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Chair

Mr. Gary Schellenberger

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● (1550)

[*English*]

The Chair (Mr. Gary Schellenberger (Perth—Wellington, CPC)): I call this meeting to order.

This is the 32nd meeting of the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are studying combat stress and its consequences on the mental health of veterans and their families.

Before we start with our witnesses, I'd ask if we could get consensus because of the delay that we've had. We have a half-hour bell that will start at 5:30. Could I get consensus that we may run until 5:45? It's a shame. It's not our witnesses' fault.

Do we have consensus to do that?

Some hon. members: Agreed.

The Chair: Thank you. This session will run until 4:50.

We have Pierre Daigle, ombudsman, and Mary McFadyen, general counsel, for the first hour. Welcome.

Could you please make your presentation?

Mr. Pierre Daigle (Ombudsman, National Defence and Canadian Forces Ombudsman): Thank you, Mr. Chair.

Ladies and gentlemen, good afternoon.

I would like to begin by thanking the committee for inviting me to testify this afternoon on the state of mental health in the Canadian Forces, particularly as it relates to operational stress injuries.

As we said in our December 2008 special report, operational stress injuries will remain a significant challenge for the Canadian Forces and a real hardship for Canada's soldiers, sailors, airmen, airwomen, and their families for many years to come.

[*Translation*]

In June 2009, the House of Commons Standing Committee on National Defence estimated that, of the 27,000 Canadian Forces members who had served in Afghanistan between 2002 and 2008, approximately 1,120 would exhibit symptoms of post-traumatic stress disorder and 3,640 could exhibit some sort of mental health concern.

These statistics do not take into account those Canadians Forces members who have served in Afghanistan after 2008, nor do they consider they military personnel who served in dangerous and demanding military operations before the Afghanistan mission, including in the Balkans, Rwanda and elsewhere.

In many respects, operational stress injuries will be a generational challenge for the Department of National Defence and Veterans Affairs Canada, the Canadian Forces and the Government of Canada as a whole.

So I am pleased that this committee is studying these issues. Your work is incredibly important for our serving members, our veterans and their families who have given so much of themselves in service to Canada.

[*English*]

Mr. Chair, joining me today is Mary McFadyen, our general counsel. She has worked on these issues for many years now. Mrs. McFadyen was the interim ombudsman for 14 months before I took the position.

We have provided committee members with a brief paper meant to summarize the work undertaken by our office in the area of operational stress injuries. Over the next few minutes, I will discuss some of the progress that has been made by National Defence and the Canadian Forces and a number of areas that need more urgent attention. I will also describe our intentions vis-à-vis operational stress injuries in the months to come.

Before getting started, I would like to be clear that our evidence-based research regarding operational stress injuries is from 2008. I took my position in 2009. Our research is dated 2008. We have monitored the issue closely since then, but we have not yet undertaken a third substantive follow-up review. Still, I believe a number of the concerns raised by our office in 2008 remain relevant.

Mr. Chair, our office has been engaged in these critical mental health issues since 2002. We have released four different reports and more than 40 recommendations meant to improve the care and treatment received by Canadian Forces members suffering from post-traumatic stress disorder or other operational stress injuries.

In our December 2008 report, we found that National Defence and the Canadian Forces have made progress in identifying, preventing, and treating post-traumatic stress disorder and other operational stress injuries. However, we also found a number of cases in which military members and/or their families did not get access to the care they so desperately needed, and we have seen that the consequences for individuals who fall through the cracks are often devastating and long-lasting.

[*Translation*]

One of our most pressing concerns was the fact that the negative stigma associated with operational stress injuries remains a real problem at a number of military establishments across the country. In fact, mental health caregivers from every region in Canada raise this as one of the biggest challenges still facing the Canadian Forces.

So I was pleased to see the launch of the Mental Health Awareness Campaign in the summer of 2009 to address the stigma associated with operational stress injuries.

I was also pleased to see some of the other initiatives undertaken by Defence since we released our latest special report in 2008—including the creation of the Joint Personnel Support Unit to ensure a more coordinated and integrated approach to addressing operational stress injuries.

[*English*]

At the same time, we know there are areas that still need more attention. For example, the first recommendation made by our office in the 2002 special report was for the Canadian Forces to develop a database that accurately reflects the number of Canadian Forces personnel affected by stress-related injuries.

Without reliable data, it is very difficult to understand the extent and seriousness of the problem and to design and implement effective national programs to help those suffering from an operational stress injury. The data could also be used to target education and training initiatives to where they are most needed. I would say, also, that these data could help to better identify the requirements for additional caregivers and additional infrastructure. It is unfortunate that National Defence has been so slow in addressing this recommendation.

Another issue that we continue to track is the care and treatment available to the families of military members suffering from operational stress injuries. In December 2008 our office was unable to find any evidence of a coordinated national approach to ensuring timely access to care and treatment for the families of military members suffering from post-traumatic stress disorder or other operational stress injuries. The availability, quality, and timeliness of care varied greatly from military establishment to military establishment.

When a Canadian Forces member has an operational stress injury, it is a significant challenge for the whole family, not just the member.

● (1555)

[*Translation*]

We also remain concerned about the stress and burnout in the military caregiver community, including chaplains, social workers, physicians, psychologists, psychiatrists and mental health nurses.

Mr. Chair, these issues will be a priority for our office as we look to launch a third follow-up investigation into the issue of operational stress injuries in the Canadian Forces.

We recognize and welcome the progress that has been made by the Canadian Forces to prevent, identify and treat military personnel suffering from mental health injuries. At the same time, the large number of current military sufferers—and even larger number of anticipated sufferers—have led us to the conclusion that this issue demands additional review and evaluation by our office.

I expect to launch this follow-up investigation in the next few months.

[*English*]

Mr. Chair, as I mentioned earlier, we believe that operational stress injuries will be a generational challenge for our country, so I am pleased that this committee has turned its attention to addressing this challenge.

At this time, we stand ready to provide any assistance we can to the committee.

Merci. Thank you.

The Chair: Okay.

We'll go to our first question. I'm going to hold everyone to the seven minutes or five minutes that are allotted to you, and that's for questions and answers both. If I do have to interrupt, I will. I'm going to hold tightly to the time.

Go ahead, Ms. Duncan, please.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Mr. Chair.

To the witnesses, thank you so much for coming.

I'll pick up on the database. A national database is critical in understanding the extent of the problem. It allows us to evaluate various clinical interventions and it can be used to target education and training initiatives. We now understand that this database is not going to be available until March 2012. Is there anything you can suggest in the meantime to track data?

I will also ask about a national strategy. If you could write your wish list for this committee, what is that national strategy, and what are your key recommendations for it, please?

Mr. Pierre Daigle: Thank you.

Mr. Chair, with reference to the database, as I said, we've done some work in this particular subject. We produced our report in 2008. For the past two years there hasn't been too much follow-up on some of those issues. I must say, though, that since I took my appointment in 2009, I've been going on outreach visits to bases and so on.

There have been some creations, such the joint personnel support units in all kinds of organizations, in order to coordinate the care and services provided to members and their families. Still, to create a database, it seems that it's easier for DND or the CF to have a database on physical injury than on mental injury. I don't have the proper means to provide some intelligent recommendations here, but to me the database of people suffering from post-traumatic stress injuries is key.

As a lot of the committee has identified, this is not going to go away in the near future. It's going to increase in the future, and people see great demands on our medical care and everything. This database will be very useful in identifying how many people are suffering, not only in order to deliver the proper care but also to dictate additional infrastructure or additional requirements for health caregivers.

So I think it is important, and we've been asking the department for the last eight years, to make sure they have this database in order to treat this psychological injury as early as possible in order to prevent, as much as possible, the result of suicide. It is not necessarily linked with it, but it is definitely better to address the issue at the origin rather than to treat it at the end.

Ms. Kirsty Duncan: What would you like in a national strategy to address operational stress injuries? If you could write your wish list to this committee, what would be your top five recommendations, please?

● (1600)

Mr. Pierre Daigle: Do you mean recommendations to address the issue of operational stress injury?

Ms. Kirsty Duncan: I mean recommendations for a national strategy to address operational stress injuries.

Mr. Pierre Daigle: As we recommended in our report, I would say the four key elements important to track include, first of all, the database. We need to know how many people are suffering from post-traumatic stress injury.

We need to take care of family, because family is considered to be a national entity. They're part of the operational effectiveness of the members of the Canadian Forces, so they have to be treated as a whole.

We need to take care of caregivers in terms of the number of caregivers for mental health across Canada, and also in terms of the caregivers themselves.

Obviously, as we've touched on in the past, we also need to make sure that all elements of the Canadian Forces, regular and reservist, are looked after equally, because there are still some injured reservists who are falling through the cracks.

Ms. Kirsty Duncan: Thank you.

That brings me to the treatment side of things. We see discrepancies across the country. If you look at how quickly you can get help in Halifax, Valcartier, and Ottawa, for example, it varies significantly. As you said, early intervention matters. How can we address that?

For example, we're saying that the ratio of the clinicians to the 65,000 people is 1:186, but the reality is that we're looking at 32 psychiatrists and 61 clinical psychologists. How do we deal with the discrepancies across the country? Do we need more mental health professionals?

Mr. Pierre Daigle: From my visits across the bases so far—and I've touched on the three services—I think we need to see this as not being a one-size-fits-all situation. Each region, each area, is different. When there's a reduction in budget or cuts in anything, I don't think we need to apply them equally across the board.

