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Chair

Mr. Neil Ellis

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• (1100)

[English]

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

Good morning, everybody, and thanks for coming. We have a lot to cover today. We have three different organizations teleconferencing in, and we have one organization that is here. If we look at the screen, I can introduce the organizations first.

First, in person we have Canadian Veterans Advocacy, with Michael Blais, president and founder, and Sylvain Chartrand, director. By video conference from Victoria we have Dana Batho, group administrator from Send Up the Count organization. We have Mr. Matthew Harris, who is with 31CBG Veteran Well-Being Network. Finally, from Halifax we have Canadian Caregivers Brigade, represented by Ms. Kimberly Davis, director.

The way we'll start is the same as before. We will do 10 minutes. We will start with Send up the Count, with Ms. Dana Batho.

Today let's also direct our questions to each organization. If we want answers from all, let's pin that. That way, for time allotment we'll be good.

Each organization will have 10 minutes. We don't have to use the whole 10 minutes, if you don't have notes for it. I will give you a signal when we're close to time.

We will start on the video conference with Ms. Dana Batho from Send up the Count.

Ms. Dana Batho (Administrator, Send Up the Count, Facebook Group, As an Individual): Good morning.

I'm Dana Batho from Send Up the Count, a Facebook group that was started in December of 2013 in response to a spate of military suicides, one after the other, just before Christmas.

There are six admins. I'm the only one who's a veteran. I released in August of last year. I was medically released; I got a neck injury in training.

Send Up the Count covers all aspects of mental health for the military, veterans, and first responders. That includes depression, PTSD, other OSIs and things like that, relationship issues, and financial issues. We don't really discriminate as long as you're either military or a first responder. We cover any issue. It's basically a sounding board, a peer resource support group. We have a lot of resources listed. A lot of people find that really useful because they

can come to our group and see this huge list of resources that they can access in one place instead of having to go all over the place.

As far as the group itself goes, it's apolitical, and we also have nothing to do with money. We've done this completely with no funding. It's literally just people helping each other, people who've been there and want to support each other.

For me, because I'm relatively new into the Veterans Affairs system, I'm still learning a lot of things about the different systems and such. One of my main issues is that there is quite a big discrepancy between what we're told before we release, by the Veterans Affairs staff at the JPSU and in the SCAN seminars and things like that, and the information we're told by Veterans Affairs after we release.

For example, I was told that there was a possibility that I might have to reimburse close to \$9,000 of massage therapy that was misallocated to me—nothing to do with my fault—and I was also told before I released that all medications would be covered under my disability award. Again, just yesterday, I paid for some medications that should have been covered. It's quite a hurdle. That's a really big problem when you're already dealing with a lot of issues. You don't need to be told one thing from one side and then something else from somebody else. It makes what you're going through in general very difficult, on top of what's already very difficult.

Another major issue I have is that it can take a very long time to access resources, particularly for mental health issues. Personally, I deal with chronic pain. I was injured four years ago. I asked for some psychological help in November, and I'm still waiting to have an actual appointment with a counsellor. That's a really long time to wait for actual help.

Military members tend not to ask for help that easily, so when they do ask for help, they're pretty much near the end of their rope. This is something that I've noticed very much in the Send Up the Count group. People are pretty much at the end of their rope by the time they do actually think to ask for help, so having a four- or five-month delay between asking for help and actually getting that counsellor's appointment can be highly problematic, I'll say, for many people. It contributes to a lot more stress than is necessary and, in my case, a lot more physical pain.

There are things that they're doing very well. I can tell that the staff of Veterans Affairs are trying really hard to help the people they've been assigned to, but there are a lot of gaps in the system. My case manager retired and I wasn't told who my new case manager was even a month later, so that's a gap in the system.

Things like filling out forms online are very useful for me because I can't write anymore and I can't do a lot of things physically, but there are technology issues. One is that the forms will only open in certain browsers. I'm pretty tech savvy. I was working as an intelligence officer and a cyberthreat analyst for Transport Canada, so I'm pretty tech savvy, and if I'm having issues in accessing some of the online services, I'm sure other people are having issues as well.

Those are pretty much my main concerns for the moment, but also, in regard to accessing your case manager, the online system for contacting case managers isn't great. They apparently don't check their emails that often when it goes through the online system, and phoning them is kind of a pain because you have to go through an operator and tell them basically your entire life history before they connect you. There could be ways to streamline that process a lot.

• (1105)

As I said, I can tell that the staff themselves are trying really hard to help their people, but there seem to be a lot of gaps in how they are able to help their people.

That is all from me for now.

The Chair: Thank you.

Next we will call upon the Canadian Caregivers Brigade and Ms. Davis, director.

Ms. Kimberly Davis (Director, Canadian Caregivers Brigade): Hello, everyone. This is now the third time I have addressed you, one in paper form last May, and once last April.

The Canadian Caregivers Brigade was started because we found that families were struggling to locate resources. We don't receive any funding from any government or organization. What we have done is provide a website showcasing various resources for caregivers and their families, creating a one-stop resource site.

We hear from and work personally with many families, helping them navigate through Veterans Affairs. We are not here for accolades, awards, or medals. We are here to help improve the quality of life for families that are dealing with disabilities and make it a smoother transition for them. If they have difficulty locating something, we are here. We know how; we have been through the system.

I will give you my background, just so you can understand why I am so passionate about working with this organization and how long I have been living with my injured husband.

I met my husband in 1991. I was 17 years old. He was deployed in 1993 to Bosnia, when I was 19, at which time he was 21, with no rank and no combat training. Oh, sorry, he was sent to Quebec for one month to learn how to use a gun to protect himself.

I married him in 1994, when I was 20. I am now 43 years old. I have been dealing with his psychological condition for 23 years; that

is over half my life. It has taken almost that time to get him to recognize he has a condition. When he was released, he was released normal category, even though the paperwork from the doctor said that he was being released for stress and anxiety.

I actually had DND overturn his release and release him disabled. I fought for that so that he could get his pension. When they are released without pension, they have no money and they struggle.

One of the issues we have found, which you will hear from every organization, is paperwork. The answer to the question of whether there have been any changes with regard to improvements in paperwork is no. Even though the number of pages in the paperwork has been reduced, the process of completing the paperwork is still a challenge.

Unless these veterans were clerks in the CF—and I know some of the clerks still have issues trying to figure out the paperwork—they did not fill out much in the way of paperwork. Now the department is asking them, as injured veterans, to complete numerous applications. I know; I have helped fill them out.

The other challenge with these applications is the questions that are asked. The quality-of-life questionnaires may seem like a great idea to gauge how the veteran is doing on a day-to-day basis. Unfortunately, these are not filled out by medical professionals but the veterans themselves, and they are being used to determine the severity of a medical condition. In other words, veterans are asked to medically diagnose themselves. These applications should be filled out with a medical provider in order to help the veteran understand the wording or the question in general.

That is the veteran's side. Now let's talk about the provider's side.

Believe me, I get an earful from my husband's providers. Physicians are being inundated with paperwork, which is monopolizing the appointment time that should be focused on getting the patient better. There are many physicians I have personally spoken to who are now turning away veterans because they don't have the time or the patience to deal with them. I can read right from a doctor's note on my husband's file. Very briefly, it states,

I am treating several patients with similar DVA-related issues and my head is sore from "brick wall" trauma!

He also says in his letter:

I am proceeding with a bite plate with the understanding that the DVA will see sense, in terms of reliving pain and saving themselves money. I do hope to receive the appropriate professional reimbursement before I am too old to enjoy it.

That is on my husband's file, and you are all welcome to see it. It is a letter from his orthodontist.

The provincial health care departments are now attacking providers who are treating veterans. I have spoken to a few family physicians who have received audit review decisions from the department of health in their provinces, and they are now being penalized for general appointments, such as prescription renewals, which are very basic.

•(1110)

The Department of Health is saying that they should be billing VAC. These physicians have now received penalties in amounts over \$15,000 for treating veterans. Again, why are practitioners turning away veterans?

Let's talk about wait times. Which one is more important? Is it the initial application approval for health care services? What about the wait time for an assessment? These veterans and their families don't have time to wait. The interruption in health care services can mean the difference between less pain or more pain, between life and death.

Health care providers are filling out extension-of-benefit forms and waiting 30, 60, and 90 days for approvals to continue treatments, causing a break in medical treatment. I spoke with one of my husband's providers. They say that interruption in care can cause more harm to the veteran than good. Providers have told me that a break of more than 21 days can cause regression and require the treatment plan to start from scratch, so how is the department saving money?

The other one is financial security. Veterans do not have financial security, I can tell you that. Right now, I'm living it. I have two kids going into post-secondary education and I'm home. I'm a primary caregiver of my husband. I had to leave a \$60,000-a-year job to take care of him because he was calling me from the roof of our house and wanting to jump off.

I have to find some way of paying for my kids' education, but that's not all of it. We also have veterans out there who can't apply for mortgages because by the time they receive any lump sum their credit is so messed up that no one's going to look at them. They don't have financial security. The lump sum payments that are awarded are like a lottery win. Anyone who has worked in the financial sector knows that when a large sum of money is given, the spending habits of that person match the amount of money they've received.

Under the new Veterans Charter, there are a few issues with regard to these lump sums, and every organization that comes in front of you is going to tell you that. One, you are awarded the lump sum. Now yes, there are options, and I do have to agree because I read it on the paper. You can consult a financial adviser; they will pay \$500 for that. Yes, you can request that it be broken down in a monthly amount. However, the veteran can also say no to both.

Some veterans, when they receive this money, are in extreme financial distress. Sometimes they're on the verge of bankruptcy or have already gone bankrupt. VAC needs staff that can sit down—similar to a consolidation loan officer—and help these veterans get their finances back on track, because some of them don't know what to do. I'm dealing with one veteran whose wife left him after 40 years of marriage. He doesn't know what to do with his finances. He's gone through three cellphone companies already because he doesn't know when to pay or how to pay. It's something that he's fighting with and struggling with.

