility that was necessarily the problem. It was the physicians. Once again, I've never had a military charge in my career, but if you look at my release medical, it states that I'm an alcoholic and a drug addict. I have never had a charge, drug or alcohol-related. How could I be an alcoholic and a drug addict but have never been charged, if I've addressed these issues?

I've never been in a rehab clinic. I've never been to an outpatient clinic or anything else. It wasn't the mental health facility that was willing to look after you. It was the physicians who were willing to kick you out, and that was my—

**Mr. Doug Eyolfson:** Sir, were you offered rehabilitation for the substances? Did they offer you a rehab program at any time?

**Mr. Jesse Veltri:** Absolutely not, and the reason for that is that I'm a parent. I have a six-year old son, and the Manitoba legal system, based on the fact that I have PTSD, was able to strip me of all rights of being a father on hearsay. Once again, I've never been in trouble criminally or civilly, family and child services have never showed up to my house, I have paid all my child support, and I've followed every rule and regulation you've placed upon me. I've been stripped of all rights of being a parent on hearsay and because I suffer with a mental ailment that I deal with properly on an everyday basis.

**Mr. Doug Eyolfson:** Thank you.

I think I'm out of time now. Thank you, sir.

**The Chair:** Ms. Mathysen.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you to all our witnesses.

I have a number of questions. I would like to start with Mr. Westholm, because I want to understand the following.

The JPSU has had three reviews—by a Canadian Forces ombudsman, a chief of review services, and General Anderson's internal review—yet it doesn't seem that these reviews have finished.

Why do you think it's taking so long to rectify the situations or the problems within the JPSU?

• (1145)

**Mr. Barry Westholm:** A lot of what you're hearing today from three individuals here is the reason I quit the JPSU. It's because they said they could do things, promised people they would do things, and failed to deliver.

As it is now, it has gone through all these different reviews, and the next one, I believe, is 18 months long. I think that really what they're trying to do is bleed it out; that is, to let the contracts that people have in it expire, let the people who are currently posted to it for rehabilitation get out. I've helped quite a few in the last little while who are in the JPSU, who are really in dire straits medically and are pretty much abandoned. I think that's the plan: they're just trying to wait out the people who are in it and the contracts and then start with the JPSU version 2.0.

**Ms. Irene Mathysen:** What would be their rationale? Is it that it had become so complicated? It sounds extremely complicated in terms of the interactions of the Canadian Armed Forces with VAC? Just from the description of the paperwork from our two witnesses, Mr. Kuluski and Mr. Veltri, my head is spinning.

**Mr. Barry Westholm:** I feel for you, because when I was a sergeant major there, I used to watch Parliament on TV. I saw my commanding officer giving information about the JPSU, saying that the manning was fine when in fact it was going to hell in a handbasket and the handbasket was on fire.

This is what happened. They had so many people come in, and they wouldn't staff the unit properly, and crisis after crisis stacked one on top of the other. They started treating people like files and not people. The onus was on procedures, policy, all these things that take the humanity away. There was emphasis on time when there should have been emphasis on care.

**Ms. Irene Mathysen:** You make mention of time. I'm going to ask you a question about an Oder Paper question that I submitted in February. It was about wait times. Essentially, I wanted to know what the wait time was from when someone first asked for help and support with their mental health and when that help was forthcoming. The answer I got was that wait times are measured from the time of referral to first available treatment, and that Veterans Affairs works to ensure that this wait time does not exceed 60 business days and has an internal target of having 80% of veterans wait less than 60 business days to receive their first available treatment with a psychiatrist within the operational stress injuries national network.

What is your reaction? Is that true, or is this 60 days misleading?

**Mr. Barry Westholm:** I'm going to back that up a little bit. I'm going to go to the case in which they're serving in the military.

If a soldier serving in the military realizes that they have a mental health issue and they go to see a doctor, if it's of such a degree that they can't maintain presence in their unit, then the commanding officer and the medical officer can at that point transfer the person to the JPSU. If the JPSU is functioning properly, there that person will get a break and be allowed to take the time to address the issues with the proper health professionals and then decide whether or not the person is okay to go back to military service, or then transition to Veterans Affairs Canada.

Now, if everything was working well and that person had gone into the JPSU and was put into the stream for civilian society—and it is a different society completely, I have to emphasize that—there would be a handoff between the medical services of the Canadian Armed Forces and those of the civilian services with Veterans Affairs Canada. There really should be no gap, if it was working in that manner.