From what I've seen so far, I would say there are main hubs where the demand on combat formation is greater. I'm thinking off the top of my head of Edmonton, Valcartier, and Petawawa. These are places with huge brigades deployed. I'm not saying that others are not paying the price, but we need to look at the needs of each of those organizations.

We also need to make sure that we support the caregiver. I've found out that a lot of caregivers are doing less and less clinical work than what they were hired for. They are doing a lot of clerical work. Doctors, physiotherapists, and X-ray employees are answering the phone and filling out forms. They do a lot of things that take them away from the front line of clinical services.

We need to make sure that when we address medical support, we give the additional number of resources at the right place, making sure that.... Everybody is saying there's going to be a great demand in the future, so obviously it doesn't make sense to cut budgets in mental or psychological health services when you expect there's going to be a growth in the demand.

Ms. Kirsty Duncan: Thanks.

I'm going to ask one last question around stigma. In talking to—

The Chair: Ms. Duncan, we've reached the end of our time.

Mr. André is next, please.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Good afternoon, Mr. Daigle. I am pleased to hear you speak both French and English. It's interesting, because this sometimes helps us understand better.

I have a few questions with regard to some of the testimony the committee has already heard.

Take the case of Frédéric Couture. This young man came back from Afghanistan, where unfortunately one of his limbs had to be amputated. He tried to commit suicide in the theatre of operations, when he was with a few of his colleagues. After that incident, he was hospitalized.

Last week, we learned that he had come back to Quebec without having received any psychological treatment in the theatre of operations. I imagine that you know the story. His mother, who is looking after him, never really found out what had happened. He ultimately took his own life.

I imagine that, in your capacity as ombudsman of the Department of National Defence and the Canadian Forces, you have heard this kind of testimony many times.

It is often the case that those who suffer from post-traumatic stress syndrome do not readily reveal their symptoms. It's not like a pimple appearing at the end of your nose overnight. The process involves therapy to screen out the condition in a person. Generally speaking, men are the ones who are afflicted with PTSD, and we know that they are less inclined to seek treatment than women are.

I would like to know what you think about this matter, even though we have heard others speak to the issue several times. When people are in the armed forces, we look after them. However when a person leaves the armed forces, it's as if they cease to exist, they do not have access to services anymore, they are ignored, as are their needs, especially the psychological ones.

Have you received many complaints about this type of thing?

● (1605)

Mr. Pierre Daigle: Mr. Chair, I will answer the more specific questions, because these are the issues that I am dealing with now, whereas the report was published in 2008.

To answer your question, I would say that our office is currently reviewing complaints. What you alluded to is something that I felt when I visited certain military bases.

First of all, although the department did launch an awareness campaign in 2009, the stigmatization still exists.

I meet young mothers who confide in me and tell me that their husband would never want them to say that they are ill, because they would never want to come out and explain the problem. When these people are sick, their first respondent, their first service provider, is the family. The wife and children look after the spouse—or the husband looks after his spouse. This is a tremendous burden for the actual families.

Right now we have families who have not yet grieved

[*English*]

—they have no closure yet—

[*Translation*]

for their spouse or their son. Some of them, as you mentioned, committed suicide.

We are asking people to come to our office about these things. So if you are aware of any... We are continuing to monitor some of these families closely. I am corresponding with the minister on these files.

So that is one thing that exists. Despite the stigmatization, young people, as you correctly said, are not going to confess to having any weakness, because they have the warrior spirit.

Families suffer a great deal as a result. After an operational deployment, if families need help, whether it be the closest family member, the mother, father or spouse, we bring them together for a debriefing. At that time, we tell the family what indicators to observe in their injured family member.

Mr. Guy André: Mr. Daigle, it would appear that this work is not being done in many cases. There does not appear to be any follow-up in the theatre of operations, in the cases that I have seen. When a person attempts to commit suicide, we must first intervene and hospitalize this individual. We must provide the appropriate psychological care. Obviously, there has been a physical injury, but there is also a psychological problem, a trauma. It would appear that this problem is not dealt with.

At the same time, when a soldier comes back here after leaving the base and the army, there does not appear to be any follow-up with these individuals either. The family—I agree with you—is the first responder. However, it seems to me that National Defence should have a role to play in following up on these individuals who have experienced specific incidents while in the theatre of operations. The department should be calling these people, meeting them five or ten times.

The cases that we are talking about pertain to individuals who were never given a telephone call by National Defence although they had experienced stressful situations and significant trauma—no telephone call, no sign... It seems to me that there should be some calls, some automatic follow-up. If the person refuses, that is one thing, but at least we will force—

● (1610)

Mr. Pierre Daigle: You are quite right. That is why it is so important to try to make every possible effort to develop this database. This base would enable us to detect, as early as possible, those individuals who may have problems or who may need help and so on and so forth.

You are right, post-traumatic stress syndrome or operational stress can occur in an individual several years after he or she has come back home. Ongoing help must be available. This is not one-time help, this does not stop once the person has come back. We have to make every possible effort to determine who is likely to suffer or who is already suffering from this problem, so that we can provide assistance.

Moreover, assistance must be ongoing. Many people leave the force, become veterans and fall ill several years after that.

As for the family, of course, in my opinion, it must—

[*English*]

The Chair: Thank you.

Mr. Stoffer is next. You have five minutes, please.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you, Mr. Chairman.

Thank you both, Pierre and Mary, for appearing today.

You quoted some numbers. You said that 1,120 could exhibit symptoms of PTSD and 3,640 could exhibit some sort of mental health concern. Where did these figures come from?

Mr. Pierre Daigle: Maybe Mary could expand on that, but when we did our special report in 2008, we were also testifying in front of the House of Commons committee. That committee produced a report in June 2009, and those numbers are in that report. I don't know if some of them were provided by our office, but we took the final numbers from that report. There were many people, besides those from our office, who came and testified in front of that committee.

Mr. Peter Stoffer: Thank you.

I'm not sure if you've had a chance to see it yet, but last Sunday *The Chronicle Herald*, a newspaper in Nova Scotia, did a really interesting article on military personnel who had been more or less forced out of the military.

One of the biggest problems I find for service personnel is that when they're no longer deployable, it means they're no longer employable within the military. They get, in their words, “kicked out” of the military. Some veterans have even said that what DND has done is offload the problem onto VAC.

In the private sector, where I used to work, in the Canadian airlines there was a thing called “duty to accommodate”. When you became injured, there was a responsibility on the company to try, as well as it could, to accommodate you to go back to work. I don't think that applies to the military, because many service personnel who believe they can still work in DND have been asked to leave. They're being “3(b)'d”, which means medically released from the military. That adds a tremendous amount of stress to them and their families.

As you know, sir, the DND is a culture. It's a way of life. It's in their DNA. It's who they are, and all of the sudden that is gone, for whatever reason, through no fault of their own and because of an injury. Now they have to go into a completely different world that they haven't been adjusted to for quite some time.

I'd like you to expand on something for a second. If you don't have the answer for it now, could you provide it later?

First, how many DND personnel who are serving right now receive a VAC pension? Then, on the question of the duty to accommodate, is DND doing a good enough job of keeping injured soldiers within the department, or are you finding a rush out the door—once you're injured, you're no longer employable with DND?

Mr. Pierre Daigle: All of those questions on this issue are so important. We take good note of the concerns, because we will do, as I said, this third follow-up to our report.

I hear about duty to accommodate when I go around the country, and I will look into it more deeply. It seems to be tied to universality of service. They can accommodate, but if at some point you cannot fulfill the operational function, then you are released under those terms.

I know there was some initiative for getting onto the priority list for public service transfer and so on, but people are concerned out there about all those things. You know, even in the public service there are people who are not happy when they see all those ex-military people taking over what they say are their positions. But in the outreach discussions I have, I do tell them that the military members I have met would not ask for more than to stay in uniform. This is what they want to do. They're not the ones asking to go elsewhere.

So this is all part of the impact of those physical and psychological injuries, and that will be part of my third follow-up.

● (1615)

Mr. Peter Stoffer: *Merci.*

The Chair: Thank you.

Mr. Kerr is next, please.

Mr. Greg Kerr (West Nova, CPC): Thank you, Mr. Chair.

Welcome to you both.

I'd like to continue from where Peter Stoffer was, in the sense that as a committee we're learning a lot about.... There have been a lot of advancements and a lot of things have happened, but there are a lot of things left to do.

One of those continuing issues is employability—when we talk about the charter, or as part of our Veterans Affairs stuff, or whatever—and about keeping employed, or re-employing, those who have returned from particularly combat duty.

You were saying that you're at a point where you're looking at it. Can you give us a little more detail on that, and where you see that heading, in terms of the report you're talking about?

Mr. Pierre Daigle: I'm sorry, I'm not sure.... We haven't started our follow-up report yet. We will start that in a few months.

Mr. Greg Kerr: Okay. I'm sorry. I misunderstood. I thought you said—

Mr. Pierre Daigle: Because all of those questions have arisen in the past few years, and we did our last report in 2008, there are a lot of updates and a lot of things we need to look into further. That's why I decided that we'd do a follow-up to a follow-up, which we don't normally do. It's because of all those questions that affect people.

Mr. Greg Kerr: All right, then, I'll leave that. We'll look forward to that, but it's probably another year away.

Mr. Pierre Daigle: Yes, sir.

Mr. Greg Kerr: Thank you.

A while ago we had retired General Dallaire, now Senator Dallaire, in to talk to us. There are a number of very difficult cases, but at the same time, as you point out, a lot of changes and improvements have taken place. A lot of things are heading in the right direction, and I think you remind us that it's slow progress to get there.