As the primary caregiver for my husband, yes, I had to leave my career, where I was making close to \$60,000 a year. My income was there for my children to help with their education and their recreational activities, and now it's gone. As for that family caregiver

relief benefit, yes, we received it, or I should say that my husband received it, because it's in his name. It goes to him; it doesn't go to me. I don't have a file number. It is for him to access support services if I choose to seek respite. This award does not come in my name. Even though we have a joint bank account, it's his money.

I'm going to refer to the report that I submitted to this committee on May 27 about a three-tier system for caregivers. There is one. The first one starts with DND. There is an attendant care benefit that is provided. A CF attendant care benefit is provided to those who are deemed caregivers of their spouse. They can receive an amount that is a maximum of \$100 a day for 365 days a year, which amounts to \$36,000 a year. Then you have the old attendant allowance, for those who are on the old charter. That can amount to a maximum of \$21,000 a year—if they qualify. Then there's us, under the new Veterans Charter. I get \$7,200 a year. Well, my husband does.

•(1115)

But it doesn't stop there.

When I get to the age where I qualify for CPP, or should qualify for CPP, I'll have no income to qualify for that. I've been without work for the last three years taking care of my husband. CPP is based on your last five years of employment on the date of application, not the last 20, so I don't qualify.

•(1120)

The Chair: We're going to have to move to the next witness—

Ms. Kimberly Davis: The next thing is family—

The Chair: I'm sorry. We're through the 10 minutes, but we're going to come back with questions.

Ms. Kimberly Davis: Okay.

The Chair: Next, we'll call upon Matthew Harris, from the 31 Canadian Brigade Group Veteran Well-being Network .

Matthew, please go ahead..

Sergeant Matthew Harris (31CBG Veteran Well-Being Network, As an Individual): Good day, everyone. First, I would like to thank you all for allowing me to attend this. It's very humbling.

As you said, my name is Matt Harris. I'm an administrator for the 31 CBG Veteran Well-Being Network.

I want to be clear on something. Our group receives no money from any government agency or department, nor do we want any. We're all volunteers. It's a social networking group that began by serving soldiers looking for other soldiers who may have fallen through the cracks. We limited ourselves to veterans who were located in the 31 Brigade area, stretching from Sarnia and Windsor through London to Hamilton and the Niagara region in Ontario.

It was a way for us to look after each other. We thought at first it would be 80 people or so. So far, it's expanded to over 1,200. We were the first to try this model using Facebook. Now it has expanded to all the other brigades as well, as we're witnessing.

A colonel and lieutenant colonel, our leaders, essentially started this. Then they added some sergeants, and away it went. I can only guess that they started it because they would ask, "How is so and so doing? He/she just came back from Afghanistan a few months ago", and the answers were far too often, "I don't know", "I don't know where they are", and "We don't know what they're doing."

With suicides in the news daily, we wanted to look after ourselves, look after our battle buddies, as we felt that no one else was at the time.

I have no doubt that there were people who did care and who wanted to help, but the feeling was there nonetheless.

Our sole goal is to help out veterans, whether to help someone move, comfort them, guide them to services such as the Royal Canadian Legion or health professionals, or set up an account, for instance. We can guide them to all these various places and help them with paperwork for Veterans Affairs.

Many believe that only soldiers can understand other soldiers. Soldiers can't be weak in front of civilians, as we are taught to be strong in front of them, to protect them, and to face their dangers for them.

"Leave no one behind" quickly became our motto.

I'm not here to complain. I'm just here to pass on some concerns and issues that some of our members have had or are currently experiencing. These are issues that we see on our Facebook page or that are being messaged to us privately.

I'm not a super-educated guy. We don't have malice towards any organization that wants to help us. I just want to give you, in layman's terms, some idea of what the real or perceived issues are.

An example I'll share happened only a few months ago, in February. I think we can all agree that a judge is an educated person with quite a bit of life experience. When a judge speaks, people listen. Now, this judge, while sentencing an ex-soldier who had survived an IED explosion in Afghanistan and ended up being dismissed from the military, told him to "suck it up".

Yes, the soldier had problems and did something stupid, and he is paying for what he did, but the point here is what the judge said. He spoke to him about the Greatest Generation, a term used to describe, in part, those who fought in the Second World War. He went on to say that many of these veterans came home likely suffering from PTSD-like symptoms, but that they sucked it up as they returned to work, got married, had families, and lived productive lives.

Well, let's look at some of these numbers. Out of a population of 11 million Canadians, 1.6 million went on to serve during World War II.

Out of a population of about 36 million people today, only about 40,000 Canadians served in Afghanistan. Many of those went on multiple tours, unlike in World War II, when they went and stayed until the war was over.

As you can see, the brotherhood was much larger at the time those guys came home. They were able to find a job—there were a lot of jobs out there—support a family, and most importantly, work with

fellow vets and help each other out with any issues they had. They understood each other.

When soldiers get out now, they try to get a job in places all over the country run by people they don't understand and who fail to understand them.

The organizations may have a "support the troops" sticker on their windows, but they certainly don't want one moving in next door or representing their organization, because they believe soldiers have problems and issues. Just ask that judge.

We believe that all soldiers have sucked it up in some very intense situations, situations I'm sure that judge has never encountered. Maybe it's time for others to suck it up and help these veterans.

The government, via VAC, has said that they want to set the standard and hire veterans. I haven't seen any numbers regarding this. Is it successful? Is it working? Are veterans actually being hired throughout the federal public service? From what I've been seeing, the answer is, unfortunately, no.

● (1125)

Some soldiers want to continue to serve, both with the Primary Reserve as well as through a federal government job, believing they can do both. There is a military paid leave in the system, so they can still go and train and not lose a lot of money, but that is not always the case. Even our own government departments that support the troops are refusing to provide military leave with pay. Once again, this shows the soldier that his support is now dwindling. Soldiers are feeling pushed aside, and they believe they must suck it up. Sucking it up means to shut up and bury your emotions deep inside, and that in turn appears as an explosion of uncontrolled vented emotion, because they get a little frustrated.

For veterans who have released from the military, as well as those with a medical release, who would like to go into the federal public service, we are seeing their pensions stopped because they are in the federal public service. It seems that their pensions stop because they go into the federal public service. I'm not sure if that's accurate, and I'm not sure how it all works, but it's something that we're coming across quite often. It doesn't seem fair.

Also, there is a strong need to speak to other vets and not get some impersonal letter from VAC denying their claim, as they feel that someone is calling them a liar and that their honour is being questioned by a civilian, or so it seems to them. Reality doesn't matter if perception is so strong that it becomes your reality.

This all comes together for the service delivery. A decision needs to come quickly with regard to benefits, without a doubt, but it needs to be more personal, with a phone call at the very least. Speaking with other veterans and having a good transition with the help of other veterans will help keep the issues smaller so they don't turn into an explosion of vented emotion. They deal with every issue, navigating the paperwork and helping at every stage, as it is the duty of the soldiers to help other soldiers and to leave no one behind. That's the service. I think a lot more veterans could get good jobs at VAC.

Something else that comes up is the perceived difference with regard to reservists getting help. I have class A reservists. They're part time, and as for the support and transition they require, I'm not aware of any class A reservists in a JPSU. Essentially, when the time comes, they're gone. If they were class B or class C, they get pushed to class A, and then there's no support for them. It should be one standard and one veteran, but they are quickly put on category and then released.

My last point is one that came up just recently. It's that the children of soldiers who were KIA in Afghanistan apparently don't get free post-secondary education. This has come as a surprise to many who believe that if a soldier is killed, his or her kids are provided with an education and taken care of.

We have one right now, a kid whose father, my friend, died in Afghanistan. He's struggling financially through university and is being told that he's not covered at all. As a matter of fact, the claim this university had was that they supported veterans' kids through some kind of donations. I think it was called "Project Hero". They reneged on that.

Veterans Affairs Canada did give him some money, through quite a lot of jumping through some hoops—or, rather, it paid for his education; they didn't give him a cheque. It wasn't enough, but even that money is causing issues now. He got a letter from the Canada Revenue Agency saying that it was income and he has to pay back \$1,400. There's something wrong here. He did call the Canada Revenue Agency and they told him to call back. He's a 19-year-old kid. He's the oldest of his two brothers. His brother is going to go through this very soon.

His mother can't talk for him anymore because he's an adult, and he's obviously frustrated with paying back over a thousand dollars to the CRA when he was told by VAC at the time of his father's death that his schooling would be taken care. He does not have a case manager. He should. He doesn't understand the system. To top it off, he has joined the military. He's a class A reservist like his father. He's a smart and kind young man who now finds himself unable to pay for university. His brother and stepsister will undoubtedly go through this mess as well.

Adding to this disappointment, he and his brothers don't have any medical coverage. I don't know why that is.

● (1130)

I certainly hope that this statement is surprising to you. Was it because his father was a reservist, or class C? Was it because paperwork was missing? Was it because a mistake was made by VAC? I hope so.

Their father was killed by an IED. Their father was brave, dedicated, and honourable. He was my friend.

I know that like myself, he would be shocked to find out what is happening to his kids. If it is true that kids don't get medical and dental coverage if we are killed overseas, then we need to know that before we go over so that we can properly plan for things like that. I certainly hope that this is not the case and that this will be fixed. If there is one thing that I would like to see change immediately, it is for the kids of the fallen to be looked after.

To the Canadian people, he was a hero. To most, he is a picture, a name on the wall. He was more than that to his kids. He was a hero to them since they were born. He was their father, who loved them very much, and now he is gone forever.

In conclusion, I will say this.

Soldiers have the ability to step off on that patrol or go on that mission knowing the dangers that lie ahead. They do it knowing—or rather, believing—that if anything happens to them, they and their families will be taken care of. If that belief isn't there, then soldiers may be more reluctant to go, not because they are afraid—they are afraid regardless—but because they need to protect their families.

VAC is supposed to be the saviour of soldiers, not an endless quagmire of paperwork and seemingly impersonal personnel, which is likely due to being overworked. It is like the other members here.... Everybody we have talked to has been nice, but this is just difficult. When soldiers and ex-soldiers need help, like all humans, they need other like-minded humans to talk to; another soldier would be great.