**Ms. Irene Mathysen:** Based on what we're hearing from Mr. Kuluski and Mr. Veltri, it seems like it's not working, that there are gaps, and that there's something wrong in terms of the connections that have to be made.

**Mr. Barry Westholm:** Yes, the connections aren't there. Again, when you mismanage a unit.... You guys can appreciate this; we had some sections of 70 people. You don't have 70 ill and injured people with one section commander. That's actually a cruel thing to do. Then people fall through the cracks that have emerged, right? Then people commit suicide. We had three in my region alone, because of the way that the place was staffed.

To get the thing working right, you have to confront reality, not gloss over it, and put the right people, the right staff, in there to help these guys transition one way or the other. These two guys could still be in uniform if that JPSU were running properly.

• (1150)

**Ms. Irene Mathysen:** Do you have confidence in the restructuring or in the review that's going on right now?

**The Chair:** You're going to have to make this answer very short.

**Mr. Barry Westholm:** No.

**The Chair:** That was perfect timing.

Mr. Fraser.

**Mr. Colin Fraser (West Nova, Lib.):** I believe it was Ms. Lockhart next.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** No, go ahead.

**Mr. Colin Fraser:** Okay.

Thank you very much for your appearance today, and for your testimony. I want to echo the comments of my colleagues and thank you all very much for your service to our country.

As a committee, we're committed to taking your information and trying to improve things. I know there's a commitment on all sides to do that. While I hear frustration in your voice, please know that we're working to try to make things better.

I'd like to start by asking Ms. Gilmore and Mr. Mitic a question.

I recognize that you have a young family, two daughters as you said. I really appreciate your comment, Ms. Gilmore, and the concrete example of having email access with your case worker, with somebody you can actually relate to and communicate with easily. That's a really good, specific example of something that seems really easy, which we should be able to fix.

I presume that when you do have personal contact with a case worker or a person, you're dealt with appropriately. Would you agree with that? Would you agree that it's not the people who are the problem but the system?

**Ms. Alannah Gilmore:** No. That is not to say that a person goes out of their way to be ignorant. It's all about education. If you're going to sit in a job, you need to know what the service is, what the product is, what it is you are dealing with. When you don't know that, that's where the frustration on the other side of the line comes from.

Ultimately, I think that whatever position you're going to play in Veterans Affairs, you must know your job. If you don't know it, know where to get the answers.

They have brought it up a few times. I've had the same dealings. I had a major issue with putting in a disability claim and the paperwork that went along with it. It actually got lost. I guess someone quit. My file went through the cracks, even though I called every couple of months to see where it was. The person who finally got track of it sent it along, missing the psychiatric report and the medical report. So what I got two months later was a denial saying, "We don't see any reason why there should be any change to your disability." Well, no wonder? If you're missing a quality of life assessment and any medical assessment, of course you're not going to have any meat to go with those potatoes, right?

Then, I actually got the minister's office involved because I was ready to go to the papers. Just to give you an idea, this was over a year later and they were denying me, telling me that my release from the military wasn't more than 10%, because they were missing very valid paperwork.

Yes, it is important that your frontline people know what they're talking about and have access to the information, so that when they are dealing with someone who's already pre-targeted or triggered, they can get the information they need and they know where to go next.

That's the problem with your VAC online system. I think that for some people, it might just be an easy way to deal with it. They can go through the motions and all their information is there. But when it starts getting more complex, I would not focus my time on an online version. I think there has to be a connection with a case manager, somebody who can sit down and tell you if you're on the right path or the wrong path, and provide that information.

**Mr. Colin Fraser:** In your experience so far, based on your judgment, would you say having more case workers would be helpful?

**Ms. Alannah Gilmore:** Absolutely.

If you look at these guys here, they're used to being looked after. There was a medical system in place, there was a CDU system. They had their medical technicians, their physician assistants, their nurses, and their doctors. They had an entire treatment team, and now they're left out. Hopefully, some of them have family doctors, but there are a lot who don't. If you don't have that treatment, you don't have someone to help guide you.

As a medic, I knew what the job of infantry entailed, but if you go to someone on the civilian side and you say, "I was an infanteer", they'll say, "What was that? I don't know."

**Mr. Colin Fraser:** Can you describe some of the services that are available to your family?

Also, you mentioned a top-up—that you shouldn't be considered together, that you should be considered separately. Can you explain what you meant by the top-up?

**Ms. Alannah Gilmore:** I think it should be based on the member, so that whatever treatments your medical portfolio shows should be available to you, or something related to the homestead VIP program, should be based on the member and the member be covered.

