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Chair

Mr. Neil Ellis

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• (1100)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good morning, everybody. I call the meeting to order. Pursuant to Standing Order 108(2), we are proceeding with our study of the barriers to transition, and measurable outcomes of successful transition.

We'll start this morning with our first panel and five minutes of testimony from each, and then we'll move into questions.

First we have Ms. Desmond.

Welcome.

Ms. Cassandra Desmond (Advocate, Desmond Family Tragedy Rally For Change, As an Individual): Thank you, everyone, for having me here.

"I offered you peace. I showed you mercy." Exhibit A is my family tragedy; exhibit B is my life now.

When VAC fails a veteran, it fails the family, community, province, and nation, both emotionally and financially.

My family tragedy was preventable. Our government has been studying veteran suicides since the 1990s and still has done little to address the situation.

Our government agreed to watch over our medically released and injured veterans as far back as 2009 to 2013. Canada's role in the Afghanistan war went on for 10 years. Those roles ended in 2011, and over that time there have been, and still are, many reports of problems with the unit responsible for transitioning soldiers referred there, the JPSU.

Before my brother fell between the cracks of VAC, he fell into the systematic problem with the JPSU—so deep that his very own sergeant worried about transferring him. Sergeant Butler stated that he was worried that the transfer to JPSU "would make Lionel feel more isolated. The staff are not equipped to deal with mental illnesses. They're not trained.... [JPSU is] a holding unit to get rid of soldiers that are not medically fit...to put [ones who are] medically fit...in their place."

JPSU New Brunswick had two section commanders looking after 60 to 100, administered at Gagetown, New Brunswick. Neither was trained to deal with mental illnesses, yet DND claims that all other parts of the country but Gagetown, New Brunswick, were understaffed. I'm sure my friend Barry Westholm can be a witness to this.

Stoicism, the endurance of pain or hardship without a display of feelings and without complaint, is what you teach these men and women. But when they no longer show or carry this trait, do complain, and show feeling, they're simply and honestly told that veterans are "asking for more than we are able to give". Well, excuse me.

These great men and women gave their lives, and all they were asking for is what they were promised and deserved. Yet, we can give generously outside our nation to help others—why not, first, our very own? As Nelson Mandela said, "I am not truly free if I am taking away someone else's freedom".

Employ them in different ways. PTSD and other medical injuries should not affect their jobs or career in the military. Why should anyone have to hide their feelings due to the fact of being judged on capability or performance?

Get to know what they're going through before medically releasing them. They should have that internal support while still an active service member, instead of being released only to find and figure it out on their own.

Military should come up with some type of workforce in its system for these medically released soldiers so that they can still have a career and job, and not be left alone, abandoned, with nothing to depend on but civilian disability. It's not fair, it adds to their stress, and it should not be a barrier for them to serve their country.

These men and women deserve that chance. After all the time and money we invest in them, they deserve that chance of coming back, because the support is there while still an active member, and there still is hope and belief in them, and not to worry that all is soon to be lost because they no longer can do what they love. The reason they chose to protect their country is that they love service and love their country.

Our government created a place of no responsibility. You cannot underestimate our generosity and patience. You cannot deny our hurt, pain, mistrust, and thoughts of guilt by allowing these people to think they're doing something good, only to fail them and turn your back on them when they're hurt.

Instead of helping them, you hurt them more. Enough time has gone by, and I see no changes at all besides a joint suicide prevention plan. VAC and DND are so dysfunctional—broken promises, lies, actions speaking louder than all words in hopes that we stay quiet or dim our lights.

Well, as I turn up the lights in here brighter today, as Lisa Nichols said, I'm telling you to grab your shades, because we are only going to get brighter.

It's time for awareness, understanding, and support. You need to address these issues so that new ones are not created and all is not lost. There is still so much work to be done. You have more motivation now than you ever had before, and more reason to continue your effort and to take responsibility.

You're only at the beginning now of what's been a really long journey for years. Now is the time for you to get it right and keep it right. My whole world was in that house that night.

Everyone in here has a story, something you did not pick for yourself. But always remember that “the battle is not yours; it's the Lord's”.

• (1105)

The Chair: Next we have Ms. Elms.

Ms. Sherri Elms (As an Individual): Thank you for allowing me to speak here today.

Just by way of a brief introduction, my name is Sherri Elms. I am a pharmacist by profession, but because of the events of the last few years I've taken leave from my practice, and have gone back to school to pursue a Ph.D. at Queen's. I'm just completing my first year of study. I have two children: a son, who's 25, studying nursing at Trent, and a daughter of 23, who's finishing a B.A. in philosophy at Queen's University.

In addition to this, I'm also a client of Veterans Affairs Canada. I don't have this status because I served as a member of the Canadian Armed Forces but because my husband did. Today you are hearing about the transition from military to civilian life. My husband did not survive that transition. On November 3, 2014, while still a serving infantry officer, my husband committed suicide. He was at that time a captain with almost 35 years of service as both an NCM and an officer.

We were married seven years when he went on his first tour to Somalia. I remember how excited he was to go. I remember how excited they all were to go. They wanted to help rebuild a broken country. He came home a changed man, disillusioned and bitter, with persistent memory problems, frequent night sweats, and insomnia. In fact, in their determination, Veterans Affairs found that his original injury was sustained in Somalia and compounded by his other tours.

He was deployed three more times in his career, to Bosnia, Haiti and Afghanistan. In addition, he spent many more months away from home, here and there—somewhere in Africa, somewhere in Europe, somewhere in Norway, somewhere in northern Canada. This is the life of an infantry soldier. He never stopped wanting to do his job. He never ever stopped volunteering to go. I knew not to ask him to stay home. It was him. It was who he was. I cannot emphasize

enough how good he was at what he did. Despite the price my family has paid, I remain proud of his accomplishments as a soldier.

I'm not sure if the military shares this pride. I could feel it after he died. Once the shock of it all settled, I could sense the uneasiness that the military felt at his suicide. Despite the presence of three generals at his funeral, one of whom would become the current CDS, there was perceptible shame.

The committee is interested in what contributes to making Canadian Forces members comfortable or uncomfortable disclosing their medical condition, and then you want to talk about interactions with VAC. I'll focus my opening comments on these.

My life in the years before my husband died was not easy. He was angry. He had a hair-trigger temper, and I could not predict when he would explode. He was never once physical with his anger, but his words cut to the bone, and they were directed at all three of us. He spoke to me of suicide often. I told him once that I was going to call the medical officer. He said, “Sherri, you can't use the 's' word, because if you use the 's' word I won't be deployable, and if that happens, I may as well be dead”. I remember a Valentine's Day card in which he referred to our life as a “roller coaster” and that although there were times that he would like to just step in front of a bus, he thought he'd just stick with the ride.

I encouraged him to seek help, and he did off and on. He was seeing a psychiatrist at one point in the years before he died, but he didn't like her. They didn't click. After he died, I recovered his chart from his belongings, and I read her notes. She wanted to see me, but he didn't tell me that, and he didn't bring me in. He just stopped going to her, and she closed the file, and nobody followed up.

In the six months before he died, our lives were a living hell. He drank more and more, and that, historically, was not him. He was my designated driver; I was the drinker. He was miserable. In the summer of 2014 our marriage fell apart. It was a traumatic split, and I was off work for six weeks. Things were awful in August of that summer, and my friends worried for my safety. I was sure he would not hurt me, but I was worried for his safety. I told his boss this personally. I told his physician this personally. No one believed me. I know that the padre spoke to him, but he denied suicidal ideation. He was good at that. He was a soldier. I felt dismissed, that people thought me to be a bitter ex-wife. I wanted to scream. I'm a health care professional. I am well respected. I worked in a family health team. I worked with physicians, and social workers and psychiatrists. We dealt with these things all the time. I knew what I was seeing, but nobody would listen. Summer turned to fall, and he continued to lose weight and to drink. He looked awful. He was in fact yellow. He spent the weekend before he died with us at home. He was crumbling before my eyes. I tried twice to take him to emergency that weekend, but he wouldn't go. He threatened that if I forced him to go or called 911, he would lie and be out in 24 hours and then just not tell me where he was.

That Monday morning he left before we woke. I woke up to a text. I called him. He took one last call from me. He told me where he was, at Kingston Mills, and when I said I was sending help, he hung up. That was it. He was dead within 10 minutes.

● (1110)

Appropriate treatment was not given. He certainly was not comfortable seeking it or really admitting that he needed it or knowing that he needed it. He was a trained soldier. He was trained never to stop. He could do nothing but that. He cringed at the suggestion that there was anything wrong with him. It was obviously me causing all the problems in our life.

I know that physicians and others can't read minds, but to believe him blindly despite the weight loss, the behaviour changes, and despite multiple warnings from me.... There must be some way to give some consideration to what families see and what they know to be true. Now I'm a widow and now I interact with Veterans Affairs.

I must say briefly that I have met some very helpful people. I met a very helpful lady from Newfoundland, who was living in Kirkland Lake, and she helped direct me through the system. I must say that the bureaucracy is soul-crushing and the paperwork is onerous.

I've tried to do as much of my children's work as possible, partially because the application for student benefits must be done in its totality every year. You just can't send proof of enrolment. They have to be totally redone, and it takes hours. It would be nice if this could be streamlined.

The last thing I will mention here—it may seem small—is something I think could be easily changed. When my children receive mail regarding their education benefit, the subject line always reads: "Subject: Regarding Deceased, Elms, Bradley Alfred". That's how they start every single letter. That small clerical change would move some of the trauma associated with receiving that paperwork.

That's all I have for now.

I'd be happy to expand on any of this or answer any questions you may have. Don't be shy.

The Chair: Thank you.

Now we will welcome Mr. Campbell.

Mr. Mark Campbell (Representative, Equitas Society): Good morning, ladies and gentlemen. Thank you for having us.

