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Chair

Mr. Gary Schellenberger

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● (1530)

[*English*]

The Chair (Mr. Gary Schellenberger (Perth—Wellington, CPC)): I'd like to welcome everyone here today to meeting number 34 of the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are studying combat stress and its consequences for the mental health of veterans and their families.

For this first hour, we have a witness from Veterans UN-NATO Canada, Denis Beaudin, the founder.

Mr. Beaudin, could you give your presentation, please, sir? Try to keep it as close to 10 minutes as you can. It can go a little bit more. You will have an opportunity to respond to I'm sure many of your issues in the questions we ask.

Please go ahead, sir.

[*Translation*]

Mr. Denis Beaudin (Founder, Veterans UN-NATO Canada): Thank you for inviting me to appear before the committee today. My name is Denis Beaudin. I am a retired master corporal; I retired from the Canadian Forces for medical reasons. I served from 1977 to 1993. I served in Germany from 1978 to 1981 for NATO, and in Cyprus from March to September 1985 for the United Nations.

I am the founder of Veterans UN-NATO Canada, a private group that I formed on January 4, 2008. I represent approximately 2,000 veterans, both active and retired members, most of whom are dealing with post-traumatic stress. I, myself, was diagnosed with the disorder in 2005.

I came here today to give you some insight into the challenges that a Canadian Forces veteran with post-traumatic stress disorder has to face in order to receive treatment in VAC clinics.

First of all, the challenges vary depending on how remote the person's region is. I am from Saint-Jean-sur-Richelieu. The Ste. Anne clinic is very close, only 70 kilometres away. I have a car, and I can get there easily. But someone living in Rivière-du-Loup or some other remote area of Quebec or another province—because our group has members from across Canada, from the east coast to the west coast—has a much tougher time.

The group's mission is to save lives. We work to take guys off the street and to get them the help they need, after they have given up trying because the system was just too difficult to navigate and too complicated. Just trying to get the department to recognize your illness is a battle that requires a tremendous amount of energy. I take nine pills a day. That gives you an idea of the kind of sacrifices I have to make on a daily basis. I take pills to help with panic attacks. I will try to stay as calm as possible today.

Let me ask you something: Is it normal for a guy, a veteran like myself, who goes off at 17 or 18 to fight for his country, to have to fight his country for treatment when he comes home sick, riddled with problems and trying to get his condition diagnosed?

That is totally unacceptable to me. When a veteran is diagnosed with post-traumatic stress, it has taken two years just to have his condition recognized. Sometimes it takes three years, because he might not know he is ill.

We have major health issues, problems with aggressive behaviour and intolerance; we seek out psychiatrists or family doctors because we do not even know we can get help from the forces. We are referred to psychiatrists, private psychologists, for assessment. They are civilians with no knowledge of the military system or what we have gone through. It is extremely difficult to confide in civilians because they do not understand where we are coming from; they do not speak our language.

One of the biggest problems related to my post-traumatic stress is that I do not have any friends who are civilians. And I will never have any because I cannot understand them. There is even a major void when it comes to close family members because I cannot maintain a normal relationship. At parties, I stay in the kitchen and do the dishes. I isolate myself because I have no interest in anything anyone is saying or doing at the party; I am so disconnected from all that. I am in another world. And I am not the only one in that boat. That is how all the veterans I have spoken to in our group feel.

We feel that the system has left us out in the cold because the hoops we have to jump through are absolutely ridiculous. I see my psychiatrist once every two months so she can renew my prescription and check on my transition to daily life as a civilian. I used to have an hour with my psychiatrist, but now I get just a half-hour because of budget cuts at the Ste. Anne clinic. Some of the doctors who have been treating us are at odds with the hospital over those cutbacks and have even chosen to leave.

● (1535)

And the hospital does not replace those doctors, so when you go back, they are simply gone. You are always having to start over again with a new psychologist or doctor. It is incredibly difficult to see a new doctor when you have already confided in another person and finally reached the point of being able to tell that person what you were feeling and what was going on inside of you. And, as a result, you end up isolating yourself, refusing to access help, cutting yourself off from society, becoming very depressed and, in some cases, turning to alcohol or drugs. That was not the case with me; I never took any drugs. And thank God, because I could have easily given myself over to drugs. I probably would not be here today if I had. But I have experienced everything else. What are you to do? Suicide is the last resort, or if you are lucky, you may meet a comrade you served with who has already gone through the process, who can give you advice and try to set you up with people at the clinics or Veterans Affairs. But the people at the department are more used to treating veterans of World War II or the Korean War. I am not talking about the First World War, because as we all know, those veterans are quite old. I do not think any of them are left; God rest their souls.