•(1155)

**Mr. Colin Fraser:** Yes.

**Ms. Alannah Gilmore:** It shouldn't be that because "there's already one retired person there, so we'll just go under his coverage". Obviously if there are two, then there are reasons that both people are covered.

**Mr. Colin Fraser:** Do you find the services for your family adequate?

**Ms. Alannah Gilmore:** The services for the family is where it gets a little bit confusing. There's the old charter and the new charter. In services for the family, there might be, from what I can tell, more under the pension system. I know there's money for people who have dependants, who fall under the pre-2006 arrangement. That doesn't exist post-2006. I know there are spousal issues as well. I'll repeat that, somehow, you need find a way to bridge the two, so there are not two classes of veterans, because right now, I don't know what we're getting as a family, to be honest.

**Mr. Colin Fraser:** I want to turn to Mr. Westholm for a moment.

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

**Mr. Colin Fraser:** You mentioned the two streams of JPSU as a possibility, one leading back to military, one to a return to civilian life. Would it be helpful if VAC were involved right from the beginning?

**Mr. Barry Westholm:** This goes together with my "no." The reason I'd like to see VAC involved with that stream is that in what the military is doing they seem to be fumbling the ball when it comes to very important things for people transitioning to civilian life.

I'd like to see VAC in there really to watch their "six", to make sure that the military doesn't get too uppity about getting these guys out the door and that they can slow down the CAF and say, "No, they're not ready; you have to hang on to them until they're properly prepared for release."

**The Chair:** Mr. Bratina.

**Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.):** We're dealing with a difficult subject now, because our mission, simply stated, is to analyze the quality of the interactions between the department delivering the services and the individuals receiving them, but it's a very broad and complicated matter.

The first question—because it starts with active soldiers within the military—is this. Is there anything lacking within the command structure that for soldiers on active duty ultimately may lead to the problems that we're hearing—such things as the respect that soldiers may feel in the field? Is there an issue, long before the transition begins, that we need to address?

Mr. Mitic? Ms. Gilmore?

**Mr. Jody Mitic:** I'm not sure I understand. Are you talking about what my CO at 1 RCR...if he had had a tool that would have helped?

**Mr. Bob Bratina:** It's just a general....

Perhaps I'll go to the more recent guys who spoke, Cody and Jesse.

To me, once again, the issue starts when you become active, you're in the military, and eventually you're going to transition. Is there anything happening during the service time with regard to command structure or the kind of respect that you have?

**Ms. Alannah Gilmore:** I can answer some of that, if that helps.

**Mr. Bob Bratina:** Please go ahead.

**Ms. Alannah Gilmore:** Jody and I were on Task Force 3-06 in 2006. When we got back, we were in Petawawa, so we were the first of our group coming back from a combat zone to Ontario. Previous to that was the PPCLI and they were based out of Alberta. There were probably some from Shilo, Manitoba as well.

When we came back, it was completely obvious that people just didn't quite understand what we were doing over there.

I think there was still a mental block around the word "combat". What exactly does that mean? Does that actually mean you're firing upon an enemy? Does it mean that someone was actually smashed, blown up, or whatever the case may be?

Even in dealing with people as we were coming back, there was a misunderstanding of what we were involved in. From a soldier's perspective, it was hard to talk about. We would almost sensationalize things because we wanted to make it so graphic that you could understand, even for one second, what it was like to be over there. You could just see the look of astonishment on people's faces. "How could you survive that? How could it be?" You would do that on purpose because you just didn't want to have to talk about it too much.

We saw that there was a huge lack, at the time, of mental health people in Petawawa ready to take on the challenge.

Being in the medical field, I've worked for different groups. Since the 1970s, the doctrine and policy on how we treat soldiers had changed. It changed because we weren't playing war, for a very long time. I know a lot of this changed.

When that happened, there was nothing on paper that could educate someone quickly on how to deal with a wounded soldier coming back from Afghanistan. I packaged him up. I put him on a chopper and I said, "Thank God he's going back to Canada." It was awful. It was years of awful. It's not because medical people aren't smart enough to handle it. It's just that we weren't aware.

When you deal with combat and with stressors, OSIs, PTSD, and physical ailments, people need to be educated. That goes beyond the medical professional. That goes to the infantry soldier, the infantry command, the entire division, the entire Canadian Armed Forces. They have to be educated on what these guys were subjected to, where their brain space might be, and how that's going to affect them.