That is all I have.

The Chair: Thank you.

Now we will hear from the Canadian Veterans Advocacy group.

Mr. Blais or Mr. Chartrand, the floor is yours.

Mr. Michael Blais (President and Founder, Canadian Veterans Advocacy): My name is Michael Blais. I'm the president and founder of the Canadian Veterans Advocacy. Today I am very pleased to be accompanied by our director, Sylvain Chartrand, who, I might add, serves on the minister's service delivery advisory group.

I want to thank you for the invitation to join you today to speak about the department's service delivery issues. As an advocacy group, we have become all too familiar with the problems plaguing the department as a consequential impact of accelerated staff cutbacks that ravaged the department and left the remaining staff overburdened and, in many instances, incapable of attaining performance standards established by the government as benchmarks of excellence.

Let there be no illusions: the department's ability to provide expedient and effective service has been degraded, and it deteriorated in annual incremental measurements during the previous government's zeal to, as some veterans would claim, balance the budget on the backs of the wounded and disabled veterans.

The consequences of these draconian staffing cuts upon Canada's sons and daughters, those who have selflessly offered uncommon sacrifice on behalf of Canada, have been profound, and catastrophically profound when one considers the tragic suicide of Master Corporal Leona MacEachern and the heart-rending note defining her unbearable frustration with a system that she felt abandoned her and her family in time of need.

Many, many others have also suffered, their voices of frustration rising as each year passed and more staffing positions were slashed. Until last year, prior to an election, their voices were ignored. Since then, both governments have taken significant efforts to redress the inevitable adverse situation created when insufficient manpower and resources are applied to serious, if not life-threatening, problems.

This week at the veterans summit I spoke with the president of the Union of Veterans' Affairs Employees about what I believe is one of the most important reforms: redressing the department's manning crisis.

The numbers are impressive. The prospective of having over 300 additional front-line staff actually deployed is certain to have a definite impact in resolving many of the service delivery problems that have been identified in reference to expedient and quality care.

Unfortunately, this is more than an effort just to staunch the bleeding. Our obligation transcends just hiring new staff. Training must be enhanced. New case managers and client service agents must have extensive knowledge of every nuance of departmental programs. Once they are so informed, they must be proactive on ensuring that every veteran to whom they have been entrusted is regularly engaged and that appropriate follow-up is conducted to ensure that the provided support has been effective.

Now, today we have heard from Matthew, Kimberly, and Dana about paperwork delays, about the difficulties they've been experiencing. It is not the client's responsibility to be aware of all the entitlements or supplementary programs that are available to them. In many cases, the client—the wounded soldier or the bereaved widow—remains clueless in regard to valuable resources that would improve the quality of their lives. The obligation is not upon them. No, the obligation is upon the department to ensure each individual is fully apprised of the entitlements and that they are fully explained and provided when appropriate. This has been an ongoing problem, and it is one that is often detrimental to well-being and contrary to the quality of care standards.

We also believe that performance benchmarks for staff, including regular resilience training and realistic workloads, must be implemented and upheld. The proposed case manager ratio is a perfect example: the provision of a realistic number of clients. The ratio of 25 to 1 is acceptable. What was not acceptable is case managers phoning us in the middle of the night, completely stressed out due to an overburdensome caseload, an inability to cope, and, of course, being subject to the frustration of their clients as veterans demanded the standard of care promised by the government. I believe that once these case managers are trained and deployed, they will have a definite impact on the quality of care standards.

● (1135)

Most recently, this committee has borne witness to the consequential impact of these cuts. These are the individuals, the voices of the wounded and the disabled, the voices of their loved ones. I found the testimony provided on May 3 particularly poignant. Listening at home to ParlVU, I was struck by the testimony of individual witnesses, as I was today: Deanna, Jody, Alannah, Jenny, Carla. The list is long, and there are more to be called. We must listen to them. I can tell you that as a veterans advocate these past six years, I have heard dozens if not hundreds of similar testimonials by veterans, spouses, their children, or the children of Korean and WWII veterans who are standing proud now for their mothers and fathers.

These are the voices that must be paramount in your mind during your deliberations. While I appreciate the opportunity to speak on behalf of veterans who are supportive of the Canadian Veterans Advocacy, I pray that the emotion, often raw and heart-wrenching, touches your hearts as it did mine. I pray that when these individuals who are called before you speak, their words are heard without reservation, resentment, or anger; that they are accepted with compassion and the understanding that they are not alone and their stories are not unique; and that our obligation to serve them now, as they have so selflessly served Parliament and the nation in uniform, takes precedence.

We must effect positive change. There must be a reset, not only through the infusion of staff but also culturally. We are the wounded, the disabled. We are Canada's sons and daughters, those who have volunteered, if necessary, to offer our very lives on behalf of Canada. There must be respect. There must be acknowledgement of sacrifice. There must be a level of care provided by the department that reflects this all-too-sacred obligation. Hopefully, the steps this committee takes in the future will restore the standards that existed prior to a decade of neglect and, as we work together and collectively to improve the standards, surpass them.

I will close by thanking you for the invitation to meet with you today, and I welcome your questions.

The Chair: Thank you, everybody.

We will start with Mrs. Wagantall.

Again, I will ask committee members to direct their questions to each witness they want, or in general. We will start with six minutes again.

To the witnesses, when we get towards closing the six minutes, I will give you the hand signal.

We will start with Mrs. Wagantall. Thank you.

● (1140)

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): First of all, from the bottom of my heart, I really want to thank you for being here today. I can only imagine how difficult this is. The goal here is to make things better. I am hearing reoccurring themes here that should be taken care of, and we certainly want to do our part to make sure that happens.

Kimberly, you were talking about your issues. We don't have anything in front of us, and I think we would be remiss not to hear your next point, which was about family. Would you like to share something in that regard with us, please?

Ms. Kimberly Davis: Sure.

Mr. Harris's story about the veteran who passed away is one of my fears for my children. If the veteran is still alive, families receive medical benefits only if the veteran approves it. We don't have independent medical benefits and we don't have independent dental benefits; when I quit my job, I left all that behind. Family members don't receive a VAC file number. We should have a VAC file number. Children of deceased veterans, spouses, and widows should all be given a VAC file number. If something were to happen.... It's a gauntlet for us families if something.... Heaven forbid that sometime it's my husband, because we don't have access.

For their entire lives, our children have grown up with a father who has PTSD. Everyone wonders how this affects them. There's a research paper. Ironically, it was written out of Bosnia. These children struggle, but no one knows what impact having a father with PTSD has on them. I'll briefly read this to you. It says:

...children of the veterans reported significantly higher levels of conflict in their families; families of veterans with PTSD experienced more problems in parenting as well as marital relationships [and] children of veterans with PTSD showed more behavioural problems than children of veterans without PTSD, including aggression, delinquency, hyperactivity, and difficulty in developing and maintaining close friendships.

...In conclusion, the influence of secondary traumatization of wives is significant.

Yet for me to get my kids help, I have to go through my husband, through his case manager. I'll tell you right now that we stopped case management. We deal with resolution officers. The last time we dealt with a case manager was the day I was sitting at my dining room table and my husband took off for 45 minutes. I didn't know if he was ever coming back. I had that case manager call me. I was crying to him, saying, "I need help, I don't know where he went." He'd left his keys, his phone, and his wallet on the dining room table, and took off. We live in the middle of 80 acres of woods. Where could he go?

The response I got out of his case manager, and why we don't deal with him anymore, was, "Oh well, you can call the RCMP. There's nothing I can do. I can't help you."

The RCMP will only get involved if they're gone for 24 hours, yet I'm sitting there thinking the worst-case scenario about my husband. What am I going to tell my kids when they come home if their father is not here? This is what we struggle with as primary caregivers: the what-if scenarios. He disappears in the woods, and I think he's gone to kill himself, because you don't know what their headspace is.

For these children to not be able to have access to basic medical services.... I had to fight for my daughter to get psychological services. These children are vulnerable. You don't see that. VAC doesn't see that until I'm sitting in a case manager's office crying because my daughter got caught up with an online predator because she was vulnerable. She was looking for a father figure because her father is injured. He has issues with interpersonal relationships.

I picked up and moved my family. We moved. I put in the plans to build a new house and we moved and built the house in four months, just so my husband could have a sanctuary that will help him. We

have horses. They help him, but he still has issues. He doesn't want to deal with people. He can't. If he gets into a confrontation.... Do you know what his psychiatrist said? The psychiatrist said to him, "If you find yourself in a confrontation where you feel that you're going to become aggressive, call the police to protect the other person." When he goes into a rage, he blacks out. He doesn't know when he comes out of that rage what has happened.

• (1145)

I have broken doors in my brand new house. I had a hole in the wall in my brand new house. The house wasn't even a year old. They go into rages because they are frustrated. Now my husband has lost his licence. He can't drive anymore.

We are playing with medications, trying to figure out what works for him. Well, one medication made him think he was Superman: "Oh, I can move a refrigerator off the back of a pickup truck in flip-flops." Yes. He fell off the back of that truck, with the refrigerator landing on him. He ended up with a subdural hematoma—a bleed in the brain—and a severe concussion. He was hospitalized for 24 hours. The only reason they released him after 24 hours was that he was coming home to me, or else they would have kept him in for a week.

The Chair: We will move to the—

Ms. Kimberly Davis: He can't drive.

The Chair: We will have to stop there. We will come back.

Mrs. Cathay Wagantall: I appreciate that.

The Chair: Mrs. Romanado, go ahead.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Thank you, Dana, Kimberly, and Matthew, to you and your family members.

Dana, you have served, and I want to thank you for your service and that of your family members and your friends. I know it may sound like empty words, especially when you have come back here three times to present yourself, but as a parent of two sons currently serving, I can guarantee you they are heartfelt. Everyone on this committee has been listening to the witnesses' testimony over the course of this study, and I can guarantee you we don't come out of this the same. It is genuine.