I am a veteran as well, having spent 32 years as an infantry officer with the Princess Patricia's Canadian Light Infantry. I'm one of the six plaintiffs in the Equitas class action lawsuit that continues against the Government of Canada based on what we perceive to be unfair levels of financial compensation for those under the Pension Act versus under the current new Veterans Charter. As well, I have served the last two years on the minister's policy advisory group here in Ottawa.

A fundamental enabler for what we're talking about here, which is transition, is long-term financial security. This government has taken steps to provide that through the so-called pension for life. Unfortunately, from our perspective, the pension for life falls far short. The pension for life does nothing to improve the financial

situation for 88% of moderately to lightly disabled veterans, those who are expected to move on and transition to a full second career with gainful employment. Those who are not severely disabled will continue to receive approximately 40% less under the pension for life than they would have under the Pension Act.

The pension for life does not achieve parity with the former Pension Act for 12% of the most seriously disabled veterans. Here is why. Under the Pension Act, disabled veterans have dual income streams. They have two income streams. They have their tax-free medical disability pension, and they have their entire taxable military service pension they paid into for the duration of the time they served in the military. There are two distinct and separate income streams with no clawbacks or crossover.

Under the pension for life, the income replacement benefit provides a single income stream. The military pension, however, is the first thing that's clawed back by the Manulife Insurance Company, or Veterans Affairs Canada, as income. We will never achieve parity until that dual income stream is restored for those who are going to fall under the pension for life. This requires that the regulated income replacement benefit not be made subject to the clawback of the military service pension and CPP disability, and it needs to be a protected, legislated, indexed benefit not subject to amendment by bureaucratic regulation. That is the income replacement benefit.

For 80% of the moderately or slightly disabled, parity with the Pension Act can only occur if the monthly pain and suffering award is substantially increased.

Furthermore, the pension for life fails to combine the best parts of the former Pension Act and the new Veterans Charter, as was specifically recommended by the minister's policy advisory group. The attendance allowance and the exceptional incapacity allowance were not ported over from the Pension Act as specifically recommended by the minister's policy advisory group.

Furthermore, family benefits, which existed under the Pension Act, were not restored under the pension for life, although a caregiver recognition benefit, which comes into effect this April, does provide \$1,000 per month tax-free to a spouse or family member who has become a primary caregiver. Now in most cases, those people had given up full-time careers to become those primary caregivers, so you can imagine that \$1,000 per month, even tax free, doesn't come close to replacing my spouse's former \$60,000-a-year income. There is no income replacement benefit for family primary caregivers.

The last thing I'll address before turning it over to my compatriot here is the education benefit. One thing you need to understand when we talk about this wonderful education benefit, which provides \$40,000 at the six-year service threshold and \$80,000 at the 12-year service threshold, is that most will not qualify. What we mean by this is, the fact of the matter is, the vast majority of the injured and disabled are privates and corporals, junior ranks who we send through the door first and place into the position of greatest danger, with less than six years of service required to meet that initial qualification threshold for the education benefit.

Furthermore, it is unclear how any of our reserve force with two years of equivalent service full-time are going to qualify for the same education benefit. As far as we're concerned, the education bit is a red herring; it's smoke and mirrors. It's the same with the priority hiring for the federal public service. The vast majority of your applicants are going to be corporals and privates. With less than six years of service, no bilingualism, and no university education, how do you qualify for a public service job? You can't.

I'll now turn it over to Aaron Bedard, who will speak to mental health and suicide.

• (1115)

Mr. Aaron Bedard (Representative, Equitas Society): Thank you.

I'm also one of the plaintiffs in the Equitas lawsuit and have been at it for six years.

I've done something different from other advocates. I've tried to do as much outreach as possible to every single advocate in Canada. Anyone who has ever done a story, I reach out to, and that's afforded me a position where the media now approaches me when they want to do a story or when the ombudsman's office wants to do something. The researchers from VAC reach out to me. I've become the central network hub for advocacy in Canada today.

Leading up to the last election, I worked with Harjit Sajjan and Andrew Leslie to have included in the mandate a promise for an inpatient facility, a physical place for veterans to be treated. This hits home for me. It's the most important point I can make for this study you're doing on barriers to transition.

With the experiences of the two witnesses who just spoken, it's so vital to be able to give an individual a plan upfront the second they start to show signs of PTSD, or even the opportunity to start getting help in a plan before they have to say, "I have PTSD", and step out. It's something that can help them manage through it and learn how to function with it.

Personally I've had groups that we started in B.C., and they're still ongoing and are actually spreading to other places in B.C. Some of the people who are still serving in the RCMP, federal corrections, and former service members are still working but have all the symptoms and stuff that I have. I am able to teach them all of the tools that I have for being able to function, despite my severe PTSD, a traumatic brain injury, and all the symptoms of mefloquine toxicity poisoning—the big three. Most people who have all three end up killing themselves. But if you work really hard, you figure it out. It's like doing a scavenger hunt, trying to figure it out right now, how to become functional, because there is no plan out there.

The people who run the mental health system in this country, these doctors, they all write books. But these books are really like stereotypical instructions and are not tailored to help the people they're supposed to help. On the programming that we do get sent into, the smaller ones like the veterans transition program and COPE, is fantastic except you have to wait up to a year or two years to get into them, which is bad. They don't come close to fulfilling the need, but they are great programs. They're also designed for only 10 days because they were established at a time when there were budgetary constraints so they had to be designed in a small way, at the discretion and the time of the doctors who could take part to facilitate them.

Being a part of this lawsuit, I also got to the point in 2013 of having a bit of a breakdown, and I had to go away for a while. When you have to go away for a while and get away from your wife before you ruin everything, you get sent to addiction centres, the Parkwoods. These are the gold standard, go-to places where you end up going. RCMP members go there as well, with gang members, drug dealers, addicts, hookers, CEO-type people, high-functioning people who abuse themselves and their families.

I was in there with the co-founder of the Red Scorpion gang. I'm sitting there with Ron Francis, an RCMP member who ended up leaving there after three or four days because he couldn't handle it. He ended up killing himself six months later. You might remember that he was the fellow who got in trouble for smoking pot in the red serge in 2013.

This fellow from the Red Scorpions was bragging about not being caught in the big Surrey Six murder many years back because he was already in jail on a gun charge.

Am I drifting? Okay.

Anyway, the "reboot program" that I got established with Harjit Sajjan and Andrew Leslie created a framework for troops to get into upfront so they could get out of the unit, get away from their family because they were masking all of their symptoms, and to get a plan and a program, going forward, so that from then on, no matter which doctor they saw, they would have a plan in hand.

You won the election and I pushed right away as part of our advance meetings with the senior ADMs. I pushed for the six advisory groups, specifically, in my own interest, for a mental health advisory group to help put together the framework for this program. Unfortunately, they wouldn't accept any of the doctors I pushed for, but the existing mental health system here in Ottawa brought in their people. The people associated with the Parkwoods program, the addiction centres, took real offence to our challenging that there needed to be a program like this.

• (1120)

Right now as it stands, we see money going toward research.

Am I running out of time?

The Chair: You have 30 seconds.

Mr. Aaron Bedard: We have research money. As you know, CIMVHR is out there, the Canadian Institute for Military and Veteran Health Research. Thousands of studies and reports have been done on PTSD. They've sliced the apple a million different ways. Enough is enough. We need programming. We need to put all of it together, to use the best practices and create a program, which would help minimize the trouble you're having through the gap with the JPSU and dealing with VAC.

The Chair: Thank you.

We will begin with six-minute rounds.

Mr. McColeman.

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

Ms. Desmond, Ms. Elms, Mr. Bedard, and Mr. Campbell, thank you for your testimony here today. The system has failed all of you. The one comment sticking in my brain right now is yours, Ms. Elms, when you said the bureaucracy is "soul crushing".

I happen to know it has been soul crushing since 2008 when I was sitting on this committee as a newly minted member of Parliament, yet we have the bureaucracy and the minister coming back to us to tell us all is well, or that we have to change the culture. That's been the case since 2008. It was happening long before 2008, I believe.

Thank you for what you have said here today. You have covered a lot of what I wanted to question. However, I want to remind this committee what our current Prime Minister said publicly during the election, when he wanted to become Prime Minister and stood with the Equitas group and said that we would never fight veterans in court. Is that an accurate quote, Mr. Campbell?

• (1125)

Mr. Mark Campbell: Absolutely not.

Mr. Phil McColeman: It's not. Okay. What is the accurate quote?

Mr. Mark Campbell: I don't believe the Prime Minister has an accurate quote. If he were to quote himself or to say something accurate, he would say we are going to continue to fight our veterans in court because that's precisely what the Liberal Party of Canada has chosen to do.

Mr. Phil McColeman: Okay. He promised lifetime pensions, yet you have said today they fall far short of the expectation when he made that promise. You have partially articulated that. Others in this country have done the analysis and have been quoted. These are other advocates within the veterans community that we quoted to the minister at the last meeting. The minister said they are wrong. So he is saying to you that you are wrong.

What is your reaction to that?

Mr. Mark Campbell: My reaction to that is that he's either not listening to me, not understanding me, or he's being disingenuous. It's one of the three, and it can't be all three.

At the end of the day, the pension for life does not meet the long-term financial security needs of Canada's disabled veterans. It doesn't meet it for the 12% of the seriously disabled, and it very much does not meet it for the approximately 88% who are not seriously disabled.

There is no parity with the Pension Act. Nobody wants to go back to the old Pension Act. We want a fair shake. We want what the Government of Canada took away from us in the middle of the Afghanistan war in April 2006. The Prime Minister made his election promise to reinstate the lifelong pension. "Reinstate" means bringing back something that was taken away. That's all we're asking. Give us what you took away. We're not asking for largesse. We're not asking to be made rich overnight. We're asking what was promised to us, and for what was taken away without consultation.

Mr. Phil McColeman: As I understand the other part of the Equitas lawsuit that is being determined at the Supreme Court level now—whether or not it will be heard by the Supreme Court—is a recognition of this country and every Canadian's solemn relationship with veterans. That, I believe, is at the heart of the lawsuit, and yet when we put forward a motion on the floor of the House of Commons through MP Brassard's private member's bill to ask this government to recognize those principles by putting them in legislation, every sitting member of this government voted against it.