It's not because they can't physically do the job. They just need some understanding. They might need a little bit of time. If they fall into the habit of jumping to substances when they are having a really bad day, people need to know that they're jumping to substances because that's the way they know how to cope, and because they're not being treated properly. They should be directing them to the right people. The biggest lack that we had was that not enough people were educated. Like I said, everyone from the basic private onward needs to recognize that maybe their corporal is having some issues. Why not?

Everyone needs a little bit of education. They'll recognize the signs and symptoms of OSIs if people are having difficulty at home. Then, they can actually direct these people and promote medical treatment, as opposed to making someone feel like they're weak. As soon as you tell a person that they're weak they're going to retract back into themselves, and anger, the easiest emotion to portray, is going to come out. You are then going to end up with two very good soldiers who are lost in the system and kicked out.

• (1200)

**Mr. Bob Bratina:** You make the really interesting point that in all those years of not too much activity into real theatres of war, the experience set wasn't there at the beginning to deal with those things. Hopefully, we're going to get better at that.

I recall a story. Do I have time?

**The Chair:** You have one minute.

**Mr. Bob Bratina:** A commander was taken out of the field in the second world war because he was given orders that he knew would get his men killed. He was actually put on psychiatric leave and replaced with a commanding officer who took them into the field, and it was just as predicted, a bad scene. I hope that we have enough commanders and people in the command structure who have that kind of empathy for the men and women that they work with.

Those are my comments.

Thank you.

**The Chair:** Mr. Clarke.

[*Translation*]

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

[*English*]

Thank you all for being here this morning. I understand it's not easy and we're all aware of this.

I don't have a specific question. However, I would like to ask a question of Mr. Mitic. I'm sure we don't have enough time, but if you could start at least, we all need to know exactly what the process is like when you're released. What is your first step, second step, and third step, in terms of paperwork and so forth?

**Mr. Jody Mitic:** In terms of...?

**Mr. Alupa Clarke:** Paperwork or whatever it entails. What were the steps?

Just to confirm, your release was physical.

**Mr. Jody Mitic:** Right.

**Mr. Alupa Clarke:** Maybe one of the other members of the committee could ask the same question of one of the witnesses about medical release for mental health.

Thank you, sir.

**Mr. Jody Mitic:** Right. My injuries are pretty easy to diagnose. I'm missing two feet, so I have prosthetics. That puts me immediately in a permanent category. I'm then given a time frame during which I can stick around and make some decisions. In my case, I was given quite a decent amount of time to transition, but despite that, it was still difficult. Once the PCat is identified, you're given...wasn't it two years?

**Ms. Alannah Gilmore:** For you it would have been three. They're trying to give three years now.

**Mr. Jody Mitic:** You're given a date, basically. Once your date comes in—mine was June 18, 2014, I believe—you have your set time to get things in order, and that's when the whirlwind starts.

You go to the JPSU. There is a Veterans Affairs representative there, and there's a SISIP representative there, and there's a DND representative there. You go from office to office, getting conflicting information.

I didn't really worry about SISIP that much. With the educational benefit, I wanted to take philosophy in university, but they said, "Well, no, that costs too much money and we don't do that kind of thing. That doesn't lead to a real job." I get it. I was an infanteer. The system is designed to make sure that you get a job, not on the chance that you might be a professor in a university if you go for philosophy. I get it. The thinking around it is good. I thought, "Okay, I don't want to learn anything else. I'm fine with the way things are."

I then went to the Veterans Affairs representative, who said, "Oh yeah, don't worry about it. Once your two years are up, Veterans Affairs will pay for you to go to school. It's no big deal." I thought, "Okay." Then, I went to the DND representative, who said, "You have to start school before your release, or else you're not going to get the full benefit."

There are guys right now who are in courses that outlast their benefits, and they're under the impression that they're not going to get money from Veterans Affairs once the SISIP money runs out.

I know we're talking about three different streams, but that's what you get hit with as you're releasing. Like I said, several times I've been told that I'm the poster child. I'm the example of what it means to transition from the military successfully.

I got lucky. I was really lucky. I was on a show called *The Amazing Race*, which made me popular. When I ran for election, I was known and I won. If that hadn't happened, I'm not sure where I would be, to be honest.

I left without truly knowing what everything was and where it lined up. I know I'm qualified for the permanent impairment allowance, but I'm still not getting it because when I released, I wasn't given a case manager. I was told, "You're Jody Mitic. You're fine." Right. So I thought, "Okay, I still need a case manager to process my file."