What particular issues are moving in the right direction, but have to continue or need more work? I know it's very general, but I'd like to put it in a general context.

Mr. Pierre Daigle: I must admit that since we did those three reports.... That's the 2002 report, the follow-up in December 2002, and the other follow-up in December 2008. And I'll do another one, because this is not going to go away, and it's very important.

If I can share my own first impression, I must admit that there is a lot of writing but not enough acting. We write a lot of things. We produce a lot of CanForGen, “We will do that. We will produce a policy to address this.” But what happens on the ground, and the reality of things, is that it's still not there.

There are issues where, I'm sorry, a bureaucratic answer, to me, is.... You know, there are issues that could be looked at as having more priority.

Families, more and more, need to be looked at. Families are not getting the care and services that we all say they will get. They're not part of the armed forces, but they are very much linked to everything that the spouses are going through.

The database—I'm going back to that—is important. We're looking at what comes ahead, but it seems to me that we don't move enough on that. In 2002, eight years ago, we were asking for work on the database to identify the scope of the problem.

Again, with all those budget cuts, we need to bring in enough money and resources to increase the number of caregivers, because they will need more caregivers in the near future. The caregivers are very important. We all talk about what's happening now, but if you don't have the professional health caregivers, it's not going to go away. It might be worse, because people won't come forward and you'll lose them too.

So the database is very important. Then we need to take care of the caregivers by taking away their administrative function and putting the emphasis on the clinical duties that they were hired to do. Then, obviously, there is family. We cannot dissociate any of those things from the family anymore. They're really part of the issue and the challenge.

Mr. Greg Kerr: Okay. Thank you for your candour.

I'm going to turn it over to Mr. Lobb if I can, please.

The Chair: You have three minutes, Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Mr. Chair.

On November 23 at our meeting we had Lieutenant-Colonel Stéphane Grenier and Rakesh Jetly attend. They are part of the Department of National Defence. With their focus on post-traumatic stress and operational stress, you would know these gentlemen.

They provided us with great testimony. They outlined the improvements they've made and where they would like to take their progress forward.

Do you agree with the direction in which these two gentlemen and their larger umbrella group are taking operational stress disorders?

Mr. Pierre Daigle: I'm sorry, I'm not too familiar with everything they said in their testimony.

As I said, since we produced our report with 31 recommendations in 2002, there has been some improvement over the past eight years. They created OSISS, a joint partnership between Veterans and CF. In 2007 or 2008 they created the joint personnel support unit to coordinate all services to take care of members, which was an improvement.

So as I said, I don't remember reading their testimony, but there was progress, and I'm saying there is progress. There are three key areas—we're repeating this constantly—that need to be given top priority, and we haven't seen too much progress in those areas.

This is why I'm convinced now we need to do a follow-up to make sure that we maintain the momentum on what has been done, because the future is not going to be nicer than it is today.

● (1620)

Mr. Ben Lobb: My next question is around training, and that falls under a piece in your *A Long Road to Recovery*. In there it talks about training and education across the CF. Obviously that would deal with personnel and staff.

Do you think that for psychologists, psychiatrists, mental health nurses, and mental health professionals there should be tracks along the college and university education system that would help them to better serve our forces? From what we've heard so far, most of their training is on the job, which is fine, but do you believe there should be more of a relationship with the education profession?

Mr. Pierre Daigle: Do you mean for the caregivers?

Mr. Ben Lobb: Yes.

The Chair: Make it a very short answer, please.

Mr. Pierre Daigle: I think we need to take away from the caregivers all the clerical stuff they weren't trained to do and instead focus on their clinical service to the forces. We need to give them time to upgrade their skills. Right now they have difficulty leaving the office to upgrade their skills through their association because there are not enough of them on the ground and they cannot leave their positions. We need to free them from distraction, focus on their first line, and give them the chance to upgrade their skills so they can give good care to our troops.

The Chair: Thank you.

Ms. Zarac, please.

[*Translation*]

Mrs. Lise Zarac (LaSalle—Émard, Lib.): Thank you, Mr. Chair.

Good afternoon, Mr. Daigle. In listening to you, I've had the impression that you had very clearly grasped the reality. These figures are high, but we know full well that they are not really representative. Reservists and those who have left were not taken into account. This is a troubling problem.

You also said that far too much time is spent on administration. That means that there are not enough resources and an increase in resources means a bigger budget. I also understand that you need a database. This will enable you to increase the budget. We know that data has been lost because, among other things, the veterans do not talk to the people from the Canadian Forces. It will be very complicated and costly to set up a real database that provides you with relevant and accurate information. However, budgets are going to be constrained. When you talk about families, that resonates with me. Families can indeed help the veterans.

Bearing in mind that we are in a time of fiscal restraint, I would like you tell me what are your priorities.

Mr. Pierre Daigle: That is, in a nutshell, the challenge. Care for the sick is the priority. We assess budget envelopes, we know that there are sick people, but we do not know how many. There may be more than we think and yet again even more in one, two, three or four years. So if we start to mortgage the future by cutting the budgets now, that will not resolve the problem, it will aggravate it in the long run. In my opinion, our priority should be to try to identify the magnitude of the problem and to do a more detailed analysis to find out where these resources are, even if we do find ourselves in a time of fiscal restraint. Some sectors deserve more money than others. As I said to you earlier, we are adopting one-size-fits-all approaches where everyone is treated the same way. However, things do not work that way. There are some sectors that are solicited much more heavily than others, and yet they have the same resources as the others. So if there is a problem, it will not disappear, it will get worse. So if we are serious about this, we have to direct the resources to the right place. I do understand that there are cutbacks, but we must not make cutbacks that hurt the ill.

● (1625)

Mrs. Lise Zarac: In your opinion, where should we be putting the money?

Mr. Pierre Daigle: First of all, we need to do some screening, get to know the people, and if people are reported ill, we have to provide them more support and services. So we need to invest in the resources of the health service providers, and not forget about the families.

Mrs. Lise Zarac: In 2002, you recommended the creation of a database. You said that National Defence was slow to react. Why has National Defence taken so long?

Mr. Pierre Daigle: I do not know why, Ms. Zarac. Perhaps you should ask the department this question.

Mrs. Lise Zarac: Officials from National Defence were never questioned about this delay?

Mr. Pierre Daigle: We asked the same thing in 2008 because this was our big priority, and we pointed out that there had been no improvements in that respect.

There may be some information on this topic in the report that my colleague drafted in 2008, but we have not done any follow-up since then. According to our observations, we know that this is very difficult. We have been told that it is difficult to establish a database on psychological illnesses. It is possible to do this for physical illnesses, but it is difficult to do so for psychological illnesses. I did not explore the subject further because we are going to do some follow-up.

Mrs. Lise Zarac: So it is more difficult to set up a database for psychological illnesses than it is for physical problems. Could you explain that to me?

Mr. Pierre Daigle: In the case of physical illnesses, the problem is obvious if the person has a broken arm or leg. However, in the case of psychological illnesses, it is not obvious. I think that we need to first of all determine who is at risk, who participated in combat operations.

I have no further information. That is why we are going to do some follow-up. This was our major priority in 2002, however, eight years down the road, this has yet to be implemented. So we are going to follow up on the matter again, and this time, it is important because many things will flow from this and we will use this to determine priorities—

Mrs. Lise Zarac: Will this database enable you to include reservists and those who have left the army?

Mr. Pierre Daigle: We produced a separate report for reservists. I do not recall the title in French but, in English, it was “Reserved Care: An Investigation into the Treatment of Injured Reservists”. We published an initial report at about the same time, I believe, and we will be following up on it.

These are different situations because not all aspects are necessarily common to all of them. We are going to follow up on the report on injured reservists.

[*English*]

The Chair: Thank you.

We'll move to Mr. McColeman for five minutes.

Mr. Phil McColeman (Brant, CPC): Thank you for being here today to assist us in trying to put programs and services in place for the veterans community so we can assist our veterans.

You're obviously very closely connected to your work, as you've mentioned. One part of your opening comments dealt with the stigma, and we've heard from other witnesses that this is one of the larger issues attached to this. You also mentioned in your opening comments that an initiative called the mental health awareness campaign was taken in the summer of 2009. Can you outline the components of that program?

I'd also ask you for your thoughts and views on what we might do in addition to that, and perhaps have you do a bit of forward thinking, in the sense that we're here to work for the veterans to make sure they get the services they need. Of course, our military personnel are tomorrow's veterans. So what are the proactive things we might consider as a committee in moving forward to help those veterans?

Mr. Pierre Daigle: The mental health awareness campaign was launched by the CDS in June 2009. It was done by DND and the CF to sensitize people at three different levels. The act of coming forward sensitizes the member, the peers in the unit, and the leadership. This stigma is not acceptable anymore. People should not be scared to move forward because they might be seen as being weak by their peers.

Even though there was this awareness campaign, I can see that the stigma is still there. The leadership must address this. It's very much a leadership issue. I have talked with commanders about it. Recently a commander told me, “We're happy here, because there's no stigma anymore”. And I said, “Well, I just had a town hall with tons of your troops, and there is stigma here”. I think the leadership has to realize that it is there. You can't do a week's campaign—remember the “Be the Difference” awareness campaign—and stop there.

I see a lot of things. There are a lot of things out there, but a lot of loops are open. How many are we closing afterwards? This thing is still not there, so leadership has to take this very seriously and continuously. This is like anything else. You have to continuously let people know that it's okay—they can come forward, and they have the service and the care to help them out. We have to find ways of helping them in the future in their employment and so on.