What is your reaction to that?

Mr. Mark Campbell: My reaction to the veterans who are now politicians who voted against that is disgust, quite frankly. They have betrayed their compatriots in uniform and those who have left the service as well who have difficulties, in my view.

The issue really for Equitas is—

Mr. Phil McColeman: Okay, can I carry on?

I'll go to Mr. Bedard.

The Prime Minister also said during the election campaign that "a Liberal government will budget \$20 million to create two new centres of excellence in veterans' care, including one with a specialization in mental health, PTSD, and related issues for both veterans and first responders".

The money promised was put toward research, as I understand it, not to establish those centres. Is that true?

Mr. Aaron Bedard: Yes, the dollar figure was costed right in front of me, and it was for building physical places to treat veterans for PTSD, and it was only when the platform announcement was done that suddenly there was this addition of research. So it comes as no surprise now that they have weaselled out of the programming to get back to research, which seems to be all they want to do.

Mr. Phil McColeman: The National Association of Federal Retirees developed a veterans outreach initiative in 2017 to determine what has, and has not been, working for veterans. I'm going to quote something under the heading of "respect" in this report: "There were two areas where veterans noted a feeling of lack of respect when dealing with VAC: feeling they have to fight for benefits, and some interactions with VAC staff. Many felt that processes were intentionally difficult to discourage applications or to deny benefits."

I'm going to ask this of Ms. Desmond.

•(1130)

The Chair: I apologize, but the answer will have to be very short. We're out of time.

Ms. Cassandra Desmond: Okay. Can you recite that please, quickly?

The Chair: Actually we're a minute over now. Sorry, Mr. McColeman.

Maybe later in the testimony you can react to that.

Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thanks, everyone, for being here. It's tough for us to listen to, but it's important that we do.

I'll ask Ms. Elms and Ms. Desmond something first of all.

I don't think you're here to hear politicians argue with each other about who has done better. I think you are here to hope that this committee will bring forward recommendations that will correct the problems you have experienced. Is that fair to say? Aren't you really tired of hearing politicians argue about things?

Ms. Cassandra Desmond: To tell you the truth, yes, I am tired of hearing politicians argue and battle back and forth and belittle each other over who's done what and why we're here and the reason for it, because, at the end of the day, pointing fingers is not going to get us to answers, and it is not going to help the blood of our veterans that's being spilled across our nation right now. It's just basically you guys wasting time trying to figure out who went wrong instead of figuring out who it is you're trying to fight for right now. It's not about you guys any more.

You guys were made our leaders because you made these promises prior to coming into the seats you are in right now, and now that you have taken these seats it's almost like you have forgotten what speeches, what promises, and what things you implemented that got you there.

As far as I'm concerned, I would love to see you guys come to an agreement on something, but I doubt that's going to happen because this is meeting number number what, 80? In 2016, December, if I can say the exact date, I'm pretty it was sure it was December 9, 2016....

Maybe I'm wrong, but it was December 2016, a month before my family tragedy occurred, that, Mr. Ellis, you had claimed basically that the proper recommendations and references needed for a successful civilian transition were in there one month before my family tragedy. I read that you basically closed out all that. In the references you thanked the witnesses who were here previous to our even being here for all their contributions and everything they had contributed to help with the successful civilian transition plan. And still we're back here today after you did that in December of 2016. Really, what are we here for? Is it just for you guys to hear what problems are going on to selectively figure out where you're going to put your interest, or are you actually going to listen to us, hear us, and put your feet and your hands and everything else in the proper place where they're supposed to be and get this done? At the end of the day, there is more blood being shed on your guys' hands sitting

here belittling each other and battling back and forth over who will be the right person to get the right things done.

You guys are all leaders here. Put your ideas and everything together. Listen to what we're saying. I'm sure that together great things will happen, but sitting here battling back and forth trying to figure out who's going to be the proper party to put all these things in place is not helping us. It's not getting rid of our hurt and pain. It's not giving us answers. It's not showing anything. It's not bringing us justice. It's not showing us any type of accountability or anything, so basically, yes, all these issues are here and occurring. You're not giving us any answers or anything. You're basically just trying to battle back and forth with each other.

Stop thinking about yourselves here and think about the people who are hurt and who are going through this and why we are here.

Yes, I am sick and tired of hearing you guys battle back and forth.

Mr. Bob Bratina: On that point, Ms. Elms, you brought it up with regard to your husband, who was an active soldier who did not want to lose his deployment, right?

•(1135)

Ms. Sherri Elms: Yes, he was still.... His uniform was ready to go, even the morning he died.

Mr. Bob Bratina: Yes, okay, so here's what I'm getting at.

One of the things we've discussed around this table is that there needs to be better communication, because we're talking about transition—

Ms. Sherri Elms: Yes, he didn't get that.

Mr. Bob Bratina: —between situations that are arising with active members of the military and soon-to-be veterans upon their release, and it seems to be a problem related to how the active duty members and the veterans department are communicating with each other. In the case of a soldier—and we've heard this so often—they signed up to serve, and they don't want to lose their universality of service.

Ms. Sherri Elms: Yes, they don't want to lose their soul.

Mr. Bob Bratina: That's what I'm getting at.

Ms. Sherri Elms: If there's one thing I can say about politics and the military, it's that nobody knows what a career soldier feels and is. That "family" idea is not just a platitude. My husband was a royal. He was a member of the Royal Canadian Regiment from the time he was 14, and part of his moral injury was watching everything he stood for stripped away by the politics of it all. I watched him come home from Afghanistan. I watched that happen. I watched them disband the airborne regiment. I sent letters to Jean Chrétien.

Politicians have to understand what that does to their soul. He left me with a two-year-old and a two-week-old, and went to Petawawa for the disbandment of the airborne regiment. He cried like a baby, and when he became an officer and saw the politics involved in the officer corps, it took a bit more of his soul. He sat at 51 years of age and looked back on his military career, and all he saw was failure. He was a decorated soldier. He won an Ironman competition.

Please, you have to understand what the soul of a soldier is. I was never a soldier, but I lived with one.

The Chair: Mr. John, you have six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you. Thank you all for agreeing to appear. Thank you, Mr. Campbell and Mr. Bedard, for your service, and to Ms. Elms and Ms. Desmond, thank you for your courage in being here today.

On behalf of the NDP and all parliamentarians and Canadians, I want to offer my sympathy and condolences to you and your families. I'm sure the family members you lost would be very proud of you, being here today and helping us understand how we treat our veterans who are suffering after their service to our country. I wanted to acknowledge that, and if there are any questions you're uncomfortable answering, please don't hesitate to not answer.

I'll start with Ms. Desmond and Ms. Elms.

What programming was given to your family, and to Brad and Lionel on their return home, for mental health services from the Department of National Defence? Could you speak a little about what happened after their deployments?

Ms. Cassandra Desmond: Next to none. My brother's pension was released a month after his death. My brother had been out of the military for 18 months. In July of 2015, my brother was medically released. On January 3, he committed suicide, taking along my mother, my first-born niece, and his wife, my sister-in-law.

My brother sought help. He cried for help. He wasn't shy. He knew there was something wrong. He knew himself. He knew he needed help. He had the love and support of his family. He went to get the help, but the help of our government and Veterans Affairs is where it all started to spiral downward.

He didn't have that support from VAC. He didn't have that support from the Department of National Defence. He cried out to them. He asked questions, but just like every other veteran, he had to basically go out and do it on his own. They release them, but for their paperwork and all that stuff, when they go to civilian doctors and are reaching out for help, they have to contact VAC and get this all released to them. They have to sign papers in order for their own information to be released to them.

Mr. Gord Johns: Can you identify some services, medical or other, that could have helped Brad or Lionel?

Ms. Sherri Elms: Brad realized the weekend before he took his life that he had a problem. He said to me it was never me, it was him, but he didn't survive that realization. I said this in the board of inquiry, I said this in the interview with the base: you have to find some way to listen to families. This split of the care of the member by DND and the family by the civilian system doesn't allow for any cross-pollination. I knew, and he went for help off and on. It didn't work. My husband had therapy-resistant depression for over 10 years. As I was going through his chart, I laid it all out. Nothing worked. He only knew putting one foot in front of the other.

This strange thing happened with us. Before Brad died, my kids and I were already in therapy. Our life was a mess. After Brad died, the man that my daughter and I go to wasn't a VAC provider, so I pay for my own therapy. They wouldn't allow me to submit a bill. They said once that they would, and then they said they couldn't. I just gave up fighting. I pay for my own therapy. It's covered now because I'm going back to school and I need it to get through school.

● (1140)

Mr. Gord Johns: Cassandra, as the Province of Nova Scotia is going through the inquiry to look into what happened there, is there information that the Government of Canada could release or things that they could do to help support the inquiry so we get the answers?

Ms. Cassandra Desmond: Yes. There was a report written in *The Chronicle Herald*, Nova Scotia's broadcast newspaper—and I'm sure it was in many newspapers too—about the controversy where the province called the inquiry and not the Government of Canada, and that there might be some information or things that the Province of Nova Scotia would be limited in, or whatnot. I hope and pray to God that you guys release every bit of information that our province is going to need to help my family and me and veterans who are feeling this pain along with me to get these answers.

VAC representatives came and met with my family on my brother's birthday as a matter of fact, November 21. I showed up here on October 20, had a rally on Parliament Hill. I took that initiative to come here. They had no interest in contacting my family. We never got an apology. We never got a thank you for Lionel's service. We didn't get anything. I'm sure if they had said they're going to turn the other cheek on us and just sent a message like that, at least they would have said something, but they said nothing. I had to come to Ottawa on my own time and dime on October 20. I have three small children at home. I'm a single mom raising three kids, doing this fight. As I said, we all have a storm, we all have a battle. That's just part of mine. I sacrificed that and I came here and I brought my rally. That's the only way that I could get the Minister of Veterans Affairs' attention to even have the audacity to invite me down to his office. He wouldn't even come outside. It probably would have been his best bet to come outside, considering every person I stood with then and before that day were people who had questions for him and he could have given answers. It just goes to show where his heart is.