To get back to the email thing that was just implemented—I know I'm straying off your question a little bit—I like to use email very quickly, just to send off a note to remind my case manager, or whomever I have to talk to, to keep things on track. Right now we have to call, and hopefully, get through and talk to the person.

Going back to your question, though, there's not a clear process. There's no A, B, C. I think someone thinks there is. I'm sure the system wants to have one, but we're dealing with three systems that overlap each other, and that makes it really confusing. As Alannah said, she has 23 years experience and became a sergeant. I have 20 years experience and became a master corporal. I was a master sniper. I was supposed to have everything together. I had no idea on the way out. I knew, the day that I was releasing. As I said, luckily for me, I was campaigning for my election and I managed to win. If that hadn't happened, there might have been some stressful moments.

I really wish I could give you a clear answer, but right now that's about the best I can do.

●(1205)

**Mr. Alupa Clarke:** I would say it's perfect. Thank you.

Is it right to say that the transition is easier for physical injuries than for mental health injuries, or not necessarily?

**Mr. Jody Mitic:** I think it would depend on what your physical problem is. As Alannah was saying, we had to deal with DND to modify the home. That was a real process. Without getting into it, it took years and was just a real problem. It probably led to us both having.... My OSI from being wounded was probably exacerbated by it, and her PTSD was definitely triggered more by it. However, mine is pretty clear; I have no feet. For her and the guys on the screen it is a lot different, because someone has to write down the level of injury that they think they have in the mind. Then what's the treatment, right?

When we are recruited, we are told how to take care of our body, but there is no self weigh-out to take care of the mind. You have to rely on the professionals to give you that diagnosis or that treatment.

I think that, especially for the mental injuries, they don't have a clear, concise level of injury. For me it's 104% on the chart. That's pretty obvious. Alannah has been reassessed three times.

**The Chair:** Thank you.

Next, we are going to split the time between Mrs. Lockhart and Mr. DeCoursey.

**Mrs. Alaina Lockhart:** First of all, I would like to thank you all for being here. I know that this isn't easy for you, but it is very important for us to hear from you. That was really what we wanted to do as a committee—talk to the people who are experiencing this. Thank you for taking the time to prepare and to be here today.

One of the things that we are doing is reopening the office in Thunder Bay, so I just wanted to talk to the gentlemen who are in Thunder Bay about what their experience has been. How do you feel about that reopening?

●(1210)

**Mr. Jesse Veltri:** Maybe I am just a little more modern than most people. Obviously, the closure of Veterans Affairs offices was a big deal more or less to the older generation that doesn't have access to emails and the Internet. They want physical representation.

For guys like us, it is not a big deal that this office doesn't exist because our case managers aren't even here. My case manager is in Winnipeg, and his is in Saskatoon or somewhere else in Saskatchewan. Realistically, to us, it is not that big of a deal.

However, there are those older veterans who need to sit down and talk to people and ask these questions because, once again, the litigation and paperwork are so complex, even for the most experienced person, that they need to sit down and ask these questions because we get lost in these things.

I am pretty good at doing my own research, but I get lost in all this information because there is so much of it. To have a case manager around is good, but I think it's all on the basis that the Thunder Bay office is opening. We need it. There are a lot more things going on in Thunder Bay in the reserve unit because, once again, reservists aren't being looked after as regular force guys are. They are going straight back to their units and then they get.... I know certain individuals who have a substantial amount of trouble because of their OSIs, but they are not going to go ask for help because it is not offered to them. Guys like us, in the regular force, get access to services, but the reservists aren't getting those things.

Once again, when it comes to us, we were thrown out. We were made examples of in the JPSU in the battalion. We weren't guys who were looked at or even recommended for anything. We weren't given an option. We weren't even given our pensions. We are watching guys who sat in kit shops and canteens for 10 years on medical employment limitations, while guys like us ask for help once and are thrown out.

Is having a Veterans Affairs office going to make that much of a difference for guys like me or him? No.

Is it going to make that much of a difference for a Korean vet or WWII vet? Absolutely.

Once again, this is 2016. People need access to information. It is all on the Internet, and our case managers aren't here.

**Mrs. Alaina Lockhart:** Okay.

**Mr. Jesse Veltri:** Is it going to make a difference to us? No.

To somebody else? Maybe.

The answer to your question is, it might make a difference. It may.

**Mrs. Alaina Lockhart:** All right.

**Mr. Cody Kuluski:** I think it will definitely help. There is definitely a big gap. Jesse's is in Winnipeg, mine is in Saskatoon, but we are in Thunder Bay. I don't know why ours are different.