● (1630)

Mr. Phil McColeman: You also mentioned the creation of a joint personnel support unit. What does that really mean? I'm interested in its rollout, effectiveness, and go-forward strategy. Do you see the potential to assist operational stress disorders with such an initiative?

Mr. Pierre Daigle: I think so. I've seen some of those. I visited two JPSUs, and it's a good thing. It was created following our reports on how to make sure you integrate all care and services. So it's good. Right now it addresses concerns from the military point of view. Members are taken off their unit and they're posted or transferred into this kind of unit. We used to call it the “special medical holding list”. When people were not healthy enough to continue their work, they were put in a separate unit to get the care and everything. This is good. It's moving forward, and it's moving okay.

This unit was created to help the family to get care and services, and I have a bit of difficulty with the way it works. It helps in the sense that they will probably direct the family to where the services are on the city street, outside the military, but it will not provide direct support and services to the family. It's a good thing. It's a good creation, and it's across the country. So it's a good initiative, but it needs to evolve a bit better with what's coming up.

The Chair: Thank you.

Mr. Vincent.

[*Translation*]

Mr. Robert Vincent (Shefford, BQ): Thank you, Mr. Chair.

Good afternoon, Mr. Daigle.

Mr. Pierre Daigle: Good afternoon, sir.

Mr. Robert Vincent: We never hear about everything that is going on regarding post-traumatic stress syndrome and suicide within the Canadian Forces. If an injury is visible, there's no problem, we respond to the needs. However, as far as all the rest is concerned, we do not see it, we do not feel it. Nobody wants to talk about it. According to some psychologists who appeared before us, it would appear that life is great and that everything is going well. However, in real life, that is not what we are hearing.

My question pertains to the veterans directly, particularly those who are still members of the Canadian Forces. We did not deal with the reservists very much. When they're suffering from a visible problem or something similar, they're sent back home. These reservists, who are not part of the Canadian Forces, receive no care. Are you aware of this problem, namely that members of the reserves are simply viewed as reservists, who are not members of the Canadian Forces, and if they are no longer able to be in the theatre of operations, they are sent back home and left to their own devices? Is that how things happen?

Mr. Pierre Daigle: Are you talking about those who are ill or reservists in general? Naturally, the cutbacks that were announced in order to reduce the number of reservists will have an impact. There is a great deal of concern on the bases.

Mr. Robert Vincent: I'm referring to those who participated in operations and who are really suffering from post-traumatic stress.

Mr. Pierre Daigle: One of the difficulties is that most reservists are not deployed in formed, integrated units but rather in support troops. When they come back from the theatre of operations, their situation is very different from that of regular members, who remain under the supervision of a unit. Reservists go back to their home unit. This is in a community. The commanding officer of the reserve unit, who knows that his staff have come back following a deployment, is responsible for ensuring that these individuals are provided with the same follow-up as is offered to regular members. However, in certain locations, this is not being done.

● (1635)

Mr. Robert Vincent: There you have it.

Mr. Pierre Daigle: When reservists are sent into the theatre of operations on a permanent basis, they are part of either class B or class C. As such, they have basically the same status as regular members. Once they have reintegrated their unit, they must report to their armoury once a week. They then return to class A status. Those who begin to suffer from post-traumatic stress disorder once they have reintegrated class A must obtain medical care on their own. Their cases fall under provincial jurisdiction.

As part of the follow-up work with reservists, we want to determine if they can reintegrate into class B or C, which would allow them, among other things, to receive treatment. As I mentioned earlier with regard to PTSD and OSI, we are conducting a third follow-up of the file. We have produced a report on injuries suffered by reservists and we'll be reviewing that report.

Mr. Robert Vincent: Mr. Daigle, I have a hard time understanding how those things can occur. Because we need soldiers in Afghanistan, we call on reservists, but once we have sent them over there to serve and then bring them back home, we treat them like less than second-class members. They are sent back to their units and told that they will have to make do with provincial health care. However, we know that people have to wait months to obtain health care services in Quebec or in the rest of Canada, and for those who do not have their own physician, the wait times can be as long as six or seven months. The fact is that those people need to be looked after immediately.

In your view, is the army aware of all suicide cases? Is it possible that a number of people suffering from these problems are not getting the care they need, and that the armed forces are abandoning them because they are merely reservists?

Mr. Pierre Daigle: We have not done a study on suicide because there can be multiple causes and it is very difficult to establish a causal link in such cases. That is why we believe that by placing great emphasis on diagnosing injuries, we can help avoid suicides. As you have indicated, the data we have received from the Canadian Forces concern people who have committed suicide within military facilities. In cases where people committed suicide after having left the Canadian Forces, it is impossible for us to know if there was a link.

Mr. Robert Vincent: Do I have any time left?

[*English*]

The Chair: You have 30 seconds.

[*Translation*]

Mr. Robert Vincent: I cannot even begin to understand how the Canadian Forces can so utterly abandon the reservists they call on to serve. I find that to be disastrous. These people who suffer from post-traumatic stress disorder receive no care, or anything for that matter, and are left to themselves. In your opinion, why have the Canadian Forces not taken that problem into consideration?

Mr. Pierre Daigle: When reservists return from a theatre of operations, they are subject to the same post-deployment procedures, but once they reintegrate their unit, there are a lot of shortcomings in that regard.

[*English*]

The Chair: Mr. Mayes is next for the final question, please.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Thank you, Chair.

Thank you to the witnesses for being here today.

One of the issues of the charter, when it was first drafted, was to connect the Canadian Forces and Veterans Affairs, so that as soon as injured Canadian Forces personnel were released there would be that connection to Veterans Affairs and the services and support they might need.

Have you seen an improvement in the interaction between DND and Veterans Affairs?

Mr. Pierre Daigle: I'm sorry, I don't think I could say if I've seen an improvement. All I'm saying is we still have people coming to us. Some retirees go to Veterans Affairs, and they're referred to us because we're looking at the issues that concern them. Some people come to us. People who retire from the Canadian Forces are my constituents, but they're all veterans so they will go to Veterans Affairs, depending on the issue.

We still have a similar problem with the medical release from the forces—the delay in the medical release and the benefits they will get as veterans, and so on.

So I cannot really put an evaluation on it, but we still have some of those concerns coming to our office.

● (1640)

Mr. Colin Mayes: Are the programs and supports that are given to veterans and their families presented to the veterans as they leave? Whether they take advantage of them right away or not, are they aware of some of the support that Veterans Affairs wants to give them if they need it?

Mr. Pierre Daigle: I don't know how well they are informed when they leave the forces; I would need to look at what kind of "second career" briefing they're given when they leave.

Having retired from the Canadian Forces myself—that was a long time ago—you know a bit, but I would say I didn't get that much information.

I think people think about Veterans Affairs—and this is just a statement on my part—when they have problems, and besides that they don't really think about it. So I don't think it is well understood or well explained.

Mr. Colin Mayes: Okay.

Has there been any research done into how our allies proceed? Is there a good model that other countries are using to help with that transition and follow some of the things we are doing with the charter?

Mr. Pierre Daigle: I must admit that the charter is not my responsibility, so I'm not involved in that at all. With respect to PTSD and OSI concerns, we are doing very well compared to many countries.

I attended the annual international conference of ombudsmen of armed forces, and so far we have had 20 countries, from Europe mainly, looking into how we do our business—treating our people and so on. In that sense I would say we're a kind of leader in what we try to put forward.

With regard to veterans, the charter and everything, I'm sorry, I don't really deal with that particular issue.

Mr. Colin Mayes: That's all I have.

The Chair: As chair, I have one or two questions.

You suggested the database. How do you work the database with the Privacy Act? Can you force someone to put their name into the database? I know in the private sector you can't really force anyone to do anything; you could put someone into a particular program and they could sign themselves right back out again.

How would you set up a database that would be meaningful, that would work within the Privacy Act and still be able to help those people that maybe say they don't need help?

Mr. Pierre Daigle: Mr. Chair, I will say a few words, but if you don't mind I would like my general counsel to talk on this issue because she's more aware of it.

You're quite right, people come to our office in confidence, and whenever we want to use their name or divulge their information they have to give us their written consent. When we say sometimes that people are sick and they won't come forward, we cannot deal with the family on behalf of the third person. They have to come. So there's a lot of privacy.

You're right, if people don't want to come forward, you cannot force them and say, "Are you going to tell us what your family needs?", and so on and so forth.

Mary is my privacy and access coordinator, so maybe she can add to it, if you don't mind, Mr. Chair.

The Chair: Sure.

Mrs. Mary McFadyen (General Counsel, National Defence and Canadian Forces Ombudsman): What we had recommended in the first report in 2002 and reiterated in 2008 is that they need to have statistics to know how many people are suffering from mental health issues so they know where to put the money, the training, the health caregivers.

My understanding of what the CF is doing is that they are in the process of putting electronic medical records on computer so the records will be available. It's taking longer than they thought. They had told us it would be 2009. The last we heard was that it will be March 2012. I believe one of the deputies said that, so that's information we have just been made aware of.

You are allowed to collect private information, but you have to use it for a consistent purpose. If the CF needs to know how many people are suffering at a certain base with a physical or mental injury so they know if they should hire more care workers, I would suggest that would be a consistent use of that information. Names wouldn't be attached to it; it would be a number, such as *x* amount of people are suffering from that. It would be valuable information to have.

● (1645)

The Chair: Thank you. I appreciate your answers and your input to this great meeting that we've had here today.

With that, we'll take a five-minute recess, please.

● (1645)

(Pause)

● (1650)

The Chair: Could we call everyone back to the table, please?