The Chair: We'll have to move on. I'm going to have to go on to some lightning rounds after this. We are tight for time.

Mr. Eyolfson, go ahead, and then we'll switch to four-minute rounds.

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

Thank you all for coming.

I can't imagine the pain that all of you are going through with all this. To say it's difficult to listen to is irrelevant because you're the ones going through this. What's difficult for me is irrelevant, but we need to help, we need to fix this. I know that.

Right now all I can offer is apologies and hopes that we can fix this.

Ms. Desmond and Ms. Elms, you were making references.... This is part of an issue I brought up and Mr. Bratina referred to as well. You put it very well, Ms. Elms, when you mentioned the soul of a soldier.

We've heard a lot of testimony from veterans who had problems, whether they were physical or mental, and they didn't want to come forward because under universality of service if they couldn't be deployed, they'd be removed. By ignoring these symptoms, not getting treatment, and concealing it, things got worse. They might not have gotten worse had they had treatment earlier.

Ms. Desmond, do you think Lionel might have come for help earlier had there been the chance that it wouldn't have been the end of his military career, that he might have been simply reassigned but still in the military, still part of the culture with all the services the military had?

• (1145)

Ms. Cassandra Desmond: Why should Lionel had to have come for help? The military medically released him. You guys already knew there was an issue with Lionel. You knew there was a problem, so why should he have had to come for help? Is that not the job of your guys, to make sure that these men and women are taken care of before and after?

Mr. Doug Eyolfson: I understand that. What I mean is—

Ms. Cassandra Desmond: Lionel reached out for help in many different ways. I'm sure if you guys look through his file or anything.... He's been in many different provinces across Canada: Ontario, New Brunswick, and Nova Scotia.

I'm not sure how you want me to answer this question, but this is how I'm going to answer it. How much more help does a person have to cry out for before you guys do your jobs? Maybe you guys should start contacting them and asking them if they need help. Why do you always put it on the veteran?

Mr. Doug Eyolfson: I understand. What I'm trying to get at is what we've seen, and perhaps I didn't make it clear in my question. There are some people who, when they are serving, even when they are asked if they are okay, they say, "I'm fine", and we've seen many people who have said that when they're asked. We ask, "Are you okay?", they say, "I'm fine", because they know that, if they don't say that, if they say they're having bad dreams or things are bothering them, then they don't make this—

Ms. Cassandra Desmond: They think you're going to boot them out the door even quicker. I don't believe that it would have helped Lionel in either situation. If he had gone for the help prior to, earlier on, or whenever he decided to come out and say.... When you guys realized there was a problem there, "Lionel, we've got to get you ready for transitioning here, medical release or something, if you can't come back".

Regardless if you guys had found that problem beforehand or earlier on, I don't think it would have made a change or a difference in the timeline of when you would have caught him having his trouble and falling out with the PTSD and everything else. Either way, whether it be earlier on or when he did, I don't think anything would have happened, or nothing would have changed. We're already a year into the tragedy and everything, and it took how long to get all of that said and done? I doubt that would have been done,

too. Believe me, I have many doubts when it comes to your guys' timelines.

Mr. Doug Eyolfson: Ms. Elms, what are your thoughts on that?

Ms. Sherri Elms: I was just thinking about this quickly. You're trying to apply a civilian solution to the mental health of a soldier. As Aaron said, it doesn't work. For years there was a room in the mess, and none of the spouses went in there. That's where they went, and they drank, and they talked, and that is no longer socially acceptable. You don't go home and beat your wife, and you don't get smashed in the mess.

There's got to be a military-specific way to address these things. You cannot take the paradigm of a civilian person with mental illness and layer it on top of a soldier. It doesn't work, and it's not socially acceptable to them. We need something that comes from the soldiers, for the soldiers, not from a civilian psychiatrist or a civilian idea of mental health. It's special. It's different. It's a moral injury. Like, everything's PTSD. It's not all PTSD. There's a moral injury at the core here, and there may be other things at the core here, like mefloquine. I don't have a hammer and think everything's a nail, but I'm a pharmacist and I know drugs. There's something there. You can't say there's nothing there. There's something there.

I think what you need is a military-specific response to mental health in the military, and not what I would do with one of my patients.

The Chair: Thank you.

We're going to move to three-minute rounds and try to get everybody in. We're going to run a little bit over time here, so bear with me.

Mr. Samson, you have three minutes. If you have questions, you can ask them, and they can write the answer back to us, too, if you have a lot.

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

Thank you for your service, and I mean everyone, because when someone serves, the family serves, and that's evident again today. I thank you sincerely. I feel so much hurt.

The objective here is to try to pinpoint areas we can improve on and really zero in on, so I have three very quick questions, and you can answer, I guess.

The first one would be—and again we have no time—but what could we have done for your brother? What could we have done? What do you feel is the key thing we could have done better?

• (1150)

Ms. Cassandra Desmond: Support and understand.

Mr. Darrell Samson: Support at what stage? I'm just trying to get at where you think the system went wrong.

Ms. Cassandra Desmond: When you start seeing a person fall short, you should step in and help them. You don't wait until they hit rock bottom and then decide to help them.

Mr. Darrell Samson: You're saying before the release, during the release, and after.

Ms. Cassandra Desmond: It's before the release. As I said, that internal support should be there prior to these men and women being released. While they're still an active service member and you see they're not doing normal active duty they would on an everyday basis—

Mr. Darrell Samson: Get involved.

Ms. Cassandra Desmond: —get involved then. Get to know them then. Figure out why they're changing: what's their story and what's going on? Then put your implements in there to help them instead of transferring them to JPSU just to see if they're going to come back to get thrown back on the lines to do your guys' job. No.

Mr. Darrell Samson: Thank you.

The Chair: You're down to one minute.

Mr. Darrell Samson: Mr. Bedard, you talked about the in-patient facility. Can you expand on that quickly?

Mr. Aaron Bedard: Very quickly, this would be an opportunity to catch someone right after they come back from a tour. If someone has seen blood and guts and horrible things, we know there are going to be issues, and it should be looked at immediately. Especially if it's a young person who is 18, 19, or 20 years old, who has never been anywhere in the world, and who doesn't know a lot, we need to have a look at them and pull them out of the system.

Mr. Darrell Samson: Does it exist today?

Mr. Aaron Bedard: No.

Mr. Darrell Samson: Nothing at all?

Mr. Aaron Bedard: There's absolutely nothing.

Mr. Darrell Samson: Okay, thank you. We'll build on that with some answers.

Ms. Elms, you talked about family. How could we help families help? You said that no one would listen to you because you couldn't get involved. What could we do better for families to get involved?

Ms. Sherri Elms: I tried and I'm pretty resourceful and I know the system and I couldn't get involved. I've written down two things: meaningful post-deployment screening, including the family. Don't make him volunteer to bring me in. bring me in. Again, to Aaron and my point, create an acceptable atmosphere for a soldier to disclose. It can't be a civilian.

Mr. Darrell Samson: Thank you.

The Chair: Mrs. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you so much for being here.

Sherri, you brought up mefloquine. Under great duress, mefloquine testimony was given at this committee during our mental health study. It took that study and a lot of us pushing very hard to get to where the surgeon general has finally declared it a drug of last resort. Health Canada updated the label to include suicidal ideation and these types of things. However, no information has gone out to veterans to say that if they had been on this drug, here are some circumstances they might be facing. I heard from Aaron and you and Cassandra.

Cassandra, was your brother on mefloquine?

Ms. Cassandra Desmond: Yes.

Mrs. Cathay Wagantall: Aaron, you spoke about mefloquine, concussions, and your PTSD all impacting where you are today. What's your view on what should be done with regard to that file? Anecdotal evidence from veterans is not scientific, and therefore it does not get the weight. You talk about being listened to, but as with your advisory committee, your recommendations are not being followed. Could I get some feedback on that?

Mr. Aaron Bedard: Other countries have completely removed mefloquine. At the end of the day, the bottom line with government is that things cost money, and injured troops who can't work anymore are going to be on the government dime forever, which costs you money. If you want to save money, stop using mefloquine. Then you won't have to pay people for life for being disabled.

Mrs. Cathay Wagantall: However, that's not recognized, right, Sherri?

Ms. Sherri Elms: No. The very first thing you learn in research methods when you start a Ph.D. is that the most important thing about doing an intervention is properly identifying the problem. There are three ways to attack a problem. One is empirical, going to the literature—although not everything is in the literature. Two is theoretical. You look for a theory that supports what you're going to look at, and you try to use that as your framework. The last, and probably the most important thing, is experiential, going to the people for their story of the problem. Those are the three ways you properly define your research problem. You do not just do a literature search, only look at randomized control trials, and toss out case studies because they're the lowest form of evidence, but sometimes that's where you have to start. It's the theoretical, empirical, and experiential definition of a problem.

•(1155)

The Chair: You have 30 seconds.

Mrs. Cathay Wagantall: Aaron, you mentioned the in-patient facility. How integral was that in your negotiations with the government that convinced Equitas to go with the Liberals' assurance that that would be part of the picture?

Mr. Aaron Bedard: I was told that that was absolutely going to happen and that it was going to happen immediately, that the pension reinstatement would be within the first 100 days.

The Chair: Mr. Fraser, you have three minutes.

Mr. Colin Fraser (West Nova, Lib.): Thank you all very much for being here. It is appreciated.

Ms. Elms, I'll ask you a question. First of all, I want to thank you for indicating that the family must be involved and how important that is in the transition. We are studying barriers to transition and trying to make some thoughtful recommendations on how the transition piece can be improved to remove some of these barriers.