It is very difficult for VAC officials to see things from the perspective of the new generation of veterans; they are used to taking things lightly with veterans who are older. Today's generation of veterans is 35, 40, 45 and 50 years old. “Veterans” is quite the label, but not even the clinics or department officials see us as veterans. In their opinion, a veteran is 80 years old and needs a walker to get around. I do not know what their image of a veteran is, but we have taken part in missions, given everything we have, sometimes even our lives. Many of my friends, my comrades in arms, are gone. And they deserve just as much care and support as our brothers who fought in World War I, World War II and the Korean War do. We expect the Department of Veterans Affairs to treat us the same way.

When I was admitted to the Ste. Anne clinic, I had to sign a lot of forms. I had to promise not to be violent or impolite, not to break the rules. With those kinds of conditions in place, the Ste. Anne hospital, as well as all the other clinics in Canada, are relieved of any obligation to treat a veteran whose case is serious but who cannot respect the rules. That is why you do not see the clinics dealing with serious cases, just light ones, where guys like me go in once every couple of months or every three weeks. The clinics are not equipped to deal with any severe cases; they do not have the space, the beds, to care for those veterans. When a bed is available, as soon as the veteran breaks any of the rules or becomes the slightest bit intolerant, he is kicked out the clinic for being violent or disruptive. Then the province steps in. In Quebec, the provincial medicare system takes care of those veterans, and that does not factor into the department's statistics. The number of veterans who receive care through the civilian health care system is not recorded by the Department of Veterans Affairs, which distorts the figures and makes them inaccurate.

Personally, I think my case was severe enough that I could have stayed at the clinic. But I felt so uncomfortable with all of the restrictions I was under there that I chose to go home, because I was scared that I would be denied treatment. And that goes for many of my fellow veterans as well; they decide not to stay in hospital because they fear that if they ever lost control of their emotions, they would be kicked out and would lose their place in the system, making them ineligible to receive treatment in the future. So they take all their little problems home with them in the hope that the clinic will continue to treat them.

● (1540)

When someone is diagnosed with PTSD—post-traumatic stress disorder—the doctor who has been treating the patient for a year at one of the clinics across Canada, sends a report to the Veterans Affairs office in Charlottetown. For example, a doctor in a private practice may say that he has assessed the level of your disability resulting from PTSD at 50%, that it is categorical and that it is related to military service. He will then send the file to the officials in Charlottetown. Who are those officials? I have no idea. Are they doctors? I have no idea. It takes six months, a year or even a year and a half before they send the reports back. In more than 95% of cases, their determination is negative; the officials disagree with the doctor's assessment. Does that mean that the patient was treated for nothing, that they took medication for a year and a half for no reason, that the doctor was incompetent and misdiagnosed the patient? Who are these department officials in Charlottetown to change the diagnosis of health professionals, whom we had trusted for the first time?

Veterans are told to file an appeal. In 95% of cases, veterans have to appeal the department's decision. In many cases, patients have to obtain a second medical assessment and opinion. I challenge you to find a doctor today! It takes six or eight months just to find one who will accept you as a patient. As soon as the department deems the PTSD diagnosis invalid and the patient appeals that decision, the person ceases to receive treatment. That is one of the major roadblocks. The file goes back to Charlottetown, and the case goes to appeal.

When your appeal is heard, you must appear in a room about this size in front of two people whom you do not know and who barely introduce themselves. They say they are there to make a decision. You have to start from scratch and retell your whole story. You have been struggling for three or four years, so you are burnt out, exhausted. You are taking seven or eight pills a day, and you still have to prove that you are sick. The power is in these people's hands.

In 70% of cases, the decision is favourable. Strangely enough, your appeal is successful. But instead of 50%, they determine that your level of disability is 10%, which makes a difference—a 40% difference. That is just one example. Some people are originally diagnosed with a disability assessment of 70% or 80%, but end up with an assessment of 15%, when all is said and done. Then there is another problem: the percentage is split up. That is something new. For 20 years, that was not the case. I received a pension award further to a disability assessment of 25% related to back problems. In 1995, the award was not split as it is today. Now it is doled out in fractions. They split up your 10%. They acknowledge that the system is responsible for two-fifths of that 10%. So the person gets 4% of their pension. They are sitting at home and receive 4% of their pension. And now, under the 2006 charter, they also get a little bit of money. In real terms, 4% of a pension is equivalent to about $10,000. Thank you very much and good riddance to you.