Mr. Greg Kerr: Madam Clerk, Brian was supposed to be back and go first. If he's not back, then Phil's ready to go first. We're not sure where Brian is.

The Chair: Okay.

We welcome our next witness, Pascal Lacoste.

This meeting will be adjourned at 5:45 p.m. At 5:30 p.m. you'll see lights start to blink. Maybe we don't have bells in here, but the lights will blink to tell us that there's a vote. It's not a fire or anything like that. We'll put up with the blinking for the last 15 minutes of this meeting.

With that, sir, if you'd like to make your presentation, please go ahead.

[*Translation*]

Mr. Pascal Lacoste (As an Individual): Thank you so much for allowing me to appear before you. I greatly appreciate this opportunity and can confirm that, by simply having undertaken this study, your committee is bringing a lot of hope to veterans who are suffering in silence at home.

I was fortunate to be able to serve my country for 14 years. Had I not been injured during a mission, I would still be serving our great country. The last mission I had the honour of serving in was in East Timor; I was there as an infantry soldier in an airborne division. I was injured in the field. When I arrived at the Quebec City airport, nobody was there waiting for me. And yet, I was repatriated from Australia for medical reasons. Let me tell you that I quickly understood what it feels like going from a hero to a zero when I arrived at the Quebec City airport and saw no one there to greet me.

That led to a lot of distress, both physical and psychological. We know that soldiers think of themselves as the strongest of the strong, those who are admired, feared and respected. Once we become a problem for medical reasons, we do not feel like speaking out because we will have to face both the judgment of our peers and of the chain of command, which will consider us as soldiers who no longer want to work. Unfortunately, I can confirm that is the reaction we face.

Despite my many problems, both physical and psychological, I went to the armed forces for help. They told me that if I asked for too much, they would force me to leave, because the army did not need problem cases in its ranks. So you either put up or leave. That does not make you want to ask for help; therefore, you suck it in and try to keep on marching to the beat.

Later on, when you come before the Department of Veterans Affairs, you are asked to prove that your condition is service-related, because there is nothing written down in your file. No, there is nothing in the file, because no one wants to say that they are sick. The moment you are declared sick, you are no longer a hero, but rather a zero.

I even went to the Department of Veterans Affairs to say that I needed psychological help, that I was afraid to hurt myself. A bureaucrat looked me in the eyes and told me—excuse the term—that I was a welfare bum in uniform and that I only wanted a bigger pay cheque. He told me to leave him alone.

Imagine that you are a highly capable soldier and that, within nine days' time, you fall physically and mentally ill. You no longer understand who you are and you need to muster all your courage to admit that you have medical issues. Admitting you have post-traumatic stress disorder is not an easy thing to do. I admit that I have a psychological illness. It is extremely hard to admit that to yourself. Not only do I admit that, but I have gone to look for help; but the army has told me that my stress is related to my childhood.

When I then go to the Department of National Defence, the bureaucrats there treat me like someone who wants a bigger welfare cheque and imply that my uniform is but a disguise. That is enough to keep you from returning to ask for help. You just feel like staying home and not asking for anything because you are made to feel like a costly nuisance.

People wonder why soldiers do not ask for help. It is because they are frowned upon; they are only seen as an expense. When I signed up, I did not think how much it would cost me; I gave everything that I could. I was pleased to do so. If I had to do it all over again, I would because I love my country. When I was finally diagnosed with post-traumatic stress disorder, I had the honour of receiving care. Things were quite complicated. It took over three years to recognize that I had post-traumatic stress disorder. My spouse was the one who supported me during that time. When you hear people say that family is important, that is so true.

When you enter the armed forces, as long as you are operational, you are commended for being good and strong and told to keep it up, and that your superiors have confidence in you and give you new challenges. What I love about the army is that they give you as much as you can ask for, and they will keep on asking for more as long as you can give it to them. That is highly motivating. But the day you become ill, you are told not to bother them, and they no longer want to hear from you. Therefore, the love you once felt in your work now comes from your social network.

But you have to be careful, because there are limits to what your social network and family can give. My spouse was diagnosed with burn-out, because she was the only one who took care of me, while the armed forces and the Department of Veterans Affairs told me that I did not have a problem and that my stress was childhood-related. During my childhood, I never used a C7 or sniper gun.

● (1655)

Finally, I was hospitalized at Ste. Anne's Hospital, after my spouse had been diagnosed as suffering from burn-out because she had taken care of me. She was a sound-minded woman, an ambulance attendant by profession. So she already had medical knowledge.

I was hospitalized in the only hospital for Canada's veterans, where there were only four beds for people in my generation. They only accept what they refer to as nice cases for these four beds. If you have any addictions to drugs, alcohol or medication, they do not want you. If they feel that you are aggressive, they do not want to hospitalize you in Ste. Anne de Bellevue. So the only places where you can go are the civilian hospitals. However, the staff working in civilian hospitals are afraid of us when we arrive because we have been labelled as individuals suffering from post-traumatic stress syndrome.

I told them that I was terrified, that I didn't feel like hurting anyone, that I was a man who was essentially gentle, but that I was afraid. I asked them to help me. They asked me what my problem was. I answered that I was suffering from post-traumatic stress syndrome. They confined me to my room, where I was kept in a bed and injected with tranquilizers. And yet, I had done absolutely nothing, I had not been violent in any way whatsoever. I had voluntarily asked for assistance. When you ask for help, you are confined to your room, so that does not make you want to ask for assistance again. All you feel like doing is to remain silent, to shut up.

When I was hospitalized in the veterans' hospital for physical problems, I was told that I required too much care, that I could not be given any help washing myself, etc. I replied that the hospital looked after Second World War veterans. I have the greatest respect for them, but why were they entitled to such care, but not me? I was told that these veterans were from another generation, that they had these entitlements and that young veterans had others, but not the same. I suppose that the bullets that whistled by our ears did not hurt as much as those that whistled by theirs. I have a great deal of respect for them, but I do believe that one serves one's country in accordance with one's generation, in accordance with the place where our country sends us. Why should we be treated any differently from them when we need care? Why should we beg for this care?

Despite all of this, I transferred my passion to my spouse, who joined the Canadian Forces as a reservist. She served in Afghanistan. She came back in November 2009. I supported her during 10 months. Throughout this time, when we called the Canadian Forces to inform them that Sabrina was not feeling well, that she was experiencing anxiety attacks, they told me that I knew what was happening, that I should support her as she went through these difficulties, that I was strong and that I should continue. After supporting her for six months, despite my physical and mental state of health, my spouse and I were both suffering from post-traumatic stress syndrome. Supporting a spouse is already very demanding. In my situation, I was unable to do this, but I did manage because of my love for her.

Six months later, Sabrina tried to commit suicide. I sacrificed my physical and mental health for my country, and I almost sacrificed my wife for my country. That is a heavy price to pay. When I called the Canadian Forces to request assistance and to say that I was the first responder and that I was trying to resuscitate my spouse, I was told to go to the civilian hospital and that they could not do anything for me. So I went there.

Once at the hospital, I called the commanding officer of her regiment, because she was a reservist. Earlier, the ombudsman said that this was part of the commanding officer's job. She did go to the hospital, but the only thing she told me was that she was restricted to making suggestions. It was up to the Department of Veterans Affairs to decide who should be hospitalized. My spouse was unstable and she was not entitled to be hospitalized in the only veterans' hospital in Canada. She had to be put into a civilian hospital. In the civilian hospital, we were told that she was suffering from post-traumatic stress syndrome and that they did not know what to do for her and that she should be hospitalized in a veterans' hospital. Where were we to go? Nobody wants to look after us. I brought my spouse back home and I took care of her as best I could until she was granted the great privilege of being admitted to Ste. Anne's Hospital, the only hospital for veterans in Canada. It is too late, I am no longer able to look after her. I had to leave her. We told each other that, although we loved each other a great deal, neither of us were in any state of health to be able to look after each other.

Sabrina came back from Afghanistan in November of last year. Today, the Department of Veterans Affairs is still studying how to help us. I'm sorry, it is too late.

● (1700)

Sabrina has gone back to her family, in the Beauce, and I am alone at home.

I am not the type of person who complains for fun. I can attest that I have had a great deal of time to think about real solutions.

I have been fighting with the Department of Veterans Affairs in order to receive treatment for 11 years—this member of Parliament helped me tremendously with my file and I would like to thank him —and this is the first time that I have been asked, as a veteran, what I think would be good for me. I really appreciate this opportunity as I have been wanting to do this for 11 years.

Why does the department simply not ask us this question? It is very simple: we would like to be treated like human beings.

Some people say that going to war is the greatest act of love one can show to a person as you are saying that I am prepared to die for you. When you come back to your country and you ask for help, after having been prepared to make the greatest sacrifice possible, you are told that there is no money for the "welfare recipients" in uniform who are after a bigger cheque.

I even asked government officials whether or not I could sign a form saying that I was not entitled to a pension, but that I was entitled to care. If there is a money problem, what do I need to do in order to restore my dignity? I am still waiting for the answer.

I have been submitting requests to the Department of Veterans Affairs for more than 11 years and it is still studying how it can help us.

Given these circumstances, do you believe that soldiers feel like saying that they too are ill? No. The person who says this will be dragged into the mud. The law of silence prevails. You must never say that you are sick, because you will lose your job. No one will want to hire you if you are suffering from post-traumatic stress. You must never make this mistake. And this is the message that we pass amongst ourselves.

Do you want to know the truth? You must give us an opportunity to speak. If a child speaks and is punished every time he opens his mouth, he will no longer speak.