I would like to talk a little bit.... Michael Blais, you mentioned a lack of proactive approach to the treatment of our veterans, and I think you touched on an incredibly important aspect. What we have been hearing is that it is a very reactive approach. We wait for the veteran to come to us and say, "I need help." We wait for the veteran to fill out the forms. We wait for the veteran to prove the injury. We wait for it.

I would like your suggestions. What would you recommend in terms of flipping that on its head and having a proactive approach to the care for our veterans and their families? We are seeing that we may have an x number of veterans, but when you calculate the families that are supporting them, we have a lot more veterans, in my view.

Mr. Michael Blais: You know, you should also put in there “when it comes to crisis” because, fundamentally, half the time that is when we get Veterans Affairs involved—when Kimberly's husband goes adrift, when something like this happens. When I say “proactive”, I mean across the board. This is not only a matter of being active on the mandate of Veterans Affairs Canada, of all the policies catered for your individual case. I have found through experience....

A lot of the time it is not the fault of the workers. They are overburdened. They are trying to do the best they can, trying to cope, but they are not providing the services proactively. They are going reactive because of that very situation.

They are in a position where they would like to help. They would like to phone Kimberly up and say, “Listen, I have a list in front of me. Here is everything that your husband is entitled to. Is he getting this? Has he gotten that? What about your children?” All these things.... This is the most important thing. I believe it is the department's obligation also to take care of the entire family unit, and that includes spouse and children.

We have issues, I hear, where.... Kimberly says, “What about my children's post-secondary education?” Why do we have charities doing that? It is ridiculous. I mean, God bless them for doing it, but we as a nation should be taking care of the fallen's children and the children of those who have been wounded and are suffering, and I mean suffering. When I was addicted to opiates through my time, I know how sensitive my children were around me, the terrible impact it had upon my life, and there was no care. There was no support, nor did I reach out for it. I was adrift. At that time, if a case manager had phoned me and said “How are you doing? What is your drug input like? Are you getting out? Are you engaging and interacting with the community? Is there anything I can do to help?”, that would have changed things in an exponential manner.

We have new policies coming. We have just sustained 12 years of vicious combat in Afghanistan. We have paid the frigging price, and now we have expectations of the government and the department. Our expectations are not excessive. All we want is to be taken care of and be respected for our sacrifice and have our families acknowledged for their sacrifice.

Let me be very clear. The sacrifice from the families.... When we deploy and come back wounded, when we come back not the same man or woman who left that spouse, there are consequences. We can mitigate those consequences if we are proactive, if we stand forth and have a department that is willing to engage.

• (1150)

Mrs. Sherry Romanado: Do I still have some time?

The Chair: One minute.

Mrs. Sherry Romanado: Thank you.

Dana, I don't know if you'd be willing to share with us a bit about the experience of the transition from an active service member to a recipient of veteran care. Could you talk to us a bit about any of the issues that came up in terms of the transition, please?

Ms. Dana Batho: It's not a problem. Just to clarify, I actually don't get a normal pension. I didn't serve for 10 years. I served for seven, so that doesn't entitle me to any kind of pension.

Currently, I'm on long-term disability for the first two years. After that, I'm really not sure what's going to happen or whether I'll be able to work. Nobody has really explained fully how that gets assessed. The connection between SISIP, Manulife, and VAC is really unclear to me even now.

Basically, when I released I went to the SCAN seminars. You learn a lot of things. I was posted to the JPSU for my last year of service, and they help you speak to some VAC officers there. They helped me with my disability award, and I received that before I released. I think I only got 10%, because apparently living with chronic pain that's never going to get better is less severe than losing a limb that you learn to work around, so I'm not quite sure how those tables are working. Right now I literally live across the street from this conference centre. I was barely able to cross the street. That's how bad my neck injury is, and it's getting worse, so, yes, those tables for the disability award are a little messed up. I'm not sure who decided on those.

As for the transition, I specifically remember being told by the JPSU VAC officer that anything to do with my disability claim would be completely covered, so all my medications and all of my massage therapy would be completely covered, no question. At the time I was paying \$3,000 a year for my own massage therapy. On a second lieutenant's income, that's a lot of money, but that was literally the only therapy I was getting because of the inconsistency in treatments. I was getting 10 sessions of something, and then a break of six months waiting for approval for more, and then 10 sessions. It was pointless. I got so frustrated I had to give up because I just couldn't mentally cope with it anymore, and it wasn't physically helping me.

When I was releasing, I thought, “Okay, well, at least that stuff is going to be covered. At least now I don't have to pay out of my own income for my massage therapy or whatever else I need.” Then, when I released, I was told I was entitled to, I think, about 10 to 20 massage appointments a year and that medications may be covered. It's really confusing. I'm still learning how to do things.

My previous case manager approved unlimited massage for me up until June, so I was going to see the massage therapist. When he retired, the new interim case manager called me and said that I had had 89 massages that weren't authorized, and that those were \$100 each—

The Chair: We're going to have to stop there and we'll have to come back. I'm sorry. We're out of time.

Ms. Dana Batho: It's not a problem.

The Chair: Ms. Mathysen is next.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair.

I would like to thank everyone for their testimony. I can hear some real frustrations. I would like to start with you, Kim.

You said, “This is the third time I've come to give this testimony”, and you were here as recently as a year ago. Am I correct in hearing genuine frustration, genuine despair at the fact that this is the third time that you've told this story and at the number of times you have to tell it?

•(1155)

Ms. Kimberly Davis: Well, that's the question. If you go back and look at the list, how many of us have been witness to these meetings? How many more meetings do we have to be witness to?

Last year, I was flown up there. I sat in front of the committee and told them my story. I told them the stories of families that were going through situations similar to the ones my family was going through, if not worse ones. What are we supposed to do?

Then I was asked to comment on Bill C-58 for the committee. I drew up a report and submitted it electronically to the committee. I never heard anything about it. I never heard why it wasn't considered. Why did we still end up getting the \$7,200 family caregiver relief benefit when it was broken down? Why are we doing algebraic equations for a retirement income security benefit?

You are asking veterans, some of whom can't fill out applications because just reading one question sets them off, to calculate an algebraic equation as to what they are going to get when they are 65. How does that make sense?

That's not to mention my algebraic equation if my husband passes, and what I might get. Well, first you have to calculate 75% of this, minus this, plus this, and oh, then divided by this. Really? It doesn't make sense. Why can we not make this stuff simple? It is not rocket science. It is not brain surgery. It is taking care of the veterans that this country sent overseas to give us our rights and freedoms. Why does it have to be so difficult?

Dana was talking about her 10, 20, and 80 sessions. I go through that every 20 sessions with my husband. His physiotherapist, his chiropractor, his massage therapist.... This is all for pain management. The pain is never going away. It is management. He goes through his granted 20 sessions in the first part of the year. He is going to two to three appointments a week. Well, how long do 20 sessions last if you are going to two to three appointments a week? They might last seven to 10 weeks in a 52-week period. The providers have to complete five to eight extension requests in order to properly treat their veteran.

A year ago, I asked the department to review my husband's paramedicine file, look at how many physiotherapy, chiropractic, and massage therapy sessions he has gone through in the last three years, and please grant him the amount that would help him manage his pain instead of having this break in treatment.

I know exactly what Dana is going through, because I go through this frustration with my husband every seven to 10 weeks.

Ms. Irene Mathysen: We have heard—

Ms. Kimberly Davis: It is frustrating to deal with it, and for veterans to deal with it on their own? Good luck. You are setting them up to have a rage.

The Chair: Do you have another question?

Ms. Irene Mathysen: Yes, I do.

I wanted to speak with Matthew. You talked about something that has been very much on my mind in the last 10 years, the fact that soldiers can't be weak in front of civilians. They depend very much

on that esprit de corps, the camaraderie and understanding of other veterans.

My concern has to do with long-term care and the fact that if you are a post-Korean vet, you are not entitled to long-term care in a veterans hospital unless you have catastrophic injuries.

Could you comment on the need for care throughout a veteran's life, no matter where and when that individual served?

Sgt Matthew Harris: Just to reiterate some things you said, having another veteran to talk to would always be fantastic. I find that whether you served in Afghanistan, Korea, the Golan Heights, or Bosnia, we don't care. We know it was different times, and that's fine. I've been to Bosnia and Afghanistan twice now, but I can still talk to somebody who was in Cyprus, for instance, in the 1970s. I'm fascinated by stories when the Korea veterans talk to us.

It's just a matter of talking to a veteran, somebody who's been in the system, who knows and who understands. As a veteran, you can talk to other veterans more freely and you find that when you are talking to them, you see in their face that they understand. You can almost be—I don't want to say weak, but you can be more open about how you feel or some of your frustrations, because it's okay to talk to another soldier about that.

When you're talking to a civilian, you don't want to. It's just part of our training. It's part of our thought.

I joined when I was 19 years old. I got sucked into it all and I believed it all. I see that some of my friends now and some of the troops that I had to lead are going through these same things. They're coming into the messes and they're talking about it to each other. They don't want to go to their teacher and tell them. When you try to explain to your teacher, an employer, or anyone, someone in VAC—it doesn't matter where or what you're trying to tell them—it's difficult to express yourself.

•(1200)

The Chair: Mr. Harris, we'll have to move on to our next member.

Go ahead, Mr. Eyolfson.

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

Thank you all for coming here today. I know some of you have been here before. I'm new to this process and I'm finding this very troublesome to listen to.

Mr. Harris, you were talking about the suck-it-up attitude that people are subjected to. I understand that to some extent. I've practised medicine for 20 years. We're from a profession that is told to suck it up and not look weak, but I personally know three colleagues who've committed suicide, so I understand what that kind of culture does to people.

What can be done in the army culture or the military culture to help get around that, to get people to ask for help and to acknowledge that they're vulnerable?

Sgt Matthew Harris: That's a big one, changing the culture.

In the military or where I'm from, the infantry, it's very much, "You gotta get up. You gotta go." That suck-it-up term is a military term. It's been around since I was young and doing all kinds of stuff. When you fall off the helicopter or whatever and you hurt yourself, you get up and you go.