So you end up with another veteran in a homeless shelter, such as Maison du Père, or some other establishment with a soup kitchen. That is unacceptable, and that is what I came here to tell you. That is the problem encountered by 99.9% of veterans who are currently trying to obtain their pension or a disability award from Veterans Affairs.

Do I still have time?

● (1545)

[*English*]

The Chair: Be very brief, if you could, please.

[*Translation*]

Mr. Denis Beaudin: I just want to touch on post-traumatic injuries, both the physical and psychological. It is even worse if you have physical injuries. The wait times are longer, and members are responsible for finding their own doctors. The department used to send you to one of its doctors. At the very least, it would find you someone, but now, you have to find your own doctor.

Doctors no longer want to treat veterans, because it involves too much paperwork that requires too much time. Forget it. People just give up and commit suicide. That is why many of my comrades have taken their lives all over the country. I am here today to tell you that we no longer have the strength to fight the system.

[*English*]

The Chair: Our first question is from Ms. Sgro, please.

Hon. Judy Sgro (York West, Lib.): Thank you very much.

Mr. Beaudin, thank you very much for taking the time to come here today and talk to us. For this study we're doing, I believe we started thinking that it was a small thing, and we are clearly seeing every week just what a large issue this is.

You have indicated that you have approximately 2,000 veterans who are part of your Veterans Canada organization. Would you have any idea of the number of people—whether it's within that 2,000 or others—who have attempted to commit suicide? Because the information given to us prior to our doing this study here was that this was not a big problem, and that there were not a lot of men or women veterans who were taking their lives—possibly because some of them are being treated as civilians rather than being treated as veterans out of that frustration that you've indicated. Do you have any idea of what kind of numbers we would be talking about?

[*Translation*]

Mr. Denis Beaudin: In my opinion, out of 100 veterans, at least 15 have tried to commit suicide. That does not include those we do not hear from and cannot follow up on. It is only 3, 4 or 5 years later, that we find out they committed suicide. In the past year alone, 4 of my close friends have taken their lives. That is a lot. I would say that out of 2,000 members, easily between 10 and 15 out of every 100 have tried to commit suicide.

[*English*]

Hon. Judy Sgro: Those are very alarming numbers.

On the whole issue of the runaround that veterans seem to get, and in having to appeal their cases, it's difficult enough to get a diagnosis on PTSD initially, but you're saying that most of them, even if they're saying it's 50% or 70%, get sent back, and then you have to appeal that again and go through that very lengthy process. Is that the case for most of the 2,000 veterans who are part of your organization?

[*Translation*]

Mr. Denis Beaudin: Yes. Initially, the diagnosis comes from a treating doctor who was assigned to you in one of the clinics across Canada. That person follows you anywhere from six months to a year and decides that you should be compensated or treated—based on an assessment of 50%, 60%, 70% or more. Then the file goes to Charlottetown, and you get a negative decision back. I can tell you that, out of the 2,000 veterans in my group, nearly half have gotten such a response. And I have not even asked all of them. Regardless, it is a huge problem.

I hear about it every day. I am always talking to veterans. I spend day and night with them. I probably sleep only about a half-hour a day. My group is very active. We are everywhere. This year, I helped people who were planning to take their lives. I picked them up and kept them alive. I brought them to opening ceremonies, for example, a game that the Montreal Alouettes played at the Bell Centre in Montreal. They were there representing veterans. These people had never received any kind of recognition, and they were ill. If we had never done those things, they might not have lived to see this Christmas.

● (1550)

[*English*]

Hon. Judy Sgro: It's very alarming to continue to hear these particular comments that you're sharing with us, and I appreciate very much your taking the time to come today.

If I could ask Mr. Drapeau, we're familiar...you were here with us last week, and we've seen you come before the committee as well. As I mentioned to Mr. Beaudin, I certainly was not aware that there were as many suicides as we are hearing about, and the numbers... can you give me some comments on that?