For a previous study, General Dallaire was in front of our committee and talked specifically about involving the family and engaging its members, because they are key partners in a successful transition. I very much agree with what you said, and that meaningful engagement will definitely be part of the recommendations we'll be making as to how we can do that.

With the your children's education benefit that you mentioned, just so I understand, you said that you basically have to start from scratch each time you apply, each year that one of your children is....

Ms. Sherri Elms: The same forms are sent every single year. When my son had an RESP, all we had to send was a verification of enrolment. I don't understand why I can't just send a verification of enrolment.

Mr. Colin Fraser: No kidding.

What level is your son at? Is he in college or university?

Ms. Sherri Elms: He's in university. He's doing his second degree, but you get four years under VAC. You get four years as long as you start before you're 30. You reapply every year, and they pay a portion of your tuition and give you a stipend every month.

Mr. Colin Fraser: When that documentation comes, you're saying that the line that quotes the file reference talks about your deceased husband.

Ms. Sherri Elms: It says, "Subject: Regarding Deceased, Elms, Bradley Alfred."

Mr. Colin Fraser: That still happens.

Ms. Sherri Elms: Yes. It just happened a month ago. I've asked them multiple times. I've asked my case manager to please put forward my request. I've asked the 1-800 number, and I've filed a complaint with the ombudsman. It's enough. I'm tired of intercepting my adult children's mail.

Mr. Colin Fraser: I can understand why that would be very frustrating.

Ms. Sherri Elms: It's a small thing, but it's a kick in the gut every time.

Mr. Colin Fraser: It's a small thing. This is something that we can certainly try to fix. That's ridiculous.

Ms. Sherri Elms: Please stop.

Mr. Colin Fraser: Is that only in those documents?

Ms. Sherri Elms: It's on his education documents, yes.

Mr. Colin Fraser: Is it on any other type of documents you receive from VAC?

Ms. Sherri Elms: It's on one of the specific education letters. There's one that doesn't come like that, and there's one that comes like that all the time. I should have brought them with me, and I could show you which one it was.

Mr. Colin Fraser: That's okay.

Can you send us a copy of that to the committee so we can have a look at it and follow up?

Is that okay?

Ms. Sherri Elms: Certainly I can do that. Just tell me how to do it, and I'll do a screen shot. I've tried.

Mr. Colin Fraser: Thanks very much. I wish I had more time to ask questions, but that's it.

The Chair: Mr. Kitchen, you have two and a half minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you all for being here, and I appreciate your comments.

Ms. Elms, you hit on things that I've believed all along, and I come from a military family. Civilians do not understand the military. They don't have a clue. They don't see it; they don't understand it. They try to equate everything they do from a civilian perspective with a military aspect, and they're two different scenarios. That's not only medical; it's every aspect of life.

Your statement about the soul of a soldier is so true. The soldier, whoever it is, filters that down to the family, and it grows in the family. It's in me today, and it will always be there. My wife doesn't understand when I talk about things, because she never lived that life.

I believe VAC is part of the problem, because at VAC, we have civilians making decisions. They do not understand the soul of a soldier.

Ms. Sherri Elms: I will tell you. When I stepped from having a designated assistant with DND—and I stepped out of that probably a month after Brad died—and into Veterans Affairs, I felt lost. It wasn't the same. I had somebody at OSIS as a contact. As much as the military was embarrassed, shocked, or gobsmacked by Brad's suicide, I felt cared for. I had been a royal by extension for over 30 years, and then, all of a sudden, I wasn't.

● (1200)

Mr. Robert Kitchen: I realize I have very little time here, but I would ask all of you to put down on paper and present to this committee any ideas on how you see where that would be of value, where we could use that. I believe that's a big stepping stone to make them understand that part.

Quickly, Aaron, I have a question for you. I know we talked a bit about suicide. I'm just wondering if you could comment to us a bit on the suicide prevention strategy that is being presented.

Mr. Aaron Bedard: Well, way back in 2013, I'm the one who exposed the five suicides within the space of a week in the month of November. We've been pushing very hard to get suicide covered. It's one of the only countries in the world that's not tracking suicides within its veteran community. It's wrong. It's something that they wanted kept hidden because the JPSUs were underfunded and people were being fast-tracked out of the Canadian Armed Forces because the JPSUs were overflowing. It's a nice way to get rid of somebody, and then privacy law keeps you from ever having to talk about them again.

We did get this joint suicide strategy, but it only goes up to 2012 because they went to StatsCan instead of just simply looking internally, which they could have done in seconds through the union head, C.J. Gannon. I've already had it all worked out, but they're avoiding it.

The Chair: We'll go to Mr. Johns for one minute.

Mr. Gord Johns: Thank you.

I think we can all agree that we wish we had more than an hour with the four of you.

Aaron, maybe you can comment about the way that military health records could be better transferred for a veteran who moves between provinces.

Also, just on that, can you also talk about better digitalized records and delivering services to rural veterans. I know it's only in a minute.

Mr. Aaron Bedard: I know you've spoken a few times about how hard it would be on a national level with a population of 38 million, but with us, it's 600,000, and of the people who are in the severe category, people who have been hit or blown up overseas, you're talking about a couple of tens of thousands.

If you're going to start anywhere within our society, in light of the fact that we just went through a war for the first time in 50 years, it should be square one. I've been pushing for six years to have dog tags that have a microchip. Whatever place they're at, all the information will be put there, because when someone gets hit overseas and then they go to Landstuhl and then to another hospital here, the paperwork's not following. As a result, they're not then getting covered for benefits and are going through battles to try to prove it.

But it's all about money. Unfortunately, the Department of National Defence gets cut here, left and right all the time, and so they're embattled and are not looking at that.

Mr. Gord Johns: Mr. Chair, on the second question, can he submit to the committee how we can reach rural veterans?

The Chair: I was going to suggest that.

I apologize that we are out of time.

If there are any questions that you want to elaborate on or you have any other suggestions on, perhaps you could submit them to the clerk; or the clerk will get a hold of you. I'll have her send you an email and if you could send them, we'd all get them and they would go on record.

On behalf of the committee, I would like to thank all of you for coming today, for your testimony, and all you've done to help

champion the cause to make life better for the men and women who have served, and continually serve.

I'll move a motion to recess for about five minutes, and then we'll come back in the second half.

Thank you.

• _____ (Pause) _____

•

• (1210)

The Chair: We're going to start the next portion of our meeting.

In the second panel, we're pleased to welcome Glen Kirkland by video conference from Manitoba, and from Armed Forces Pensioners', Lieutenant-Colonel (Retired) Charles McCabe, Major (Retired) Michael Davie, and Keith McAllister.

Each group will have a five-minute opening statement. We will start with Mr. Kirkland.

Mr. Kirkland, if you're ready to go, we'll start with your five minutes. Welcome aboard.

Mr. Glen Kirkland (As an Individual): I was asked just recently to speak for five minutes about the transition from military to civilian life. I had a perfect speech presented and ready to go, and last night I kept thinking about the first time I was sent to testify in Parliament as a still-serving member. It really speaks volumes about how members are treated.

When I was sent to Ottawa, I was immediately called by a warrant officer at JPSU and told that if I didn't return to Manitoba, I was going to be dishonourably discharged. This was shortly after being wounded in Afghanistan by being hit with a rocket and having all of my other members killed. I caught fire and was peppered with shrapnel, and I had massive brain injuries. My pancreas shut down, so I'm on between eight and 14 injections every day.

It's funny. I couldn't sleep last night, and it wasn't because of thoughts of the horrors of war. It was how I was treated while transitioning as a serving member to civilian life. You're not treated as a human being yet, and I believe the system is set up such that the member is almost doomed to fail.

I've always been told that I am a success story of someone who's transitioned from the military. I have a successful business in real estate here in Manitoba, and I hire veterans. I just went over the numbers recently, and I've loaned veterans now over \$90,000 within the last two years, because they are not doing well.

The transition is not set up for guys to succeed. Once you are left, you are left alone. These guys right now.... I have one member for whom I just cut a cheque for \$27,000. He told me that if he couldn't get his finances in order, he was going to kill himself.

This is the kind of stress that's put on members and people who have come forward and advocated publicly. I know it's true for Aaron Bedard and Mark Campbell, especially. These guys have a ton of pressure on them that shouldn't be on people in our position. There should be a transitional position for this.

Guys and girls getting out of the military are left alone. That's what I really want to reiterate here. The medical system doesn't transfer over to civilian life. There's so much wasted time and headache. I'm sure you've heard it before, but people are drowning in paperwork. It's just a complete "soup sandwich", if I could use a military term. It truly speaks volumes to the way our veterans are being treated in transition.

That's really what I wanted to say, and I wanted to leave myself open to have some time for questions.

The Chair: Thank you.

Mr. McCabe.

Mr. Charles McCabe (Representative, Armed Forces Pensioners'/Annuitants' Association of Canada): Thank you, Mr. Chair.

Ladies and gentlemen, my organization has been around for about 50 years. Our focus originally was on service pension issues, things like employment insurance and health and dental care insurance, but lately we've gotten into some of the things we're talking about here today, such as the Agent Orange disability. Those wounded years ago are now over 60 and into their survivor benefit increases, which the governing party promised us prior to the last election, but since then we haven't heard a word from any of them.

Before addressing the questions you posed, I would like to address one service pension issue, and that has to do with transition. We have legislation that facilitates the transfer of Mounties and military veterans to the public service, but there have been some changes to the public service regulations that create an uneven playing field for soldiers. I would like to turn it over to Michael Davie for a moment so he can explain it. He has first-hand knowledge of this problem. We would ask your support for a bill that's currently before Parliament to solve this particular problem. It's an easy one.

Michael.

Thank you, Mr. Chair.

Ladies and gentlemen, my organization has been around for about 50 years. Our focus originally was on service pension issues, things like employment insurance and health and dental care insurance, but lately we've gotten into some of the things we're talking about here today, such as the Agent Orange disability. Those wounded years ago are now over 60 and into their survivor benefit increases, which the governing party promised us prior to the last election, but since then we haven't heard a word from any of them.