That is all. Thank you.

[*English*]

The Chair: Thank you for that testimony.

For our first questions, Ms. Sgro, please.

● (1705)

Hon. Judy Sgro (York West, Lib.): Mr. Lacoste, your story breaks my heart. I am embarrassed as a parliamentarian to hear your story and to know that was the way you were treated, both you and Sabrina.

I guess I'd better say that I'm full of gratitude that the committee has taken up this study, because you're telling us stories that we have never heard before to the extent that we are now hearing. You shouldn't have had to do this, never mind your dear wife and what she's gone through.

To go forward to today, what kind of care and what kind of support are you getting today? This is the end of November. What kind of support are you getting today, Mr. Lacoste?

[*Translation*]

Mr. Pascal Lacoste: My physical problems are a result of uranium poisoning. The department has taken a very clear position: legally speaking, no Canadian soldier has suffered from uranium poisoning. So the only care that I have received, for my physical problems, consists of relief, the type you would give to someone who is left to die: the only thing I have been given is morphine.

With respect to psychological care, I see a psychologist every two weeks. The only thing I have been taught is how to be more accepting of my situation.

When I was hospitalized in the veterans' hospital, I would have liked to have received, like everyone, courses on sleep management, anger management and all of that, except that, when I was there, I had a big problem.

I am physically ill as well, and there, young veterans are not entitled to be physically sick, because they will not take responsibility for you. They will tell you to go and get treatment from a civilian hospital.

So I am not receiving any care, I have been shunted aside.

[*English*]

Hon. Judy Sgro: In what year did you go abroad for service? You said it was 14 years ago. Was it 14 years ago that you went abroad in theatre?

[*Translation*]

Mr. Pascal Lacoste: I spent 14 years in the Canadian armed forces. I left the Canadian armed forces in 2005, and I went to Bosnia in 1995 and 1996. I went to East Timor from 1999 to 2000.

[*English*]

Hon. Judy Sgro: How old were you when you started going into theatre, then?

[*Translation*]

Mr. Pascal Lacoste: I was 20 or 21 years old.

[*English*]

Hon. Judy Sgro: And you were a healthy young man?

[*Translation*]

Mr. Pascal Lacoste: Absolutely. I was training with the biathlon team for the 2002 Olympic Games. I ran 10 km in 29 minutes and 38 seconds. I was the third fastest runner in Canada and I belonged to an elite unit of the Canadian army. I was an exceptional soldier who participated in competitions all over Canada.

[*English*]

Hon. Judy Sgro: And Sabrina, how old was she when she joined the service?

[*Translation*]

Mr. Pascal Lacoste: She was 28 years old. She remained in the army for two years. About a week ago, she was released from Ste. Anne's Hospital. Exactly a year ago today, she returned from Afghanistan.

[*English*]

Hon. Judy Sgro: We are constantly told about all of the services that are available for all of our vets coming home, and yet you talk about the kind of intimidation that you were put through as a young man, and your wife. It's totally unacceptable that in a country like Canada you would have had to experience that kind of intimidation and abuse, mentally and physically.

Are you only getting today, every two weeks, to meet with a psychologist? Is that still all what you're getting?

[*Translation*]

Mr. Pascal Lacoste: Absolutely.

[*English*]

Hon. Judy Sgro: It's just ridiculous.

Am I okay for time?

● (1710)

The Chair: You have two minutes.

Hon. Judy Sgro: We just hear so many stories here, and so many deputations from the department, who tell us about all the wonderful services that are available....

Go ahead and ask your questions, Kirsty.

Ms. Kirsty Duncan: Monsieur Lacoste, thank you for being here. Thank you for having the courage. Thank you for your service to our country. Thank you for your courage today.

I'm going to talk about the stigma, as you mentioned, while you were in the forces. When I talk to veterans, they say they can't wait to get back to Canada. They will enjoy the little things. There's this honeymoon phase when you get home, and then alcohol and drugs, sometimes, to dull the pain. Then you want to go back, because you don't fit in here.

They feel that if you come forward and ask for help, it can be seen as weakness by chain of command. It can be a career stopper. You're taught to bottle anger. It's weakness to show emotions. Then, when you ask for help, as you have, with post-traumatic stress disorder, it's hard to ask for help. It's hard to talk. Yet when you have the courage to ask for help, you're not given the help, and there's such urgency around getting the help.

Can you tell us three things that you would have expected that would have helped you and then helped your family?

The Chair: I'm sorry, but we'll have to get to that on the next round. We are past seven minutes.

Monsieur Vincent.

[*Translation*]

Mr. Robert Vincent: Thank you, Mr. Chair.

Thank you, Mr. Lacoste, for being here today. Earlier, the ombudsman said that in 2009, “the House of Commons Standing Committee on National Defence estimated that, of the 27,000 Canadian Forces members who had served in Afghanistan between 2002 and 2008, approximately 1,120 could exhibit symptoms of post-traumatic stress disorder”.

My question is very simple. If 1,200 soldiers were diagnosed with post-traumatic stress disorder, and if there are only four beds in Ste. Anne's Hospital, does this present a problem?

Mr. Pascal Lacoste: We have an enormous problem, because the four beds in Ste. Anne's Hospital are only for what the officials call “nice cases”, which means that these cases have no problems with aggressiveness, drug dependency or alcohol. Civilian hospitals do not want to have anything to do with us.

Earlier, the lady said that by resorting to alcohol and such things, soldiers try to medicate themselves to relieve the pain, to extinguish that little voice within them that is crying out. It is true that many people will try to find solutions by themselves.

This is because of the way the system is built. First, you must not talk. Secondly, if you need help, your file will be reviewed for an indeterminate period of time. During that period of time, the family has to put up with you.

One thing that people must know is that we are contagious. This means that when someone is living with you and suffering from post-traumatic stress disorder, and if he is always awake, he suffers from insomnia and from many painful emotions, the people around him suffer enormously from a feeling of helplessness. They would so much want to help us, but they cannot do it, they have neither the tools nor the knowledge to help us.

The longer we wait before taking care of the soldiers, the more people around them get contaminated, and the more the problem spreads. As time goes on, veterans are getting less social support, because people are no longer able to put up with us. I had to tell my spouse that she had to leave, that I no longer had the energy to take care of her, that we were actually destroying each other. And so much for the family.

The Department of Veterans Affairs should open new beds and, especially, it should open crisis centres. When a soldier has flashbacks of combat as soon as he gets home, it means that he is really not well. There are flashbacks of combat, the smell comes back. He becomes dangerous for himself and for others. He has nowhere to go.

I am one of the veterans working with the OSISS. I was trained as a volunteer peer helper. All that we can do for that person is to try to contain the problem and to bring him back to the here and now. All we have are improvised treatments that we administer to each other.

Another proof that there are gaps and that there is not enough care for us, is that we, as veterans, have to found groups like Veterans Canada to help each other. There are no adequate tools for us.

● (1715)

Mr. Robert Vincent: When you see that there is something wrong, when you realize that you are doing things that you would not normally do at home, what happens in such cases?

When you go to see your superior at the base and you tell him that you haven't been home for two days, that you are sick, that you do not feel well, do they take you in hand?

Mr. Pascal Lacoste: No. The first thing they tell us is that we should stop complaining because the door is right there, and that they will put an end to our contract. They threaten us, they tell us that if we can no longer wear the uniform, then we must turn it in.

And then, in my case, although I went to see a social worker on my own, they closed the door on me. I went to see the chaplain to tell him that there was something wrong with me. After pressure from the chaplain, I ended up going to see an army psychologist. He studied my case and he told me ultimately that my stress was due to my childhood and not to military service. Once, I went there because of a problem with my back. My regiment's doctor told me that he had the authorization to treat 10 cases for back problems, and, since I was the 11th, he asked me to come back the following month.

Mr. Robert Vincent: Tell me about your problem with uranium. What is happening? Tell us about the uranium issue?

Mr. Pascal Lacoste: When I applied for a pension for heavy metal intoxication, including depleted uranium, I was told—

Mr. Robert Vincent: How did you get diagnosed with this? Why was that diagnosis not accepted?

Mr. Pascal Lacoste: It is very simple. When I came back from the mission in East Timor, I lost 35 pounds of muscle mass in 9 days. I went to see army doctors who told me that there was nothing wrong with me, and to stop bothering them, because there was nothing wrong with me.

I am fortunate enough to have a friend whose father is a doctor. He told me that on the contrary, there was something wrong with me and that he was going to give me a check-up.

I received analyses from civilian specialists—because the army found strictly nothing at all. I passed tests proving that I am 61 times more radioactive than the acceptable limit. When I came back with medical proof to the military authorities, I was told two things. The first was that I had no right to get medical care from civilian doctors. Secondly, they told me, and they were laughing, to forget that because, legally, no Canadian soldier has ever been intoxicated with uranium.

Mr. Robert Vincent: Where did this uranium problem begin?

Mr. Pascal Lacoste: It began in the Bosnia mission in 1995-1996. There was also some during the first Gulf War. Currently, there is uranium in Afghanistan.

The bullets of the heavy machine guns on tanks are made of depleted uranium. Depleted uranium is a metal with a density that is much greater than the density of steel, and so it is better for piercing through the enemy vehicle's armour. Given that depleted uranium is waste from nuclear power plants, it is not very expensive.

There is one problem. When the shell hits the enemy vehicle, it fragments into microdust. This radioactive microdust, when it is breathed in, goes through our lungs, then through our blood system, and ends up taking residence in the bone marrow. This creates a degenerative illness that is enormously similar to multiple sclerosis.