It's always to help. They say, "Come on. Get up there because we need you up there." That whole "you don't want to let your buddies down" type of thing is great. You don't want to let your buddies down.

Maybe the term "suck it up" is... People have to think about what it is they're trying to suck up. If some guy's coming back from war and he has PTSD, he doesn't have a family of thousands of people when he goes to a plant, like in World War II, where everybody there was at war and they could all help each other out. Now you go to a call centre and you sit around at a desk. There's nobody else around who even understands you, or they just think you're the crazy army guy. If you complain about something, they say, "Well, what are you complaining about? You should suck it up." It's a horrible thing to say to somebody.

To change that culture, I don't know. It's so difficult because I think part of it is almost needed in the military. You have to go on. The big thing here is maybe just to explain that you're always going somewhere to help each other. Instead of saying the words "suck it up", it could be "Get out there and help out your buddy", or "Go see a buddy for help".

I hope that answers it. I don't know if I did a very good job of answering that, but I hope you get my meaning.

• (1205)

Mr. Doug Eyolfson: I knew it was going to be a very difficult question. I anticipated it was something with no easy answer.

Would something like a peer contact network between veterans and active service members be helpful, to get the perspective from currently serving and previously serving members?

Sgt Matthew Harris: Absolutely, and that is what our group does. We just talk to each other. We all pretty well know each other, or we know the same people. A lot of these guys are still serving. We have health professionals, doctors, and all kinds of people in there. We all help each other, and we can come to each other. Absolutely, that is what helps us, coming to each other and saying, "I am going through this issue right now. Has anybody else gone through a similar issue, or can somebody guide me through something?" It is very open. We have sergeants, privates, colonels, all talking from the heart.

It is a closed group. It is secret, or whatever you call it, so you can speak. There is no rank in it, essentially. You can talk and say how you are feeling, and then other people will help guide you into the right channels, whether it is to go set up an account, branch out to somebody in British Columbia, because that is where you currently are, or go through paperwork with Veterans Affairs Canada. Yes, we all help each other out.

One guy needed some food. He is an old-time veteran, and he needed some food because his wife got hurt or something and he ran out of money. It is very simple little things.

We had one guy who was stuck in South America. We just got together, got the money together ourselves from own pockets, not through any organization, and got him a plane ticket back.

Talking to each other is easy. We can be vulnerable. We all understand that we fail sometimes.

The Chair: You have 50 seconds.

Sgt Matthew Harris: Veterans helping veterans is the way to go.

Mr. Doug Eyolfson: Thank you.

I am going to throw this question out to everyone. It is going to sound like a ridiculously obvious question, but I ask it in these words because of a statement given by a prominent political figure a number of years ago.

Does Canada owe a sacred duty to its veterans?

The Chair: That will have to be a yes or no answer. I am sorry.

Mr. Michael Blais: Yes.

Ms. Kimberly Davis: Yes.

Ms. Dana Batho: Yes.

Sgt Matthew Harris: Yes.

Mr. Doug Eyolfson: Thank you very much.

The Chair: Next we have Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Once again, thank you, everyone. These are very difficult things to listen to and understand. There is a lot of emotion involved, but of course we have to try to apply a sober second thought to see how we can actually make it work—understanding better now, as this committee certainly does, the issues that are facing veterans. Everybody here, and many we have heard from, is involved with peer-to-peer support. Is there anything that anyone could offer in terms of how we can apply the peer-to-peer model right into the veterans affairs committee?

Do we hire more case managers who are experienced military veterans? How do we get those knowing, understanding people Mr. Harris refers to into the system? Can someone offer an answer to that?

Mr. Blais, would you?

Mr. Michael Blais: Sure. We've spoken to two groups just now. They do not take money from the government. They're completely self-sufficient. It's the same with the Canadian Veterans Advocacy. We don't take money either.

In order to provide effective peer support, there has to be an infrastructure at some time. We can't just have guys like Matthew saying, "Oh, let's all meet here." No, there has to be a method. For example, he just had a crisis in South America. I'm aware of this. They had to reach into their own pockets to rescue that guy. That's not acceptable. There should have been an alternative.

I also think that because of the vast number of peer support groups that are springing up across the nation, whether it be organized as OSISS, a combat brigade wellness level, or BC Veteran Well-being Network with Brian over here, there's no coordination. If the department were wise, it would reach out to these people here, bring them to Ottawa, which I think would be very valuable to you, have a good afternoon conversation with the president or a representative from each group, see what they're doing, and find protocols that apply to them all, so that when they have issues at their level where the municipal or provincial door is closed, they can reach out to the government. They can reach out to Veterans Affairs.

Veterans Affairs can have supplementary funds in order to rescue somebody from South America where he's gone adrift or to bring someone back into the fold if they're adrift in Canada. There are many veterans in Canada who are on the streets. We don't know who they are because they're not going to soup kitchens and so forth. They're young and resilient, but whether they go to a peer support group or reach out to us, we must have the infrastructure in place to provide that support.

Right now, a case manager or a client service agent can only go so far, and that's appropriate, but there needs to be another mechanism of control, coordination, and understanding on what these groups are individually doing and how we can bring their positive karma into a collective program.

•(1210)

Mr. Bob Bratina: Are you suggesting we formalize the relationship in some manner?

Mr. Michael Blais: Absolutely.

Mr. Bob Bratina: Mr. Harris?

Would anyone else like to comment on that?

Ms. Dana Batho: I know in Send Up the Count, we purposely stay apolitical. We have no problem doing this kind of thing. I speak for myself, not for the membership as a whole. Send Up the Count was formed specifically because people were getting lost in the system and didn't know where to go. I'm the one in charge of maintaining this massive resources document. It has VAC and JPSU numbers, everything across Canada, and even some international stuff. There's obviously a big gap in terms of people not knowing where to go and how to access things.

The only issue with having more of a formal organization is that things may end up becoming more politicized and so on, which I know a lot of the peer support groups are very against, because it just makes people angry. When you're in a situation of putting your group or your mandate into somebody else's hands, it brings in too much that you can't control.

I think there definitely needs to be more coordination between the groups. The CBG support groups sort of spun out of Send Up the Count and became more localized groups to help people with boots on the ground, basically when somebody is having a massive issue and needs somebody to go to his or her house right away. There is a line between supporting people and the political aspect. Most of the groups want to stay away from the money and they want to stay away from being seen as politicized.

Mr. Bob Bratina: Perhaps, for instance, groups like this, if they were recognized in a formal way, would have hotline access or some way of expediting the issues that you're dealing with.

Mr. Harris, would you like to comment on that?

Sgt Matthew Harris: I'm not sure if formalizing us would be something that I'm ready to think about. We do talk to each other. We have messages that pop up on our phones. We keep our phones on at night. Mostly we guide people to the numbers that already exist. These numbers help already.

A flood of too many phone numbers and too many things, and people vying for control over who does what and who helps whom, I don't think would be something that our group would necessarily do. I think we would guide them to those numbers because we know. Some of us know more about thing A than thing B, so we would talk to each other and figure out the best way to go.

Mr. Bob Bratina: That's a fair comment.

Sgt Matthew Harris: Does that make sense?

Mr. Bob Bratina: Yes, it does make sense. However, just to finish, we're gaining so much valuable information from the peer-to-peer groups that we don't want to lose that after a few minutes of discussion in a committee such as this. Thank you very much.

The Chair: Mr. Kitchen—

Ms. Kimberly Davis: If I could just quickly comment on bringing these peer-to-peer support groups under Veterans Affairs...?

Mr. Bob Bratina: Yes.

The Chair: Twenty seconds would be good.

Ms. Kimberly Davis: One of the largest issues facing veterans right now is their distrust of VAC. If you bring these peer-to-peer support groups that are online right now doing wonderful things under an umbrella that they already distrust, you are going to shut them down. They are not going to be there. New ones will pop up again.

The Chair: Thank you.

Ms. Kimberly Davis: They have trust in these organizations.

The Chair: Thank you for that comment.

Mr. Kitchen, you have six minutes.

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

Thank you all for being here today. I want to thank you for enlightening us and educating us on many issues.

I also want to thank you all for your service. When I say "all", I mean families. Coming from a military family, I truly understand that families, although they aren't on the payroll, serve and go through a lot of the same trials and tribulations. We have heard that from many of you today, and from people before.

Dana, I am just going to ask you something quickly. You mentioned how, when people access mental health, it means they are at the end of their rope. I believe that is true. A lot of times, until they recognize that they are having mental health issues, they aren't going to get there. When they finally recognize it, it is too late.

Can you give us some information, especially.... I am not the most social-media inclined, but I know Facebook, Twitter, and those sorts of things, and your group is involved in that. Is there a lot, or any, discussion there about the OSI clinics? And are you aware of them? Do you know where they are? Do people talk about that and how accessible they are?

•(1215)

Ms. Dana Batho: Yes, I can speak about that with some specificity, because I am going through it myself.

In the Send Up the Count group, we do talk about the OSI clinics and the OSISS groups. We do have numbers and contact information for all of that in the big document I was referring to.

Personally, I was referred to the OSI clinic in Vancouver and to the OSISS group last November, when I called my case manager and asked for help.

As you have heard, it is quite common for military members not to want to ask for help until they really are aware that they need help, and that is where the social support groups come into play, because they can tell you, "Yeah, you need to go ask for some help now. Go call somebody."

When I called Veterans Affairs and said to my case manager, "I really need some help. I am having a really hard time", because I wasn't.... Even now, my care is really not that coordinated. You basically get released, and there is no doctor or appointment set up. There is nothing set up. You have to do it all yourself. With the lack of doctors in the area, it is really difficult.

The problem with the referrals from VAC is that you get referred to the OSI clinic and.... I phoned in November, and I got to the OSI clinic at the end of March. That is a really long time to wait just for an assessment. Then it takes them three to four weeks to send that assessment to VAC to process. Only now are things starting to go into place. On Monday, I have an appointment with my doctor so that she can refer me to a counsellor.