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We would ask your support for a bill that's currently before Parliament to solve this particular problem. It's an easy one.

Michael.

• (1215)

Mr. Michael Davie (Representative, Armed Forces Pensioners'/Annuitants' Association of Canada): Thanks for the opportunity to speak to you today.

I'm here to bring to the committee's attention an issue that affects veterans who have transitioned to a second career in the public service; that includes me. We've also submitted a written brief to the committee with detailed background information on this issue. It's still in translation, but you should get it soon.

In 2013, the public service pension plan was modified so that new employees would be required to wait an additional five years before retiring with a full pension, while existing employees were grandfathered under the old rules. However, at the time of this change, no allowance was made to similarly grandfather veterans who transfer military or RCMP service to the plan as part of their transition. As a result, these veterans will be forced to wait five years longer to retire than their peers in the public service with the same period of service. Currently there are more than 100 veterans in this situation, including me, and this total could grow to as many as 500 in the years ahead.

When I transitioned from the army to the public service in 2014, I transferred my 15 years of pensionable military service to the public service pension plan. However under the current rules, I'm considered to be a new employee and am therefore faced with a later retirement age. In my case this will be at age 60, after more than 42 years of service. However, if I were to be grandfathered under the old rules, I would instead be able to retire at age 55 after 37 years of service. If you're trying to do the math, yes, I started when I was 17.

Unlike many of the issues the committee has heard about as part of this study, this one is completely and exclusively within the authority of Parliament to solve. All that is required is a simple amendment to the Public Service Superannuation Act, which is already before the House of Commons in the form of a private member's bill, Bill, introduced by MP Alupa Clarke. I believe this is a simple issue of fairness for veterans and one that can be easily rectified.

My hope is that the committee will include as part of its report a recommendation that the House of Commons pass Bill C-357 to address this issue or that the Government of Canada incorporate the required amendment into appropriate legislation.

Thank you for undertaking this important study. I look forward to your questions.

The Chair: Thank you.

Mr. McAllister.

Mr. Keith McAllister (Representative, Armed Forces Pensioners'/Annuitants' Association of Canada): Good day. Thank you.

Mr. Charles McCabe: If I could introduce Keith, he is a veteran of two tours in Bosnia and a tour in Afghanistan. He was medically released two years ago, so he's well aware of the problems and has personal experience with the discussions that went on before we sat down, and are going on across the country. I've asked Keith to highlight some of the many questions you've asked.

Keith.

The Chair: Thank you for your service, Mr. McAllister, and thank you for being here today. We'll start with you for five minutes.

Mr. Keith McAllister: Thank you to you for letting me be here today.

Today I was going to really hammer on the questions that you provided us to give the answers for, but I believe for most of those questions we already have the answers.

I'm going to elaborate on three major ones that really touch base, and I have one question for you that each and every one of you can think about. What are you willing to do to fix the issues within the system?

The first is the JPSU. There are lots of problems with the JPSU. It's been an ongoing issue for the last 10 years. You have heard from one person, and it will bring to recognition retired sergeant-major Barry Westholm. He has sent in some paperwork for you guys to see. He was a company sergeant-major at the JPSU. That man knows the rights, what worked, what failed, and everything else in that system. He is a SME—a subject matter expert—on fixing the JPSU issue.

Also, we heard from Ms. Cassandra Desmond, and she wants to know the actual events and how the system failed her brother. Well, I know what failed her brother: its the medical system. Right now, a retired member like me, when we retire from CAF, we lose our doctor from the army and now we're in a public health care system that is overloaded and has a lack of experience and a lack of training to deal with OSI, operational stress injuries, and to deal with PTSD.

I know that, because in the past year I sat through two military funerals of two young soldiers who took their own lives. It was brought up before that our system for our suicides is not being tracked. These suicides weren't even published anywhere in the media. I'll leave it at that.

Also, I will bring up something now with the transition from military to civilian life. When I retired on April 1, 2016, I was under the old system. It was very seamless and very easy for me to do. Thirty days prior to my release, my last working day, I was given a release clerk, a clerk within the CF army. They made my appointments, helped me put my pension package together, and ensured that if I had any questions, they were there to answer.

Now I'll talk briefly about two of my friends. One friend now is retiring in the next couple of days. I asked my friend, Jim, how his release was going from the CF. Well, he said, "not as good as yours went". He went to the release section 30 days before his release date. They gave him a list of web pages, hyperlinks, and said this was for him to do by himself; and by the way, they gave him his pension package. In his frustration, he's realized that some of these hyperlinks and web pages are no longer valid or they do not work.

He has not done his complete release yet, and he's releasing in approximately four to five days from now.

Now I'm going to talk briefly about my other friend, Bruno. He's retiring after 42 years of service in the Canadian Armed Forces. He's at the mandatory age of retirement, CR-60. That means he cannot go any further in his military career. Now, I've learned from him this year that the release process is changing once again on April 1. He's not able yet to do any of his release process, and I should note that his end of contract is around April 17. On April 1, he will go to the release section and has no idea what the new procedures are going to be, and he has about 17 days to complete it before the end of his contract.

• (1220)

I will ask the question again and I'm going to change it for you. What do you want to do about the problems within those three systems right now? I know that at my level and where I sit with the Veterans UN-NATO Canada support group—I'm the president of the Upper Ottawa Valley—I have resources. There are enough subject matter experts whom I know, and maybe in this room as well, who can create a working group and really concentrate on solving these issues and getting them done so there are no more suicides and that the best help in everything is available for veterans.

Thank you very much.

The Chair: Thank you.

We're going to start with five-minute rounds, beginning with Mr. McColeman.

Mr. Phil McColeman: Thank you, each one of you, for being here and sharing your views.

I'd like to ask more about the private member's bill that's been put forward to solve this issue and maybe just provide a bit more context to Mr. Clarke's bill.

First of all, do you believe the private member's bill solves the problem you're talking about with the discrepancy in the retirement situation?

• (1225)

Mr. Charles McCabe: It has the potential to do it. I took it to my own Member of Parliament, Karen McCrimmon, who said there's got to be an easier way and that she'd talk to the President of the Treasury Board, and she did. Michael just got a letter back from Treasury Board that shows they have no idea what he's talking about—none whatsoever.

It has the potential to do it. I took it to my own Member of Parliament, Karen McCrimmon, who said there's got to be an easier way and that she'd talk to the President of the Treasury Board, and she did. Michael just got a letter back from Treasury Board that shows they have no idea what he's talking about—none whatsoever.

Mr. Phil McColeman: Right. That was the context I want to put around it, because I've been following this closely. As you know, gentlemen, we met in the joint media conference about Mr. Clarke's bill—

Mr. Charles McCabe: A couple of months ago.

Mr. Phil McColeman: —to make the public aware that it can solve a problem pretty easily. There's nothing complicated either, just that there is this discrepancy, that it was overlooked and needs to be corrected.

Mr. Clarke's bill will not hit the floor of the House of Commons before the end of this Parliament. Are you aware of that? It's because of the order of precedence that he is in—

Mr. Michael Davie: Unless you get unanimous consent.

Mr. Phil McColeman: There could be unanimous consent in the House of Commons to accept it. That could happen. The other thing that Mr. Clarke has been advocating for, because it is a simple and completely nonpartisan issue, and would solve a problem, is for the government, if necessary, to put it forward as a government piece of legislation. They could easily do that tomorrow.

Yet that has not happened. I haven't spoken with him in the last week or so to see whether anything has changed on that front, but there is resistance and the government does not wish to take it forward, just like the response you got from Treasury Board.

I point that out because we probably had some of the most powerful testimony we've ever had in this committee, from veterans themselves, and as you know, Mr. Clarke is a veteran as well. So he knows the system. I just have to move on from that to really reflecting on what was just said in the prior hour and actually reading something from the testimony of Ms. Desmond to you and getting your reaction to it.

Would you bear with me to do that?

Okay.

This is directly from her testimony. She talked about a situation called stoicism. She said:

Stoicism, the endurance of pain or hardship without a display of feelings and without complaint, is what you teach these men and women. But when they no longer show or carry this trait, do complain and show feeling, they're simply and honestly told

—and this was out of the mouth of the Prime Minister—
that veterans are 'asking for more than we are able to give'.

What is your reaction to that?

Mr. Keith McAllister: It's very disheartening to hear my Prime Minister saying something like that. Ms. Desmond and I can comment on what that....

For me, having been in the military for 26 years, when we go through training, it's hard training. We train for the hardness. The old saying back in the day was "a weak mind, a weak body," so make your mind stronger than your body. So if you got hurt you'd say, suck it up. I'll soldier on through it. That's where that mentality comes into play. And that mentality is still in effect, this day and age, on all the bases.

We train hard. We fight hard. But there's no system to pick up the pieces after we get broken. We have operational stress injuries and stuff like that.

Mr. Phil McColeman: Mr. Kirkland, would you like to respond to that comment that I'm quoting?

The Chair: I apologize, Mr. Kirkland. We will be down to 30 seconds.

Mr. Glen Kirkland: Yes. It's super disheartening to hear that coming from our Prime Minister. I feel, too, like I've given too much. I gave up the sight in my eye, my health, my youth, and financial security for my country. I completely feel that the government in Canada has turned its back on the veterans. It's very disheartening.

• (1230)

The Chair: Thank you.

Ms. Lambropoulos, you have five minutes.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Hello. I would first like to thank the witnesses for being here today to answer some of our questions.

I'm going to begin with Mr. Kirkland. We've heard throughout a lot of different committee meetings that there are many barriers to transition. We are aware that these problems exist. However, one of our goals in doing the study is to figure out how to improve the system, how to improve the transition. I'm going to ask you, because you mentioned you have been considered, in a way, to be a success story, and you do have certain things going on that other veterans might not have going on for them.

I know you said there are many barriers. Can you also tell us what helped you get to the point where you are? Can you shed some light on your own personal situation and how you got there?