Mr. Robert Vincent: What measures would you recommend to help people who are suffering from post-traumatic stress disorder or from a degenerative illness?

Mr. Pascal Lacoste: It's very simple. There's a huge communication problem between the Department of Veterans Affairs, the veterans and the active military. The military use the military jargon and the veterans affairs department administrators use administrative jargon. We'd need an intermediary because a soldier and an administrator don't speak the same language. They can't understand each other. What's needed is simply for a social worker to participate in the process.

The soldier would go talk to the social worker who, with his or her medical knowledge, would be in a position to adequately analyze the needs of this veteran. The social worker would then be responsible for discussing this with the administrators at the Department of Veterans Affairs. Veterans who are suffering from post-traumatic stress syndrome and who have trouble even putting up with themselves are asked to explain their needs. For my part, I don't know what those needs are, but I know I'm in distress. I don't have the skills necessary to say what my needs are. However, I can tell you about my problems. From that point, it's very simple. The soldier should only have to talk to the social worker. That social worker would then conduct a professional analysis and refer that person to the appropriate care and services.

Moreover, if the veteran spoke to a social worker rather than an administrator, the social worker could ensure follow-up of the veteran's file. Right now, the soldier always has to beg and justify every request. As I said earlier, veterans are always seen as people who want a bigger cheque. We want care. We're simply asking to be treated like human beings. I think that if we proceeded like—

● (1720)

[*English*]

The Chair: We have to go on to the next question. We've gone a little over time.

Mr. Stoffer, for five minutes.

Mr. Peter Stoffer: Mr. Chairman, thank you very much.

To Pascal, thank you very much, sir, for coming today—and for bringing your good friend Daniel. If he's your buddy, you can't be all bad, I'll tell you. He's one of the best around.

I have a couple of questions for you. You talked about the psychological and physical concerns that you're going through. The people who are supposed to help you talked, in my view, very demeaningly of you. They were not very respectful of what you had done to serve our country.

Not now, but in the future, can you give us some of the names of those people who you were talking about and the things they said to you? I would love to have those names.

We hear from Mr. Natynczyk, the CDS, and Minister MacKay that the “Be the Difference” campaign was very successful. It is obvious that there are some people in the military who didn't get the message. This has to stop, and the only way it's going to stop is if we can identify who these people are and have a little chat with them to make sure that the next veteran does not get treated this way.

Even the ombudsman said that there are consequences for individuals who fall through the cracks. It's often devastating and long-lasting.

It is obvious, by your testimony, that you and your wife have fallen through the cracks. And it's obvious that the difficulties you're having are very devastating to you and your family. I'm very, very sorry for what you and your wife are going through.

I was wondering, sir, if it would be possible for you to advise us of what you're getting financially from the department in terms of your pensions and your pay at this time.

[*Translation*]

Mr. Pascal Lacoste: I will answer your first question. You want a name? The director of the Veterans Affairs Canada office, Quebec City district. When I asked for psychological help at the outset, public servants filed a complaint against me with the police. They said that I wanted to assault them and that I had threatened them. They said that I was armed when I made those threats. When I asked what kind of weapon this was, a public servant answered that it was a knife and another one said it was a pistol. I didn't threaten anyone; I simply said that I really needed help. The director of the Veterans Affairs Canada office, Quebec City district, who held that position from 2000 to 2003, is aware of the entire case.

With regard to my pension, these people linked all my health problems to post-traumatic stress. My knee problems, my irritable bowel, my chronic fatigue, my chronic pain and my post-traumatic stress were all lumped together under the same banner. Yet I don't know anyone for whom post-traumatic stress leads to knee problems. Could it be that my knee problems are related to the fact that I was in the infantry for 14 years and that I was a paratrooper?

I receive a pension of about $2,600 a month. I'm not sure of the exact amount. The problem is not only my pension; it's especially the care. The allocation of care is defined in an extremely rigid predetermined chart. It's the veteran who has to adapt to the chart and not the reverse. Do you understand what I mean? For my part, I fall between two charts. But immediately, they assessed my case as corresponding to the lower chart's criteria. Therefore, I do not have access to the care required by my condition.

When my spouse was deployed in Afghanistan, I received care through provincial services. They were the ones who took care of me, who provided the amount that the department refused to pay. The benefits I receive to cover my care are inadequate given the state of my mental and physical health. Despite that, the people at the department say that they're conducting studies. They've been studying my file for over 12 years. In the meantime, I'm not receiving the care and services required by my condition. These people say that they understand my situation but that my case does not correspond to the criteria in the charts.

● (1725)

[*English*]

Mr. Peter Stoffer: Your concern with Ste. Anne’s is very real, because Ste. Anne's Hospital right now is in the process of being divested to the Province of Quebec. In fact, the top two floors of Ste. Anne's Hospital right now are for civilians, not for military personnel. Your concern about Ste. Anne's is very real, because the future of short-term and long-term care for veterans is rather precarious. We don't know what's going to happen to the modern-day veterans when they need that short-term and long-term care across the country, so thank you for raising that.

The Chair: Thank you.

We'll go to Mr. Storseth, please.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you, Mr. Chairman.

Mr. Lacoste, thank you for your service to our country and for the continued dedication of both you and your family for service to our country. I don't think that can be said enough.

I have lots of questions I'd like to ask you to get as much input from you as possible about the changes that need to be made, but first, since I have two military bases in my riding, I always find it important to ask this: which unit did you serve with?

[*Translation*]

Mr. Pascal Lacoste: I was a member of the paratrooper company of the Royal 22nd Regiment.

[*English*]

Mr. Brian Storseth: Thank you.

One thing that's always tremendously frustrating for me—and I hear this all the time in my riding with service men and women—is the comments that are made about the lack of proper documentation, the bureaucratic nightmare. Quite frankly, when you're serving, when you're out on the back of a half-ton or you're out on the range, you're not going to sit down and do all the proper paperwork because you sprained your knee or hurt your back.

I mean, it drives me crazy that you're put in such a rigorous, intensive job, and the bureaucrats have such a high level of demand for our soldiers when it comes to reporting injuries and having it all properly assessed.

This leads me to a question on something you've brought up a few times today. Do you believe the men and women of our Canadian Forces would be better served if at least some of the front-line workers with Veterans Affairs were former CF members and had a better idea of the mentality and some of the things you've gone through as a Canadian Forces member?

[*Translation*]

Mr. Pascal Lacoste: There's no doubt that that would help a great deal in understanding the needs.

As I said earlier, the big problem as I see it is one of communication, because the veteran has to talk to administrators. There's no human side here. I think that there's an essential element missing here which would be a social worker. The veteran should be adequately assessed by a social worker. Then that social worker would work with the administration.

When it comes to understanding post-traumatic stress syndrome, it is true that we find out whether or not we're cut out to be a soldier the minute bullets start whistling past our ears for the first time. From that point onwards, something really incredible happens inside us. That primitive instinct kicks in and we know whether or not we're cut out for this.

We recognize each other. We have enormous respect for each other and indeed there is a problem of trust. Veterans are afraid of the system. So if another soldier approaches them, from that point on that trust is much easier to establish. But people are very suspicious.

Yes, I'm a volunteer caregiver, and it is true that as a caregiver and as a soldier suffering from this problem, it's much easier to just talk about it with a brother or sister in arms, because there is a nuance here. You don't feel judged. You feel supported and that's what we need.

[*English*]

Mr. Brian Storseth: Thank you.

You made a comment—I got this through the translation here—about being kind of trapped under the inferior charter. The system you were put through is much different from the current system with the Veterans Charter.

Neither one is perfect, for certain, but do you have a comment on which system is better? Is it better now?

● (1730)

[*Translation*]

Mr. Pascal Lacoste: Personally, I don't like the new charter, because a large lump sum of money is given to someone in poor mental health. That money will not be adequately used.

I am covered by the old charter, and I receive a certain amount every month. That takes away an awful lot of stress. We know that soldiers who suffer from post-traumatic stress syndrome have a lot of trouble finding a job. Receiving monthly benefits creates a certain stability. We know that the rent will be paid and that there'll be food in the refrigerator.

I'm completely against the new charter which pays a lump sum to someone who has difficulty managing their affairs because of their circumstances. Soldiers often feel that this provision of the new charter means that once the cheque has been cut, the government no longer wants to be bothered with them.

[*English*]

Mr. Brian Storseth: That is certainly a valid concern we've heard, Mr. Lacoste, although a lot of other things have changed with benefits, and with ability to access educational training and so on. Do you feel that's better or worse under the new charter? I agree with you when it comes to the lump sum.

[*Translation*]

Mr. Pascal Lacoste: When it comes to training, here again, no social worker really assesses our needs. It's a bureaucrat who decides whether or not we're in a position to receive training. Does that bureaucrat really have the qualifications to analyze our case and assess it? I really doubt it.

Personally, I've been waiting for two years. The charter would allow me to go back to school, but I've been waiting for a decision from the department for two years. They are evaluating whether or not they should authorize me to do so.

Right now, I'm in school at my own expense and I'm not waiting for the system to decide how to run my life, because I'll be too old once the decision is taken.

[*English*]

The Chair: Thank you, Mr. Storseth.

We'll now go to Ms. Zarac, please.

[*Translation*]

Mrs. Lise Zarac: Mr. Lacoste, thank you very much for appearing here today.

I am sure that this took a great deal of courage. I apologize for my emotional reaction; I was not expecting to hear testimony like this here today. This really goes against what we've heard up until now. So thank you very much for shedding light on what you went through and what certain other people probably went through. This is not the care that we're told is provided for veterans. This is certainly not the kind of care that should be given to our veterans. So thank you very much for your testimony.