I still haven't seen a counsellor. I know nothing about the support group, the OSISS group, that I was supposedly referred to. I don't know whether I am supposed to contact them or VAC is supposed to contact them. I was told I was referred to them. I don't know how any of that works.

I have been literally months without any kind of treatment or help. Even though I have kind of gone through the system, I am still not getting any actual help. That is where a lot of people seem to find themselves as they reach out for help. There are such delays between things happening, such as the time it takes to get a referral from this person to that person or the recommendations from the OSI clinic to VAC and to your doctor and all that. The trickle-down takes a very long time, and nothing is really explained to you, such as how the connection between the OSI clinic and the OSISS group works, how you can contact those people, and what kind of support they offer.

I mean, you know a little bit about it from your time serving—they tell you a little bit—but you don't really know much in practice. Especially if you are not doing so well and you are actually asking for help, you are probably not remembering a lot of what you learned previously anyway.

The Chair: Do you have another question?

Mr. Robert Kitchen: We have heard a lot of that throughout the testimony, about people not knowing what they can access and when. When they hear about it, it is often past the fact.

Mr. Harris, thank you very much for your comments about "suck it up". I grew up in a family where my dad told me that every day. It is true. How do you go through it? It is very tough, as you say. How do we do that in the military and recognize what we need our military for and how we have to look at the other service aspects of it?

You mentioned case managers for children. I am wondering if you can expand on that a bit more. What were you thinking along those lines?

Sgt Matthew Harris: When I was talking to him and to his mother, I asked him if he had a case manager. He asked what that was and said he didn't have anything like that. I asked if he called Veterans Affairs Canada, and he said that he called them about his bursary for schooling, which they had included as some kind of income for him. He said they would put him on hold, pass him to somebody else, and so on. That made me quickly realize that if something happens to me, my wife doesn't have a Veterans Affairs number. She's a civilian. She can't do anything unless I tell her to or ask for it, or unless she comes at me and asks for it.

This kid's father is dead. The veteran is dead, so who is he going to call? I don't think he has a Veterans Affairs number, or if he does, he doesn't know he does. His father died in 2009. He was just a kid. He doesn't know what to do. He should have the number. They all should.

•(1220)

Mr. Robert Kitchen: Right. We need to provide some help—

Sgt Matthew Harris: Of course, yes. It's not just me. There are a few of us who do.

Sorry.

Mr. Robert Kitchen: Okay. I appreciate that.

Some of the talk we've heard throughout our discussions has been about setting things up right from the moment people enlist in the armed forces and getting their numbers, access, and information stage by stage as they progress through the ranks continuously from day one, as opposed to six months before they're told that they're out. Can anyone comment on that and on where you see...? By giving the numbers there and having those numbers follow on from the military to VAC, as well as having those numbers and case managers for families—

Sgt Matthew Harris: No. The actual number changes. We have a service number when we join the military, and for some reason when we go into VAC we have a different number. I'm not quite sure why that is. Maybe keeping the same number would make it pretty easy to remember. Then the kids and the family could have a separate number. Maybe my entire family could have a support number.

The Chair: We'll move on to Mr. Fraser. Are you splitting your time still?

Mr. Colin Fraser (West Nova, Lib.): Yes, I'll be sharing my time with Ms. Lockhart.

The Chair: Okay.

Mr. Colin Fraser: Thank you all very much for attending today and sharing your experiences with us to help us gain insight as a committee so that we can make proper recommendations. I want you to know that we are listening and we very much appreciate your appearance and the work you have been doing.

I'd like first to ask a question of Mr. Blais. I appreciate your comments, especially with regard to the importance of case managers being proactive, such that it is not the obligation of the veteran to seek out what he or she might be able to find out but rather the obligation of Veterans Affairs Canada to ensure that they are made aware and are given every opportunity to take advantage of the services to which they are certainly entitled.

It's not just about case managers. Certainly increasing the number of case managers, as you say, and dropping the ratio to 25:1, as the current government has done, will be important, but what will be really important is ensuring that the level of service goes up commensurate with those extra case workers.

You talked about the possibility of extra training for case managers. I wonder if you could expand on that to help us understand what kind of training you're thinking about. There are probably opportunities for case managers to refer a veteran to some expert, but maybe that should be kept with the case manager so they can build a relationship of trust with the veteran. I wonder if you could expand on what kind of training you're thinking about.

Mr. Michael Blais: Absolutely. The situation now is a result of the rapid influx of new employees. They're being peer-trained, as they call it. You'll be assigned to a CSA or a case manager, and they will train you. I think that's okay in the sense of on-the-job training, but I also believe that there must be formal training. The protocols and documents of Veterans Affairs Canada are way too complicated to be passed on to another person while they're serving a client.

It's okay. Don't get me wrong. We have to do what we have to do in order to get these people online quickly, but I believe personally that there must be a dedicated training format for Veterans Affairs Canada. I have listened to half the problems that have been identified, some serious, that would have been resolved or negated had there been proactive engagement by their CSA or case manager.

We have to identify veterans in need. This is another thing. Not everyone needs that level of care, but there are those who need that reassurance on a monthly basis, those who have sustained mental wounds and whose wives are bearing the brunt and trying to deal with the enormity of the situation by themselves.

We have issues, and proactive engagement could resolve some of them, but unless these case managers and CSAs are completely trained, sometimes proactive engagement is counterproductive.

Suppose you get someone who is untrained. She tells Kimberly, "Okay, we're going to do this." Then it goes up the chain. "Oh, you made a mistake. We can't do that." Maybe she tells someone they have x amount of physiotherapy or massage therapy. Then it's, "Oh, you're 18 over. We can't do that." A lot of these issues can be resolved through dialogue and proactive engagement by the department.

It extends to peer support too. I'm not saying to bring these guys in formally, because Kimberly has a brilliant point there, but you should know and the department should know when they have an issue and they don't have boots on the ground, with Send Up the Count, they do. At a brigade level, they do. At Kimberly's level for caregivers, they do. We must have that connection, formal or informal. When a case manager gets an emergency call when she or he is frustrated or does not have that resource, they may be able to step in and save that person's life.

I think it's vital that the training be brought up to a level where every case manager and every CSA is completely familiar with the book—which is yag thick, by the way.

•(1225)

Mr. Colin Fraser: Thank you.

The Chair: Ms. Lockhart is next.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you.

I'd just like to point out that you've all formed groups to support veterans, and we certainly appreciate that. Clearly, it's because of a need.

I only have a couple of minutes, so could you each tell me quickly what the most common gap is that you see?

Ms. Dana Batho: For Send Up the Count, it's people not knowing how to access resources and not knowing what resources are available. By the time they come to our group and start asking for help, they're usually in pretty dire straits. They don't have anybody they trust to talk to about this. That's the main issue with Send Up the Count. They don't know who to trust and they don't know where to go.

Ms. Kimberly Davis: One of the largest issues we have is that once the paperwork's in, it's not getting processed or it's getting bounced back. We have veterans and their families going to specialists. These specialists have umpteen years in their field, yet their reports are being negated. They're being dismissed as, "Oh, well, they don't know what they're talking about."

How can a veteran get through the system when, as my husband's orthodontist said, they hit a brick wall because you're not listening to these specialists? They have the experience and the education, yet they're being negated by the system. They're being negated through their first application, their second application, and the Veterans Review and Appeal Board. They're being negated and dismissed. They're told, "Oh, well, that's not related to your service", yet they have a specialist who says that it is.

Why are we hitting these brick walls? That's the issue we keep hitting.

The Chair: Mr. Clarke, you're up for five minutes.

[*Translation*]

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

Good afternoon, everyone. Thank you for joining us today. I am very grateful.

[*English*]

I know every time the fact that you have to repeat your story is extremely difficult, and we're fully aware of that.

As usual, I have dozens of questions. I had to choose the most important, or I think they are, and it's a brainstorm.

First, for Mr. Harris, this may be more a technical question. You say in your text that you want to save those who have fallen through the cracks. Could you share with us, if you know it, what the common issues or scenarios are of the members who you consider have fallen through the cracks? Is there a common theme?

Sgt Matthew Harris: Yes, actually, there is.

Guys come back from Afghanistan and want to get out of the military for whatever reason. They want to move on with their lives or they want to do whatever. It's not necessarily because they're frustrated with any particular thing, but they get out. They come home from Afghanistan, and they might have been in the army for a total of five years as a reservist, so there's no JPSU thing and there's no transition. It's just "I hand in my stuff and I'm done." It's over. Then they go off and they try to become a firefighter somewhere else in another town.

Inevitably, a lot of them start to miss it, right, or we miss them. We don't know where they went. One day he's my corporal in my section; then two weeks go by, and the next thing I know, he's out. He's gone. I know that he was in Afghanistan the year before, and I don't know where he went. I'm getting asked by my chain of command where so-and-so is, and I don't know. I don't know where he went. This is how we.... The crack is that that if this guy goes out and does something or hurts himself or needs help, maybe he feels like he can't ask, because he has no idea of where to go.

We try to touch base with him and with others. Every once in a while, I'll ask how he's doing, where's he going, and if he needs help with anything. Sure enough, a lot of times, after a year goes by, they have some mental health issues that they thought they were handling, but it's becoming frustrating. They don't know who to talk to, so we inevitably bring them back into our fold, into our little group here, and then we guide them through VAC or through any

organization, the Legion or whatever. We try to help them out wherever they are. That's our biggest one.

• (1230)

Mr. Alupa Clarke: Mr. Harris, you seem to be saying that's for the reservists. What about the cracks for the regulars?

Sgt Matthew Harris: I don't know. I'm not a regular force member—never have been.

Mr. Alupa Clarke: Okay. I see. Thank you.

Sgt Matthew Harris: I don't want to speak for them.

Mr. Alupa Clarke: Mr. Blais—

Sgt Matthew Harris: Wait, you know what? I'm sorry. I shouldn't say that. We have some members of the regular force that retire to our area. Maybe they were in Petawawa or Shilo. They retire to our area, and inevitably we find them, and they're having issues that they didn't want to speak about while they were in, or now they're they're helping us because they have other ideas. Not everybody needs help. Some people just want to help. I think that's fantastic.