Mr. Glen Kirkland: A lot of my success is a facade. I know Aaron Bedard, who I believe is still in the room, knows that more than anyone else.

Being in a position where you are physically in pain all the time, you have to learn to put on a happy face. In real estate, my face is my money-maker.

What has got me to this place? I have become a success not because of anything that Veterans Affairs or the Government of Canada has done. It's almost in spite of. The transition from military to civilian life was horrific, when I was asked to go to take university courses, to stay in the military right up until graduation, and then they informed me that I would not be able to hold those positions. All that effort was for nought.

What has got me into this position where I am considered a success? I think it's hard work, determination, and putting my health and mental wellness second to nothing else.

Ms. Emmanuella Lambropoulos: Thank you.

I'm going to ask Mr. McAllister. You mentioned a few of your friends who are in CAF, as we speak, especially the one who has 42 years of service, I believe. You were saying he has no access to the paperwork yet and that on April 17 he is going to be released.

Can you give us any recommendations on how we can make this process easier? How long would you recommend CAF members have before their release date to begin the transition? How long do you think it would take?

Mr. Keith McAllister: I know it took me six months to start the transition, to start to get your medical files, your last medical appointments, any specialist appointments tied up, and then start the paperwork.

The reason he is being released on April 1 is that the release procedures on the bases are changing. No one knows what the process is, so he's not able to get a jumpstart. If he started the release process under the old system, he'd have to redo it all again.

Our recommendation would be to go back to the old days when you had a clerk who was the subject expert in the release. They already knew the process, and they would guide you through the system and help you cross the t's and dot the i's.

The worst-case part of it is that if you make a mistake in your pension package, it could cost you a long time. I know that it took one person in my group eight months to get his first pension cheque.

Ms. Emmanuella Lambropoulos: I was also going to ask about this because I'm not 100% aware of how it works. If, let's say, the paperwork doesn't get submitted by the release date, what are the consequences of that? Have you heard of stories where it didn't happen?

Mr. Keith McAllister: Yes, I can give you a very horrifying story.

Also, when I found out that I was coming here I reached out to other organizations—the OSISS in Ottawa, and to my psychologist. I asked her if she had anything to put into this.

She brought up the same thing about the release. She had one member who was suffering from OSI and PTSD. He wasn't able to function by himself or do things for himself, and he was being released from the army. She had to engage in his release process and help him out, and no one in the CF had anybody.

Thank you.

• (1235)

The Chair: Mr. Johns, you have five minutes.

Mr. Gord Johns: Thank you very much.

Thank you, all, for being here and for your important testimony.

Maybe I'll start with Mr. Kirkland. I really appreciate your speaking about the significant importance of return to work and getting veterans back into the workplace.

In the United States I think 30% of their case workers are veterans who have been rehired and trained. I raised this at committee, actually, on Tuesday, with some of the senior bureaucrats who were presenting at committee. They don't have clear targets. They don't have a strong strategy or a plan, despite the veterans hiring initiative and the hiring act, to really take it to the next level.

Maybe you could just elaborate a little more about the importance of having clear targets and having a strong strategy for veterans, and what that does, again, for a veteran coming out.

Mr. Glen Kirkland: I'm a huge believer that returning to work is key to veterans' success and mental well-being. At the same time, the way the new Veterans Charter is set up, for many people there is no benefit to going back to work because there is a clawback for every dollar they make. So these guys are deciding if they want to risk that

security of having that government cheque coming in, by going back to work, when it could fail and then, just as that gentleman was saying, they could wait months and months and months to get back onto programs.

What I am seeing a lot of is that there is no benefit to getting better. Guys aren't getting better because as soon as they get "healthy", they lose their ability to make an income with the programs that are set up. If they go out and get jobs and start being more productive, then their pension is clawed back, where is the incentive to go back to work? I think it's a really flawed system.

Personally I am not being financially compensated for my injuries. If I decided not to work, then I would be, and I just think that's so unfair. I have a lot of employees and they are mostly veterans and they go to work because that's who they are. As a soldier, you're a hard-working person and you go there—a lazy soldier is not going to make it through training. So these guys need to get back to work, but they also need that security and benefit to go back.

Mr. Gord Johns: I really appreciate your feedback, Mr. Kirkland. Eliminating these barriers is going to be critical for us to motivate and inspire people to get back to work.

Mr. Davie, you talked about Mr. Clarke's bill and another barrier for people wanting to get back to work. Can you identify any other barriers that we can eliminate to get people returning to work?

Mr. McCabe or Mr. McAllister, if you want to dive in as well, go ahead.

Mr. Michael Davie: Yes, specific to the service, which has been my experience, the Veterans Hiring Act was a good initiative to open up all public service jobs to all veterans—great. But as Keith did, I checked with some of my friends who have been through this process recently and they reported all kinds of frustrations.

One concrete thing I thought of before coming here was that if the HR professionals in the public service had guidance on how to do this transition, that would go a lot more smoothly. All of the policy pieces, except for the one that I've noted, are in place so veterans services recognize we get vacation leave, we get sick leave, and our salary carries over. Those are all good things. The HR clerks in the public service don't know that.

I had to fight with the clerks in my department to get my sick leave granted, and it was delayed by a year and a half because it took that long to transfer my pension from the military pension to the public service pension.

I think that's one thing that would help, if the chief human resources officer produced consolidated guidance to say, "This is how we move people from the military to the public service."

• (1240)

Mr. Gord Johns: We keep hearing about the need for a concierge service on everything. Mr. McAllister, I think you alluded to that. How do we help people navigate? Do you want to speak about that need, or if that's an opportunity?

The Chair: You have about 20 seconds.

Mr. Keith McAllister: He summed up the process. I know some guys who are going into the public service, and they're doing fine. The transfer of their pension was the biggest issue.

Mr. Gord Johns: Okay. Thank you.

The Chair: Mr. Fraser.

Mr. Charles McCabe: If I may add, and Keith and I talked about it on the way here today, the homeless veterans have given up. Keith feels that's the case, and he is aware of many of them. That's the point you've made from out west; there's no job, so what's life all about? There's no reason to get up in the morning.

If I may add, and Keith and I talked about it on the way here today, the homeless veterans have given up. Keith feels that's the case, and he is aware of many of them. That's the point you've made from out west; there's no job, so what's life all about? There's no reason to get up in the morning.

The Chair: Mr. Fraser, you have five minutes.

Mr. Colin Fraser: Thanks very much, Mr. Chair.

Thank you all very much for being here. Corporal Kirkland, could I pick up on one thing you said? I want to make sure I understand. You talked about there not necessarily being an incentive to go back to work because of the clawback of the pension, but my understanding is that this is one portion of what a veteran would receive. I think you can make up to \$20,000 before an amount is clawed back, and then it's phased in after that. Is that accurate, or am I not understanding that correctly?

Mr. Glen Kirkland: I have no idea. I don't receive anything.

Mr. Colin Fraser: Okay. I wasn't sure either, but that's something for us to look into to make sure we understand it.

Your transition experience, and I understand totally what you're saying about it, appears to be successful, and obviously you're doing well and are successful in your career, but that doesn't necessarily make everything about the transition a success. Can you talk a little about the importance of having peer support? I know that you're friends with other people who have testified before the committee, and you have that network of individuals who have been through similar experiences. Can you talk about how important it is to have peer support, and is there anything that Veterans Affairs can do better to assist veterans to access peer support through their transition to help make it a little easier?

Mr. Glen Kirkland: I know it seems disjointed or as if it doesn't connect, but as soon as the current government decides to do what they said they were going to do and reinstate the pension, then maybe we would have a little security to be able to meet up and take a little time off work. I'm from Vancouver, which isn't too far away from where Aaron Bedard is, and I haven't been out there to see my family in around four years because I don't have the financial security to go out there. Again, I am considered one of the successes, but when you're spread thin trying help other veterans and to fill the gaps that the Government of Canada and Veterans Affairs create, you're pretty limited in what you can do. So yes, peer support is super important, but I think that would go hand in hand with a little financial security. Just because you guys said you were going to do it, I guess doesn't mean anything anymore.

Mr. Colin Fraser: Mr. McAllister, can I ask you the same question about peer support? Was that an important element of your transition, and how does that continue today? Relying on other people who have been through similar experiences, I would think, would help in very difficult, perhaps vulnerable, situations for veterans as they go through a major change in their lives. Can you talk about that?

Mr. Keith McAllister: It is. Having your peers' support is important, and so is the support of others who have gone through the system before you and can give you suggestions and advice on what's going on. As I said, my friend who is retiring after 42 years was my mentor. Now he's mentoring me on the release process. Also, we have our veterans groups that I'm involved with. After we leave the army, we form these little groups that keep our peers together. We have our cohesion back that we don't have in the military anymore. We seek each other out, and we're able to help each other with certain things.

Does that answer your question?

•(1245)

Mr. Colin Fraser: Yes, it does. I appreciate it.

Regarding transition, we've heard a lot at this committee, and we're trying to address different elements of the barriers to transition and to make recommendations to the government so that some of these things will be improved. I know it's frustrating because it takes a long time and a lot of things get repeated, but it's through this process that we can hopefully effect change, so I appreciate all of you being here.

One thing we have heard time and again is the importance of families through the transition process. I'm wondering, Keith, if you could talk about family being engaged in the transition process and drawing them in to help make that as successful as possible.

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

Mr. Keith McAllister: Okay.

It's very important to have the family there. The family is the backbone of the soldier, and when we have our SCAN seminars and that, it is important for the wives and the rest of the family to be brought into that process and to understand. If a person with an operational stress injury is not able to take up the reins, at least the spouse can pick the reins up a bit.

Mr. Colin Fraser: Thank you.

The Chair: Thanks, gentlemen.

Mr. Samson, we're down to four-minute rounds.

Mr. Keith McAllister: I can answer it, and I can hand it over to Mr. Kirkland, if he wants.

I think it will help some injured veterans to maybe look at applying. I know that could be a big issue, because with VAC right now, the normal process is 26 weeks before a review even takes place.