I have never had a problem reaching a case worker. It's been fine, but for some of the older vets who may need to sit down in a room, it is a big gap that there is no office in Thunder Bay. It is a good thing to have here to speed up paperwork and to actually go there. You can process the paperwork, bring it right there, and they can expedite it significantly faster than me sending it from here to Saskatoon or wherever and having it get lost.

**Mrs. Alaina Lockhart:** That's good to know.

**Mr. Cody Kuluski:** Same with.... In Thunder Bay, there is a major reserve unit, and a lot of the reserves are not entitled to the same services as the regular force. That doesn't make any sense at all. They did the exact same things, and they are not getting the same benefits as the regular force. That's hard to believe.

I have a lot of friends in the reserves, and they are getting treated far differently than we are.

**Mrs. Alaina Lockhart:** I'm sure we could probably have another whole day on that, too.

Thank you for that.

**Mr. Jesse Veltri:** It should be a whole other day. They were combat soldiers—

**Mrs. Alaina Lockhart:** Yes—

**Mr. Jesse Veltri:** Veterans Affairs states to us, all the time, that everyone's a case-by-case basis, and that's why the managers are there, to separate on a case-by-case basis.

Your numbers tell us otherwise. You're telling me there are individuals who have the exact same conditions, the exact same payouts, for never leaving the country. It doesn't make any sense, so once again, officers and case managers, it'll make a difference, but your litigation and paperwork states otherwise.

**The Chair:** Thank you.

Ms. Lockhart, you're down to a minute and a half.

**Mrs. Alaina Lockhart:** I'll share with my colleague.

**Mr. Matt DeCoursey (Fredericton, Lib.):** I'd like to direct my questions towards Alannah and Jody.

You've delivered some tangible examples of where there isn't a logical process to follow as well as an example of how things could be improved. Do you have any other tangible examples of how the complexity in the system, which clearly is frustrating everyone here, could be resolved?

**Mr. Jody Mitic:** From the beginning, I think, from when Cody, Barry, and Alannah started, there's been this gap between DND and Veterans Affairs, and it's called SISIP. I think that's the problem. I've had chats with other veterans and the former minister of Veterans Affairs, and that was his opinion as well. We're not clear on the ABC or 123 of getting out. In a perfect world, when I release....

My service number, since I was 17 years old, is K41302461. I have no idea what my Veterans Affairs file number is. My file should go from active with maybe a good old rubber stamp saying "retired" and just be walked across the hall into the Veterans Affairs office. Here's Jody Mitic's file with the same number, same file. When you get to Veterans Affairs, you've got to start all over, but also, in the middle, there's this SISIP file now that you've got to deal with. I think it's Great West Life? Whatever insurance company runs SISIP for us.

•(1215)

**Ms. Alannah Gilmore:** Sun Life.

**Mr. Jody Mitic:** I don't even know. That gap between releasing and actually getting all your Veterans Affairs benefits, I think, needs to be eliminated, shortened, or just streamlined so it's out of the way. I can't tell you how the process got in place anyway; I don't know the history. I just know that I've basically been counting time until I can fully access Veterans Affairs and not have to worry about giving paperwork to SISIP.

That's my thought on it.

**The Chair:** Thank you.

Next Ms. Wagantall for five minutes.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** I know this has been said over and over again today and I'm not sure that you can even hear it. The people in this room appreciate what you've done for your country. Thank you.

It's frustrating to be here in these circumstances and hear these stories. I am a fixer; I like to see things fixed. I'm very hopeful that this group of people will be able to do some of those things that will make a difference in the long run, hopefully sooner rather than later.

What I have heard over and over again are issues, and Mr. Westholm, you brought them up when you were describing the circumstances of the Joint Personal Support Unit, DND, and VAC.

**Mr. Barry Westholm:** Yes.

**Mrs. Cathay Wagantall:** You said that they need to be equals.

**Mr. Barry Westholm:** That's correct.

**Mrs. Cathay Wagantall:** I thought, okay, we need to delve into that because, even from what Jody was just saying, what is stopping these departments from doing what is best?

**Mr. Barry Westholm:** I think there's a lack of imagination. From listening to what was going on, I believe that nobody should leave their basic military qualification without a My VAC Account. It should be a module right at basic training, and they should get that interaction going right when they graduate basic training and then get a module every time they go up the ladder in a different part of their leadership training. That would be like five different modules, the last being chief warrant officer, where you would be directing process down everybody else with VAC, and DND, and the Canadian Forces. You'd have what they call cradle-to-grave interaction from the minute a person joins, gets My VAC Account, interacts, gets all the information coming by email right through to the day he retires, knowing all the updates that are happening at Veterans Affairs Canada as they happen. The cost of that would be negligible. It could be done like that.