Mr. Alupa Clarke: Okay.

I understand that Madam Kimberly wants to speak, but I really have a question for Mr. Blais.

Mr. Michael Blais: I'll be quick.

Mr. Alupa Clarke: Okay. I won't be quick myself. That's the problem.

Voices: Oh, oh!

The Chair: You have two minutes.

Mr. Alupa Clarke: Okay. I want to ask a question that's outside the box.

The new Veterans Charter is nothing but a new public policy, and public policy experts suggest that we wait five or 10 years before evaluating public policy. That's what we're doing right now and what the other committee was doing in its work. I think we can probably partly conclude that this public policy has a lot more failure than success.

The old system that was the invalidity pension was there to serve the financial needs, and I think it was quite simple. It worked. I might be wrong. The new Veterans Charter served two goals: to meet the financial needs of the veterans—so that was the same as the old pension—but also to meet the needs for the physical and mental problems, which was a new aspect in 2006.

To get to the outside-the-box question, should we just go back to the old system? Is this public policy just not good at all? Do we need to just go back to the invalidity pension?

Mr. Michael Blais: No, and I would like to clarify here. When we talk about financial support, you have to differentiate between the pain and suffering award and the actual obligation you have to provide economic stability through the income replacement program. These are two separate issues.

When we talk of the Pension Act, that pension I get every month for life, that 45% for my back and ears, is a pain and suffering award. By court ruling, it should never ever be considered in an income loss replacement equation. We have to take that out of the equation right away.

The new Veterans Charter brought in some significant improvements. It's not all bad. The major issue was on the sacred obligation, and that obligation is to respect pain and sacrifice equally. If you're going to bring in a lump sum award, it has to be equal to what I receive as a pension, because no veteran should receive less than I do when he's lost his legs or other parts of his body or has suffered a serious mental wound. It's not parity. There must be equality in recognition of national sacrifice, and the benchmarks have been set by the Pension Act on the pain and suffering award.

Now, there's a discrepancy, depending on how long these guys live. It could be a million or two million dollars through time. If they live to 90 and were seriously injured at 25, we're talking about many years of pain and suffering awards.

I think it's important that we differentiate the two. I think it's important that we identify the good things in the new Veterans Charter. I think the issues that we brought up are important, like bumping up the 90%, like making that disability award at least up to \$360,000, with the discussion of going back to the Pension Act. We are moving in the right direction. As far as the policy goes, I think they should have done it five years ago.

• (1235)

The Chair: Thank you.

Go ahead, Ms. Mathysen.

Ms. Irene Mathysen: Thank you very much, Mr. Chair.

I want to touch on a couple of things you said, Mr. Blais. Perhaps Monsieur Chartrand will also comment.

In terms of transition from DND to Veterans Affairs, did you have any issues with regard to SISIP, the JPSU, or even VRAB? I've heard the review board mentioned.

Mr. Sylvain Chartrand (Director, Canadian Veterans Advocacy): For me personally, yes. The problem when you transition is that it depends on if your unit will send you to the JPSU or keep you. That's one issue. If you're under JPSU.... If you're a reservist like me, now you have to do a hunger strike while you're serving to get help, which I did in 2009.

I didn't go through SISIP. I went through the workers' board for compensation, because a reservist is a public servant, even if he's in the military, so I went through the Government Employees Compensation Act, or workers' board compensation, which not many are aware of. For me, the transition with VAC went pretty smoothly then, because I know the process. I know how to get information. I know how to navigate the system. Not many know, and that's a big issue.

Mr. Michael Blais: I will say just quickly, Irene, that I'm on the old system, and when I've spoken to SISIP, I have never ever had a problem with their services. As you know, we speak to that issue, but the problems I've had with Veterans Affairs could have been resolved if there had been proactive outreach when I got out, because

I didn't hear from them for a long time. I got medals in the mail. It was just like I was gone, and that breeds discontent. It really does. You have to be proactive.

Ms. Irene Mathysen: When we send our young men and women into combat to Afghanistan or into peacekeeping, there's a great sense of the country doing something quite remarkable, but then when they come back broken, that's a human tragedy.

Were those responsible for looking after military personnel unprepared? Did they underestimate what it would mean to try to put back these lives and these families...?

Mr. Michael Blais: I don't think they understood the repercussions of going to war in Afghanistan or the repercussions of the mental wounds that our young men and women would sustain. No, they were not prepared. As they attempt and struggle to cope with the problems, we've had suicides. We don't track suicides in the veterans community. Yes, we know that there are over 170 dead in the military community, but how many veterans...? How many veterans out there just got frustrated to the point that they walked off in the woods, as Kimberly said, and didn't come home? That's why it's so important.

If we leave any message today, it's that this proactive posture must be adopted, because it does prevent suicide. It does prevent frustration. It does bring you into the fold. When they call you, you're not abandoned. You don't feel adrift when a case manager phones up and asks you how you are and how you're feeling and says that it's just a courtesy call. A courtesy call? I've never had a courtesy call. No one is asking me how I've been feeling.

I think that's the way we move forward. It has to be a personal touch. It has to be proactive engagement.

The Chair: We're going to have to stop there.

Ms. Davis, you have your hand up. I could give you 20 seconds, and then we're going to move to another round of questioning with three minutes each.

Ms. Kimberly Davis: Okay, it's 20 seconds. I'll be really quick.

We're talking about the newly discharged, those who are just coming out of the system right now, but how many veterans who were released on normal category are left out there not knowing that they can turn to VAC? They're turning to these peer support groups asking for help because they don't know who else to turn to to hear about them.

VAC needs to step up and do a six-month to one-to-two-year call list of anyone being released. How many of them are leaving, mental wounds hidden, and being released as normal category? That's what happened to my husband. He was released normal.

• (1240)

The Chair: Thank you.

Ms. Wagantall, we have three minutes and we'll start with you.

Mrs. Cathay Wagantall: Thank you very much.

I only have three minutes, so I'm going to direct this to Kimberly, first of all, but if others can help out, that would be great too.

I appreciate, Matthew, what you said about “suck it up” and that whole mentality of the Canadian Armed Forces. I have a good friend who was in the forces in the '80s and was able eventually to talk about it. I understand that you need to be trained to behave a certain way. There's no way you'd get me to go over that hill or jump in that water without having someone doing some significant work on convincing me of all the reasons that I needed to do this.

What I'm also hearing is that they come back and they think they still have to suck it up, we don't know how to deal with that.

My question for you, Kimberly, is this. You had to convince your husband that he had issues, so if the Canadian Forces have a responsibility to train their soldiers to suck it up and to behave in that mentality, is there not a role there then for them when they end up injured and in JPSU? They're not sent back in, but they're given a release date and they're about to face a total change in lifestyle, in their whole thinking. Is there not a responsibility then to...?

Somehow we must have an ability to undo that psychological training, get them to a healthy state, and know all of the things that are available to them before they're released and someone says, “No, they're not ready yet.”

Ms. Kimberly Davis: A lot of the members who are joining, a lot of the members.... Even Mr. Harris was saying he joined when he was 19. My husband joined when he was 19. These are still formable years of learning how to do things in life. You're jumping into a military culture where they're telling you, “This is how you're going to do it. If you don't like it, you don't have a choice.”

All through my husband's military career he heard the words, “sick”, “lame”, and “lazy”. You cannot be sick, lame, or lazy. That sticks with me because I said, “But honey, you're sick. You need help.” He was released in 2001. He was diagnosed with PTSD in 2011. For 10 years I said, “Dear, we need to go get help. There's something not right here.” From a spouse's perspective....

I hear from a lot of spouses, “What should I do about my husband? What should I do? What should I do?” I say, “You really can only take care of yourself and give them examples of what they're doing that does not make sense to you.” You can't sit there and push. It's like the old adage: you can lead a horse to water, but you can't make it drink.

The Chair: If you have another quick question, you have 30 seconds.

Mrs. Cathay Wagantall: Would it have been beneficial to him to have some kind of support, though?

I've mentioned this before: anyone who goes into these roles and experiences something in their service is going to have issues to deal with. You talked about sick, lame, and lazy. Can they not do something and take responsibility to readjust their thinking and their processing so that it's not sick, lame, and lazy, but instead “I've done an amazing thing. I've served and I'm not lazy. I have an opportunity

here to rehabilitate, rejuvenate, and serve my country in another way.”

Ms. Dana Batho: Can I jump in and answer that really briefly?

Mrs. Cathay Wagantall: Sure.

The Chair: It's 20 seconds.

Mrs. Cathay Wagantall: Dana, yes.

Ms. Dana Batho: Sorry; I just want to say something really quickly.

At the Royal Military College—I was a graduate of 2011—there were two suicides in the last two weeks because of cadets not being able to handle the stress, because you're not taught enough when it's time to stop and drop the suck-it-up attitude and ask for help. That's the problem. You're not taught enough that it is okay to actually ask for help. That's the issue.

The Chair: Thank you.

Mr. Fraser, you have for three minutes.

Mr. Colin Fraser: Thank you very much.

I want to first thank Mr. Blais for bringing up the point that injury compensation is not income. I think it's really important for everybody to understand that clearly. It's only compensating for an injury, doing the best that money can for pain and suffering. It has absolutely nothing to do with income. We need to keep that straight in our minds when we're talking about income support and entitlements that veterans have earned as a result of their service. Thank you for mentioning that.

Further to my exchange earlier with Mr. Blais, I'd like to turn to Ms. Davis and ask her a question to follow up on what she said earlier about there often being financial difficulties in understanding budgeting and all of these sorts of things with veterans.

I think you said that one of the services that's offered, but not required, is the \$500 available to seek out a professional expert to help with financial matters. I'm wondering if you think this is something that on a very basic level a case manager might be able to do, with adequate training, in order to meet with the veteran and go through some simple budgeting with them, or if that already takes place, or if it is something you believe might be helpful.

● (1245)

Ms. Kimberly Davis: I would recommend a separate person. Case managers have enough of a workload. By adding another piece to their workload, you'll be in the same situation you have now, where they're fighting for more help themselves. You need a separate person specifically trained in financial management.