I'll let Mr. Kirkland take over.

Mr. Darrell Samson: I don't know if Mr. Kirkland.... Go ahead.

Mr. Glen Kirkland: Any financial benefit to soldiers is very much needed. Lots of guys are suffering. I'm just excited to see how many people, when they're writing their cheques for income tax, say it's all they can afford right now. It can go both ways. Prime Minister Trudeau is so clear in saying that he can't afford us. Well, I have a big fat income tax cheque to cut, and I just can't afford it right now, so we'll see how that goes.

Mr. Darrell Samson: How can VAC improve in assessing PTSD and including it in disability pensions? What can they do to better assist with PTSD?

Mr. Charles McCabe: I don't know if VAC does that assessment. That assessment is done within the military before the release.

I don't know if VAC does that assessment. That assessment is done within the military before the release.

Mr. Michael Davie: That's what I was about to say. I think the committee has heard before that VAC shouldn't be assessing it. If the military has already assessed it, VAC should not be assessing it. That has been a recommendation to the committee. The committee has made that recommendation to the government. I don't know why that is still the case.

Mr. Darrell Samson: Very good. You came out with the answer I wanted you to give.

Finally, in your experience, what is the most important resource for veterans dealing with PTSD during transition?

Maybe Keith and then Mr. Kirkland can answer.

Mr. Keith McAllister: If I can lead off, the most important thing is getting it recognized right away and then getting the right professionals to help you with it. A friend of mine has been diagnosed with severe PTSD, and he went to the doctor for help getting his medications increased or whatever, and the doctor basically asked what was going on in his life right then, and said that he should just maybe suck it up.

Having more trained and more professional people in the medical system, the doctors, who are going to give us that care, is necessary.

• (1250)

Mr. Darrell Samson: Mr. Kirkland, just quickly, as we have no time, give a quick response.

Mr. Glen Kirkland: Maybe if they made the whole process more human instead of it being so cut and dried. There is no black and white with PTSD especially. There is a large gray area, and we need to work like human beings.

Mr. Darrell Samson: Thank you all for your service.

The Chair: Ms. Wagantall, you have four minutes.

Mrs. Cathay Wagantall: Thank you, Chair.

Glen, you started by talking about the pressures and the frustrations with the transition. I truly believe that the transitional challenges from the system—as you say, trying to get services from VAC—are impacting the mental health of transitioning service members and are causal in suicide numbers in Canada. Now, I get quite a bit of push-back when I make that kind of a statement, but when we hear of the situations going on.... Last week a veteran was diagnosed, as we say in the military, with PTSD. He's 10 years on

now fighting to get that recognition from VAC, ordered to fly to a certain location, be showered up, dressed, ready to present, which he did, and then the response was, "Well, you were able to do that, so clearly you don't have PTSD."

I'm very concerned about this and just wonder about more feedback from you on it. You're a realtor. You're in Brandon, near Shilo. Do you deal with base people requiring housing? What's your experience there?

Mr. Glen Kirkland: There were a few different questions in there. Yes, I deal with a lot of people transitioning in and out, and it has been very successful that way.

I'll give you just a quick story.

My assistant was 30-some years in the military and is suicidal, as we speak. I moved him a block away from me so I could make sure I could check on him every day and it's.... Sorry, it's just that he's been left completely high and dry by the government. The guy has gone through hell, and he doesn't get any compensation.

Also, we talk about how everyone wants to be a success story and all that. I got denied a benefit and the exact reasoning was, well, how can my injuries be affecting me very much if I can be a successful real estate agent. But they don't see that I wake up and I smell burnt hair and I hear the screams of my friends who died feet away from me. They don't understand that it really sucks to not be able to see out of one eye or that I pick out chunks of metal out of my face every morning when I shave.

So, yes, you suck it up and you soldier on, but there's a lot going on, and it's pretty disheartening.

Mrs. Cathay Wagantall: I'm sorry to put you through that, Glen.

Sherri Elms, who was here, lost her husband. She talked about the moral injury that our veterans and our soldiers are experiencing because of what you're raising: that lack of recognition of what you've gone through and lack of valuing you for your service by giving you the compensation that you really do deserve. We're hearing that over and over again here on this committee. Canadians get very upset at this as well. Thank you for being willing to share that with us.

Keith, do you have anything you would like to add in that regard?

Mr. Keith McAllister: No, he said it all.

Mrs. Cathay Wagantall: Okay, thank you.

Keith, you mentioned SMEs. I like that. I like that acronym.

Over and over again, we've heard it today. Aaron, you are very involved with the advisory committees, with the impression that you were giving valuable information to improve the system because you're part of the group that needs that care. That's the sensible place to go to learn what needs to be done and, quite honestly, how to do it.

When you talk about subject matter experts, where do you see that we need to use those individuals far more within the government in making sure that we're actually giving our veterans what they deserve?

Mr. Keith McAllister: It's just by doing what we're doing here today and hearing from us veterans: having a working group, and then addressing a problem, say, one problem, and having veterans who care, like me and others, come up with a valuable solution. We know the system. We know each other. I take care of myself. Mr. Kirkland looks after himself. We all look after ourselves as veterans because that's all we have to do now. But when we need help from our government; we need it.

• (1255)

Mrs. Cathay Wagantall: Right.

The Chair: Thank you.

We'll end now with Mr. Eyolfson, for three and a half minutes.

Mr. Doug Eyolfson: Thank you.

I had a number of questions but something else has come to the forefront.

Mr. Kirkland, you said that your friend right now is suicidal. Is he okay? Can we reach out to him? Does he need help, and is there something we can do immediately to reach out?

Mr. Glen Kirkland: He has reached out. This has been an ongoing thing since September and he's on the mend now. But it took a barrage of Twitter and Facebook comments and everything else to get any attention paid to his situation. In the meantime, the burden is on someone, and I've had to cut this gentleman a couple of cheques and move him closer, within my proximity.

I was the number one agent in Canada last year for real estate with HomeLife Realty. I live in a very modest home. "Modest" might be an understatement because of how much financial responsibility, moral responsibility, I have that just doesn't seem to be passed on through to Veterans Affairs.

That's one of the most disheartening things. No matter how hard you work, there are always people out there who are in need. Unfortunately, I feel like a lot of that's been thrown on my shoulders.

Mr. Doug Eyolfson: I understand.

Further to that, would you be willing to—at the end, not during this testimony—provide us with his contact information and seeing if it's okay if we just contact him and follow up?

Mr. Glen Kirkland: I don't think that hearing from the people who he's been fighting is going to really benefit him mentally right now.

I'm not going to play armchair psychologist or anything, but he is getting the help that he needs. Again, I think maybe one of his biggest post-traumatic stress issues is dealing with the government.

Mr. Doug Eyolfson: All right. Thank you.

I just want to clarify. When were you discharged?

Mr. Glen Kirkland: I had nine years and seven months, I believe.

Mr. Doug Eyolfson: What year were you discharged?

Mr. Glen Kirkland: I believe in 2015.

Mr. Doug Eyolfson: All right. Thank you.

Has there been any progress in your claims since then, or any changes as to what happened at the time of your discharge?

Mr. Glen Kirkland: I was very excited to hear about the increase and making it retroactive to the lump sum payment, but then the way that it was done it was so minimal. It was indexed.

So, no, there hasn't been much change. Again, I have paperwork saying the reason my claim was denied is that I'm successful. How much could my injuries be affecting me?

The Chair: Thank you.

We'll end with Mr. Kitchen. You have one and a half minutes.

Mr. Robert Kitchen: Gentlemen, thank you for your service and for being here.

I had my father transition out and found out, on his deathbed, about his being exposed to Agent Orange. My brother transitioned out, my sister transitioned out, my former brother-in-law transitioned out, and I have three nephews who are in the service right now who will at some point in time transition out. I'm hoping we can make this progress as quickly as we can, and make it efficient—as, Keith, you indicated yours was successful.

I'm going to go very quickly. Mr. Kirkland, I spent my career as a chiropractor. As a chiropractor, I bought and paid \$4,000 a year for disability insurance. I paid extra for it for my own-occupational rider. That meant that if I got hurt and could no longer work, as long as I did not go back to being a chiropractor, I could continue to work and still receive my disability pension.

Would something like that be of value? It's assumed that it's there for our soldiers, and I'm hearing that it's not there for them. I would assume that would be an opportunity.

• (1300)

Mr. Glen Kirkland: I assume you mean that if they went back into a similar trade, they wouldn't be able to get....

Mr. Robert Kitchen: I mean if they went back to do any other type of work, other than being in the military.

Mr. Glen Kirkland: But why not? Isn't the whole idea of getting hurt...? Isn't the benefit...? Aren't you supposed to be trying to get better? If you can still do that job, why not?

Here's a story. A guy had a bomb dropped on him in 2001 in the friendly fire incident. He was deemed 100% disabled, and he sucked it up. I shouldn't say sucked it up; he fought through his injuries. He rehabilitated, he kept his position, he has successfully kept his job in the military, and is now one of the highest ranking non-commissioned members. He also gets a 100% disability pension. I think that's the true success story. He got wounded, he was able to get better, and he's not getting financially assaulted because of his being able to get better.

The Chair: Thank you.

Mr. Charles McCabe: The military is obviously a paternalistic organization. When we joined, we expected to be looked after. What's happened now, of course, is that the Prime Minister has said that he cannot afford to look after us. That's where the cheese binds.

The military is obviously a paternalistic organization. When we joined, we expected to be looked after. What's happened now, of course, is that the Prime Minister has said that he cannot afford to look after us. That's where the cheese binds.

The Chair: If there is anything you'd like to add, send it to the clerk and we'll get it to the committee.

On behalf of all of the committee, I would like to thank you for your testimony, for serving our country, and for your continued

support for the men and women who are currently serving and those who are veterans.

We have a motion to adjourn by Mr. Samson.

(Motion agreed to)

The Chair: Thank you.

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