When it comes to, as you mentioned, having VAC, I say take a partnership role, definitely, in the out stream, because of what's been going on. We can't overlook what's been going on with the JPSU as it is right now. There were a lot of mistakes made, a lot of damage done, a lot of hurt people out there—injured people—who are there because of this unit. I thought, if they're going out to civilian street, then they should have their VAC person right there, and if DND and Canadian Armed Forces gets a little bit over the top, pushing these people, then the Veterans Affairs Canada person with the authority can pull them back a little bit and say, "No, this guys stays in until this is done. He's going to stay until this is done, and that's it."

**Mrs. Cathay Wagantall:** How do they get that authority?

**Mr. Barry Westholm:** You give it to them.

**Mrs. Cathay Wagantall:** Who gives it to them?

**Mr. Barry Westholm:** I wish I could give it to them.

**Voices:** Oh, oh!

**Mr. Barry Westholm:** I would say that this is something you have to work out at the ministerial level, and I think it's great that you have the Minister of Veterans Affairs and associate defence minister as the same guy. That guy can do it, because he is sort of holding two portfolios. That would be the guy, and it is not a big deal. It is not.

• (1220)

**Mrs. Cathay Wagantall:** From what I understand, there are a number of consultation groups being set up right now. Will we be able to find out if this is part of that mandate?

**Mr. Barry Westholm:** I really couldn't tell you. I did a service paper on it that I can send you guys, if you like.

**Mrs. Cathay Wagantall:** That would be great.

**Mr. Barry Westholm:** With the things that I'm mentioning, you could have a module at basic training in a month, at no cost. They already have the training there. You just put on a Veterans Affairs Canada module for the new member of the military to explain what is going on, and you include the family, saying, "If something is to happen to your son, Veterans Affairs Canada will take care of him after release." That's a great thing.

**Mrs. Cathay Wagantall:** I have a question. When you hear about the frustration and the anger at this side of the picture, surely that has

to be impacting the mindset of the next generation of potential soldiers.

**Mr. Barry Westholm:** Absolutely. We are not stupid. If you see a system that is not working, you will do everything you can to stay away from it. You hear about PTSD and stigma. Well, if you have PTSD and you are looking at the unit that is going to support you, and it's a dog's breakfast, then you are just being smart. Who wants to self-identify and go to that mess? It has to be an honest-to-goodness support unit that is functioning well.

**Mrs. Cathay Wagantall:** I don't know if this has any weight, but I would suggest that you, as individuals, put yourselves forward to be part of the conversations with those communication groups that are being set up with DND.

**The Chair:** Thank you.

Next, we have Ms. Mathysen for three minutes.

**Ms. Irene Mathysen:** Again, there is a great deal of information. We heard that in terms of... Alannah, when you and Jody came back, you came to Petawawa, and there wasn't an understanding of what had happened to you, what you had experienced in Afghanistan, and what the stresses were. In addition to that, it sounds as if there was no one there who was able to help you cope with it. Cody and Jesse, you talked about being in a situation where there were no supports, and you didn't know where to turn. In identifying your mental health issues, you felt ostracized and felt you were being pushed out.

My question is about the culture in places like Petawawa and Shilo. Do we need to talk more openly about the culture within the military and how that culture deals with people who come back injured, whether it is visible injury or PTSD? Is that where we need to start, the culture of the military?

**Ms. Alannah Gilmore:** That goes back to my comment about education. It can start right back from the basic level again, talking about mental health, doing a mental health first aid course of sorts—basically knowing a bit about how the body can react, recognizing signs and symptoms. They are offering mental health first aid courses to people outside the military. Why not integrate it into the military curriculum as well, and why not start at the basic level?

Since Afghanistan, I do think a lot has been brought forward with reference to OSIs, mental health, and PTSD. I think people are leaning that way. I know the directive is coming down that people have to put more emphasis on mental health and put money into different programs. It is happening, and you can see it even outside the military now with the emergency services. They are adopting a lot of these programs or ideologies as well. Even though we have started, I think we still have a long way to go. We have a lot of guys who have slipped through the cracks and who need to be picked up. These things have to be rectified. You have to find out what these guys' needs are and actually focus on the members and treat them less like an number on a file. From a VAC perspective, I do think that has to change.