The guys coming out of the forces are used to being paid semi-monthly. Sometimes they're left with nothing for a couple of months, and then they're put on a monthly amount. It's hard for them to manage.

Mr. Colin Fraser: I appreciate that point. If we're talking about being proactive, though, rather than sitting back and saying to someone who would like to see a financial manager that we'll give them \$500 for it, should it actually be recommended to them and at least discussed with them in terms of its importance?

Ms. Kimberly Davis: It should be one of their appointments in their release.

Mr. Colin Fraser: Okay. Thank you.

Ms. Dana Batho: That financial adviser should be provided as well. When I went through the process, I had to find my own financial adviser. I asked Veterans Affairs for recommendations, because I didn't know anybody, and they wouldn't give me recommendations. That should be provided.

Mr. Colin Fraser: That's a very good point.

Thank you very much.

The Chair: Thank you.

Ms. Mathysen, you have three minutes.

Ms. Irene Mathysen: Thank you very much, Mr. Chair.

One of the things I've been thinking about relates to what you said, Mr. Harris. You talked about the difference between World War II and Korean vets and those coming back from Afghanistan. The World War II and Korean vets went, served, and then came home, whereas Afghanistan vets would have multiple services and would return to the field multiple times.

What kind of effect does it have, knowing that you have to go back there? What does it do to the veteran? What does it do to the family?

Sgt Matthew Harris: I was in Bosnia in 1998, and then I did two back-to-back Afghanistan ones. I came home for just about a year, and then I went again. It was very difficult for my family for me to go back.

It was selfish, I guess, on my part to want to go back. I volunteered to go back. I wasn't made to go back. A lot of people think that we are made or forced to go back, but as reservists, we are not. We volunteer to go back.

It was difficult for my family. They didn't understand why I wanted to or needed to. I needed to go back. This is me personally, but from talking with others, it seems to be the case all the time. There is always that. You want to go back. The job doesn't feel finished, or you feel you are doing something fantastic, bigger. Everything is real. When you come home and you work, doing anything, it doesn't really seem that real. Everything can wait. You can put things aside. You can call a doctor, rearrange a schedule. There, it was very real.

Yes, it is very difficult for the families. I know kids have been diagnosed with PTSD, and you think, "Why?" The kids, the children, didn't serve.

Imagine a six-year-old kid whose father is in Afghanistan, or any place far away, and his imagination. The images in that kid's head every day are that his dad is being killed. Those images, although they were made up in his own head, become real every day and every night. Every morning he wakes up, it's "Is a person going to be knocking on my door to tell me my daddy is dead or my mom is dead?" It is extremely difficult for them.

Then, when these soldiers come home, they are having issues or what have you, and those kids are having issues. You wonder, "What

happened while I was gone? Why has the kid changed?" Then, of course, they get diagnosed with PTSD, and they get nothing. There's no coverage.

I am thankful that I have a federal government job in the public service in my real life, so I have other avenues, but I shouldn't have to use those avenues for my kids.

• (1250)

The Chair: Thank you.

Mrs. Romanado, go ahead.

Mrs. Sherry Romanado: Thank you.

Dana, you brought up an incredible point. I just want you to know that my son is graduating from RMC next week. Those two who died in the last 10 days were his classmates, so I know exactly what you are talking about.

Kimberly, you mentioned something at the beginning of your testimony, and I think I had an "aha!" moment today. You mentioned that this is the third time you've been here, and you are worried that what you're saying is falling on deaf ears. It didn't, because I did have that "aha!" moment.

I think Mrs. Wagantall hit the nail on the head. We are conditioning the members of our Canadian Armed Forces from the time they sign up to serve their country not to be sick, lame, or lazy, but also to work in a pack mentality, in terms of a squadron or a platoon. They always have that, even in the college. They are in their squadron or in their platoon. They are always part of a family, a team.

When they are medically released or leave the forces, we take away their team, their family. We don't have a huge number of people serving anymore, so they don't come back to a community where there are others like them. They are now alone, so they don't know how to cope.

I think the proliferation of... These peer-to-peer support groups are actually—and I would like your opinion on this—a replacement for their platoons and their squadrons, because they are looking for like-minded individuals to support them.

I am now thinking that we should—I don't want to say decondition—retrain them to be able to be on their own, to be able to come back into society and not have that absolute need to be in a platoon.

I would like your thoughts on this.

Mr. Michael Blais: The problem is stigma, and I am going to say that again so everyone understands.

Ms. Kimberly Davis: My husband actually went back—

The Chair: Where do you want your question to go?

Mrs. Sherry Romanado: Mr. Blais, and then I would have Kimberly respond.

Mr. Michael Blais: That stigma interferes when that is the platoon unit. He is not coming forward. She is not coming forward. She does not want to be an outcast of that family. She does not want to be the weak link.

I served in the Royal Canadian Regiment. We have deployed so many times wherever, but particularly in Afghanistan, where I know people who have sustained, after three tours, serious mental wounds but will not come forward and will not admit it until they get out. Well, how does that work? Suddenly, they are out. They have never come forward and identified that mental wound. All of sudden, they have a wound.

There are problems there that we can resolve through creating a bond of trust, a trust in the Department of National Defence and in Veterans Affairs, where there is no stigma, where we look at them and say, "My God, you are hurt, and we can help you" and not, "Oh, well, we are going to shunt you here or punt you there."

No, we have to change the whole cultural attitude toward mental wounds. It must be a culture of acceptance and understanding.

The Chair: Go ahead, Kimberly. You have 30 seconds.

Ms. Kimberly Davis: Thank you.

Ironically, my husband left the forces and then came back as a civilian, because in that three-year span he was looking for the camaraderie. Unfortunately, when he came back as a civilian, he came back under a master corporal he had butted heads and had confrontations with while he was serving. He found it more difficult coming back to that camaraderie because he was hitting a brick wall again.

A lot of these guys who get out will come back in as civilians. They're looking for that team, looking for that camaraderie. With these peer support groups, they're now able to get that camaraderie.

My husband right now, after his experience of trying to go back as a civilian, says he's done. He doesn't want to have anything to do with OSISS or anything to do with peer supports. He just doesn't. He volunteers me up to do stuff. I'm like, "Fine, I'll volunteer to do stuff as long as I know that you won't break down if I volunteer to do stuff", because it's difficult to bring him back if he breaks down.

The Chair: Thank you.

Right now we have about four minutes left. I'll give every group one minute to close.

We can start with Canadian Veterans Advocacy, for one minute.

•(1255)

Mr. Michael Blais: First, I'd like to thank you all for inviting me to speak today. I hope the voice of proactive engagement has resonated, because I believe in my heart we can negate many of the problems that have been created.

I think also we have to address stigma, address the mental health wound, and come out positively and affirmatively to those who have been wounded to encourage them to self-identify the moment the wound presents. We cannot provide the comprehensive care that is required if they cover up that wound until they get out. They won't come forward because they're afraid. They're afraid of losing their family. They're afraid of being ostracized from the platoon. Most importantly, they're afraid of getting kicked out, because they don't want to get kicked out.

I think we need a review of how we deal with mental wounds and physical wounds. I think the department has to be much more proactive on service delivery.

The Chair: Thank you.

Next will be Send Up the Count.

Ms. Dana Batho: My main take-away that I'd like you all to be aware of is that when you're medically released, you have at least a year to a year and a half of knowing this is coming, with time to prepare. That's plenty of time for Veterans Affairs to get in there, get involved, so that the day you release, you have medical appointments already set up with civilian doctors. You have all of that already in place so that your care isn't interrupted, especially if you're relocating. I found that incredibly difficult. I'm still fighting with it.

That's one thing that could be definitely very high on the proactive list—making sure that people, when they release, actually have appointments set up and care already arranged. They don't have to do anything. It's already arranged for them so that they can at least start their new life medically going in the right direction.

The Chair: Thank you.

Next we'll hear from the 31 Canadian Brigade Group Veteran Well-Being Network.

Sgt Matthew Harris: I'd just like to start off by saying that somebody brought up a question around whether people are prepared when they get out of the military. I think this is what it is: they're not prepared to not be supported. As Mr. Blais said, "proactive" seems to be the keyword that is working very well today.

When you're in the military, they call you all the time. They come and see you. There's a padre there. It's proactive. People in leadership are coming out to see you to see if you're okay. It's a great way to continue that. However, when you get out, there's nobody proactively helping you. It's difficult. You're not prepared for that non-support.

So veterans helping veterans, it works. It's what veterans are actually seeking on their own. It seems to be one approach to look into.

Thank you.

The Chair: Thank you.

Now we'll have Canadian Caregivers Brigade. Kimberly Davis, you're up.

Ms. Kimberly Davis: Thank you.

These committee meetings, stakeholder summits, and subcommittee meetings have been taking place for many years. Witnesses are saying the same things over and over. So far, there has been very little movement on veterans' issues. We can all talk until the cows come home, but at the end of the day, we still have suicides, divorces, and damaged families fighting for help. All this is showing the next generation that they don't want to fight for this country, because there is no one who has their back when they become injured.

There are more private organizations stepping up and creating programs and services that are proving to be more effective than the Veterans Affairs department. Now you can see how severely broken VAC is from both the veteran and family side and the provider side. Do we really want to keep throwing good money and ideas after bad? These problems go all the way back to the creation of Veterans Affairs. We know veterans have a distrust of Veterans Affairs. We know that once a trust is broken with a veteran, it is gone. It is no longer in existence.

This committee needs to recommend a fresh start. Start over. Start from scratch.

For clarification, to cap on the point about where children fall when they ask for help, they actually fall under the member's K number, their client number. My daughter's psychological and psychiatric sessions are under my husband's K number.

The Chair: Thank you.

On behalf of the standing committee today, I would like to thank all of your organizations for the great work they have done and continue to do for the men and women who have served.

Thank you for taking the time today for a great testimony on your behalf, and thanks again on behalf of the committee.

The meeting is adjourned,

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