[*English*]

Mr. Chair, I would ask for unanimous consent that we send Mr. Lacoste's testimony to Minister Blackburn and Minister MacKay for immediate action. I think it is outrageous what happened to him, and they should be aware of what's going on.

The Chair: Do I have unanimous consent?

Mr. Brian Storseth: What is the request?

Mr. Greg Kerr: To clarify the motion, the request has already been made that the tapes be sent to the ministers—or at least to Mr. Blackburn, and we can add Mr. MacKay.

Mrs. Lise Zarac: The request has been...?

Mr. Greg Kerr: We've already just made the request that the tapes go.

Mrs. Lise Zarac: Oh, okay. You've requested? When was this done?

Mr. Greg Kerr: We just did it—

Mrs. Lise Zarac: Okay. But I think we should make it official.

Mr. Greg Kerr: That they be sent.

Mrs. Lise Zarac: I think this committee should make it official, yes, please.

The Chair: Okay.

Is there unanimous consent?

Mr. Brian Storseth: Could you read the motion?

An hon. member: Read it out.

Mrs. Lise Zarac: The motion is that Mr. Lacoste's testimony be sent immediately to Minister Blackburn and Minister MacKay for immediate action.

The Chair: Okay.

You've heard the motion.

Mr. Brian Storseth: I guess my question, Mr. Chair, is what immediate action? I agree we need to send it, but what immediate action? I think you need to have a directive.

Mr. Peter Stoffer: [*Inaudible—Editor*]...change it to “response”, because they'll respond....

Mrs. Lise Zarac: Okay. That's what was meant, yes.

Hon. Judy Sgro: Perhaps we can just clarify that.

If “immediate response” means more of what Mr. Lacoste has already heard, which is more of, “Well, we have all of these charts and all of these things”, which is what we hear—and I'm speaking for us here, I think—what we'd like to see is some action taken.

I'm sure both of those ministers are good, competent ministers and will take immediate action. I don't want to see them just send a letter saying, “So sorry to hear you've had trouble. We are making changes, and in the future everything will be wonderful.”

I think if we send it asking for action, both ministers will do whatever they can to assist Mr. Lacoste with some of the issues.

The Chair: Mr. Stoffer, and then Mr. André.

Mr. Peter Stoffer: Very quickly, in fairness to the Minister of Veterans Affairs and the Minister of National Defence, they haven't heard this testimony. I think it's only fair that we send it to them and allow them to respond. If their response is inadequate to us, then by all means, we can do more. But in fairness to them, they need to be able to respond.

As well, Mr. Lacoste also needs to hear what they can or cannot do.

We have to at least allow them the chance to respond to it properly first. I think that's only fair.

● (1735)

The Chair: Okay.

Mr. André.

[*Translation*]

Mr. Guy André: First of all—and briefly because we need to continue hearing from the witness—of course, they must give us a response, but there must also be an evaluation report on the services that were not rendered to this person. There really must be a review of the entire process. We should also send soldier Couture's testimony from last week, which is quite similar. Soldier Couture experienced some of the same situations.

Therefore, I would add the following to Ms. Zarac's motion: that we also send that report to Minister Blackburn and—

[*English*]

The Chair: All I can say right now is this: isn't that what this whole inquiry that we're doing is about, getting those answers on where things are? If we're going to do a report and ask for reports on every individual who's before us, we're going to have a lot of reports.

I would suggest that we entertain the motion that has been put before us and that we do send that request on to the ministers. But let's leave it until we do our report to do the.... We can make some individual requests at that particular time.

Mr. André, a little bit more, and then Mr. Kerr.

[*Translation*]

Mr. Guy André: Ms. Zarac is moving a motion and I am seconding it. I simply would like to add soldier Couture's testimony.

Do you have a motion, Ms. Zarac?

Mrs. Lise Zarac: Yes.

[*English*]

The Chair: Okay.

Mr. Kerr.

Mr. Greg Kerr: Mr. Chair, I'm very much aware of where Mr. Stoffer is coming from. He's been around this process a long time.

There are a couple of things. First, the committee has no business getting information back. You're into the privacy side then, and that's not where we want to go. I understand that.

But the point is, I think, that it's appropriate for the committee to point out that members have heard some disturbing testimony today and want the minister to be aware of it, to consider it, and respond accordingly. That's about all we can do.

We're not in a position where we can order ministers to do anything.

An hon. member: That's right.

Mr. Greg Kerr: We don't have the authority to do that.

I think even the fact that the motion is coming forward is pretty strong in itself. We can sit around and debate wording forever, or we can get on with this and get it done.

The Chair: Mr. Storseth.

Mr. Brian Storseth: Thank you, Mr. Chairman.

I agree with Mr. Kerr that this is something where.... I mean, Mr. Lacoste has specific individual needs that need to be looked after—I agree 100%—but we can't just request that the minister take action. That's very broad.

We need to get together as a committee at the end of this and make specific recommendations. Honestly, it's the committee's job; if we feel there's something that's not being done and we're not getting the truth from bureaucrats or the real side of it, then bring the bureaucrats back in here and grill them and make sure we get to the bottom of it.

That's how we benefit Mr. Lacoste and other veterans and members of the Canadian Forces the best.

The Chair: Okay.

Mrs. Zarac, first, and then Mr. André....

You have a point of order?

[*Translation*]

Mr. Guy André: Mr. Chair, I would like to make a point of order. I would put this discussion off until our next meeting. We should immediately finish hearing from our witness. There are five minutes left. Do you agree with me?

[*English*]

The Chair: Mrs. Zarac.

Mrs. Lise Zarac: I think we would all agree to just send the testimony, but we would like to maybe give a delay of 30 days to get the answer.

I think that would satisfy everybody.

Hon. Judy Sgro: Are we talking about a response?

Mrs. Lise Zarac: Yes.

Hon. Judy Sgro: So it's asking for a response, not action?

Mr. Greg Kerr: I'd say it's looking for an appropriate response. You can't put a time on it or tell them what you need.

Mrs. Lise Zarac: You don't want it to be six months from now.

Mr. Greg Kerr: No, no, understood, but in fairness, Mr. Stoffer said that. The committee can always decide, look, this is not fast enough and this is not good enough. Okay? But I think the appropriate thing is that the message goes to the ministers that this is serious and we want them to look at it and consider the appropriate actions. We don't want to get into telling them what to do.

I think we're almost out of time, so we'd better decide.

The Chair: Monsieur André.

● (1740)

[*Translation*]

Mr. Guy André: Can we complete our three-minute period with the witness?

[*English*]

Mr. Colin Mayes: We have a motion before us.

The Chair: Do we want to vote on the motion that's in front of us right now?

Mr. Greg Kerr: Or do we want to finish the hearing?

[*Translation*]

Mr. Guy André: Yes, I am in favour of that.

[*English*]

Mr. Greg Kerr: Do we know what the motion is?

The Chair: The motion is that Mr. Lacoste's testimony be sent to Minister Blackburn and Minister MacKay, asking them for a response.

All those in favour?

(Motion agreed to [See *Minutes of Proceedings*])

The Chair: Okay. That will go.

We have about three minutes now.

Mr. McColeman.

Mr. Phil McColeman: Thank you.

I'd like to thank you as well, Mr. Lacoste. Your testimony is very personal, very emotional, and obviously you can sense from both sides of this table that we would like to see if we could develop some immediate action.

I'd be very interested to know, in terms of background, after you suffered your injuries.... Were your injuries the result of you having to discontinue your service as a soldier? In other words, when you came back were your injuries career-ending in terms of your ability to be a soldier?

[*Translation*]

Mr. Pascal Lacoste: Yes, I had to leave for health reasons. If I had my way, I would still be wearing the uniform.

[*English*]

Mr. Phil McColeman: Okay.

I'm interested in going down the road that I think Mr. Stoffer was going down. It revolved around the things that you hoped to achieve, I suppose in the future, and you mentioned education.

Can you share with us what it is you're studying and what it is you hope for yourself in terms of your personal goals down the road?

[*Translation*]

Mr. Pascal Lacoste: I spent three years as a teacher in a police technology program. I specialize in emergency care. I am studying to further my emergency care knowledge. I am unable to teach full time because of my physical condition. However, it is very important for me to be an active citizen. I believe that life is a challenge, and I am giving it all I've got.

[*English*]

Mr. Phil McColeman: I think one of the things I picked up from the other questioning and the answers that you gave was that it's very important—absolutely critical, in fact, in my mind—that with regard to the individuals who perpetrated this horrific psychological feeling you've had coming back and feeling the way you do, we need specific names.

I know you offered one name, but obviously, from your story, you've gone through a whole series of events that have brought you a lot of stress, creating the situation you're in today. Is it possible, or are you prepared, to give us specific names of individuals within the system?

[*Translation*]

Mr. Pascal Lacoste: It is very simple. I am only one among many. I am single, without any kids, and both my mental and physical health are ruined. I was told that I do not have a very long life expectancy. I can no longer afford to please. I am here to bear witness. I am a man of integrity. Even if I were to give you names, that would not help all those who are experiencing the same problems. I simply have the courage to say what everyone else is thinking. I did not come here for Pascal Lacoste, but to advance the cause of Canadian veterans.

[*English*]

The Chair: Thank you.

I'm sorry, but we do have to bring this meeting to a close.

I thank you very much for your personal testimony here today and for all you've done for the country.

Some hon. members: Hear, hear!

The Chair: The meeting is adjourned.

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