**Ms. Irene Mathysen:** You said you didn't even know what you were getting in terms of supports as a family. I want to go back to Cody and Jesse. Both of you talked about losing your families, losing everything. Had there been supports, or more information, or something for your families, would it have been better for you? Can you see something in terms of supports for your families that would have helped?

•(1225)

**Mr. Jesse Veltri:** Support-wise for families...? No, I don't have any support. I have a son. As I said, once again, my diagnosis has left me almost in financial ruin, to an extent, paying for legal fees just because I asked for help.

Once again, I have to pay for extra health insurance, because I am not fully covered for everything. Our prescriptions aren't all covered. I don't think we are being looked after family-wise. I lost my house two years ago in a fire, and not a single organization military-wise has ever contacted me in reference to even helping me, so....

**Ms. Irene Mathysen:** I was thinking more of programming rather than money.

**Mr. Cody Kuluski:** I still don't know the answer to this. I was told there is no money for couples counselling at all, ever. I tried to get it for three years, and I was told, "No, not going to happen". We broke up, and I lost my house and my wife. I have heard there is couples counselling; I have heard there isn't. I don't even know if you guys offer couples counselling or family services at all in group settings. I know I was entitled to them, and my ex wanted to, but she kept saying, "No, no, there is no funding available for couples counselling", but she was not the injured member.

**The Chair:** Unfortunately, we have run out of time. On behalf of the committee, I would like to thank everybody from the bottom of my heart for coming today and taking the time. Thank you for your service to your country. It has been an eye-opening meeting today. Again, thank you.

Process-wise, we are going to break for about four minutes, and then we have to come back and finish some committee work on budget. We should be out of here in the next 20 minutes.

Thank you very much.

•(1225)

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

•(1235)

**The Chair:** Everybody should have a budget document in front of them. I'll give you about a minute to study that. I believe the clerk is handing them out.

Process-wise this is our budget moving forward. It doesn't include travel, so it will give us a budget until the end of June, I believe.

Witness-wise this would be for teleconferencing some of the witnesses from Kingston or another unspecified city. There would be hotel or accommodations that we have to provide if they're travelling a distance. We have some working meals there. If we don't use all the money, I guess, we have to present something to be passed. Our travel budget will be a separate issue.

I'm looking for a motion for this to pass. Mr. Eyolfson.

All in favour?

(Motion agreed to)

**The Chair:** The next item would be a motion presented to the committee by Mr. Bratina. Did you want to present that today?

**Mr. Bob Bratina:** This is the motion and I believe everyone has a copy. In relation to orders of reference from the House respecting bills—

**The Chair:** Just one second, we'll pass the motion around. If it's under procedure, we're going to make you read it word for word.

**Mr. Bob Bratina:** I can do that.

**The Chair:** I believe everyone has the motion in front of them.

**Mr. Bob Bratina:** The motion reads as follows:

•(1240)

[*Translation*]

That, in relation to Orders of Reference from the House respecting Bills,

[*English*]

(a) the Clerk of the Committee shall, upon the Committee receiving such an Order of Reference, write to each Member who is not a member of a caucus represented on the Committee to invite those Members to file with the Clerk of the Committee, in both official languages, any amendments to the Bill, which is the subject of the said Order, which they would suggest that the Committee consider;

(b) suggested amendments filed, pursuant to paragraph (a), at least 48 hours prior to the start of clause-by-clause consideration of the Bill to which the amendments relate shall be deemed to be proposed during the said consideration, provided that the Committee may, by motion, vary this deadline in respect of a given Bill; and

(c) during the clause-by-clause consideration of a Bill, the Chair shall allow a Member who filed suggested amendments, pursuant to paragraph (a), an opportunity to make brief representations in support of them.

**The Chair:** Is there any discussion on it?

Mr. Fraser.

**Mr. Colin Fraser:** Mr. Chair, I know this is being discussed in other committees as well. Is this motion in response to a letter that may have been received, yes or no?

**The Chair:** I'll ask the person who presented the motion.

Mr. Bratina.

**Mr. Bob Bratina:** I believe that we did receive a letter, but I may have anticipated the motion rather than being a result of the motion.

**Mr. Colin Fraser:** Okay.

**The Chair:** Okay? Is there any other discussion? If not, all in favour?

(Motion agreed to)

**The Chair:** That's carried, and with that, I'll need a motion to adjourn.

**Mr. Doug Eyolfson:** So moved.

**The Chair:** Thank you, everybody, for coming out.

The meeting is adjourned.

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