Mr. Daniel Drapeau (Veteran, Veterans UN-NATO Canada): In my own case, which I'll use as an example, I tried twice. I didn't go to the hospital. The way I looked at it, if I jumped in front of a car, it would be an accident, my family would have the money, and at least I wouldn't be there to bother them. It didn't work—twice. I tried to do it so my family would be living after.... I'm sorry. It's not something that I talk about.

At least now I have a civilian psychologist I can call before I do anything stupid. Or I have my friend from UN-NATO. Every week we meet each other to take the pressure off.... I'm sorry. The problem with PTSD is that you can't control your emotions.

One of the big problems is that every day you live in hell, because you're back where your friends are.... Sorry.... Some days I'm stronger than this. Today is not a good day. I had a bad memory last night. I apologize for that. It's just the way it is with PTSD. Usually I'm a clown; I'm always a clown. And today is one of those days when it's hard to be a clown because my memories are coming up.

You know, one of the problems you're running with is that for a second, you had a choice. You cry and you go down when your friend dies, or you are not a coward, you're a man, and you do what you are trained to do, and you block it. After that, you can see people dying and you don't care. Twenty-six years later, after my friend died, it came back to me. I had two strokes because of that.

And the fact is that they say that there will be many new people who will come from Afghanistan. When I went there in 2005, I was there with a fellow from a war too. He was applying for it too, because as you get older, the walls you build to protect yourself against those memories fall down. That's what you are getting with those veterans now.

I was a stubborn mule for 26 years. I had PTSD. I was bad-tempered. My family had to live with it. That was hell. Now at least I know why I was the way I was sometimes. Those emotions were really bad. But you live it. You don't know about it until someone tells you exactly what you have—even though you don't believe it.

It's just a fact. We grew up proud. You are a man. Your friend dies, well, you don't cry. You have no time to cry. If you cry, you're a coward, and they kick you out. That's the way it was in the seventies. Now at least the kids have a chance to take the pressure off. When they finish in Afghanistan, they'll talk to them. For us, that didn't exist. If you went to see a shrink, you were out of the forces the day after. At least now they are doing something to take the pressure off.

For me, it's a bit too late—two strokes later—but at least I didn't kill myself. I lost three friends last year who killed themselves. They were with me. They won't know why they died. They just did it. So it won't go in the stats that they did it because of service; they just did it. It's that simple. They probably did as I did. You don't report it to anybody. You try to do it, hoping it'll work and your family will have money coming afterwards.

For me, it didn't work, thank God. They look at me and see that I'm too big for a car, and they won't hit me.

Voices: Oh, oh!

Hon. Judy Sgro: Thank you, Mr. Drapeau.

Thank you. I think God has other work for both of you to do yet.

The Chair: Thank you for that.

We'll go to Mr. Vincent, please.

● (1555)

[*Translation*]

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

Welcome to our committee. It is fascinating to hear from veterans. Other witnesses have told us that there is no problem. When I asked how often a doctor's PTSD diagnosis was contested, I was told never. I was told that the diagnosis was automatically accepted and that veterans did not have to spend years fighting the system. And here you are telling us the complete opposite, that, in actual fact, a PTSD diagnosis is contested in 99.9% or 95% of cases.

Mr. Denis Beaudin: A veteran's first application is always denied, whether it is related to a psychological injury or a physical one. You would think that turning down an application had become routine practice at the department. So veterans then have to appeal the department's decision. The veterans I am in contact with have all been told the same thing. I cannot tell you how many of them are happy that I am here today, to tell you what is going on! They asked me to tell you the real story. In reality, 90% of applications are almost always denied. I am the only one whose PTSD diagnosis was not contested. I do not know why. Perhaps it has to do with the severity of my case. For all my other claims, though—the files are all there—I had to appeal the decisions. I was denied disability for my missions, but I received it for my regular service in the forces. They are not the same thing.

Mr. Robert Vincent: You said that veterans go through the civilian system. From what you said, my understanding is that no doctor, no one is assigned to veterans, even at the Ste. Anne hospital. Veterans have to go outside the military system to receive treatment and care.

Mr. Denis Beaudin: The clinics are not equipped to take care of high-needs cases. They can handle low-needs cases, like my own, since I go to the clinic every two months. I have a scheduled 30-minute appointment with my doctor. She renews my prescription and asks me how I'm doing. Even my doctor is leaving. Ms. Lévesque is leaving Ste. Anne's Hospital, and she won't be back to treat veterans again. She even suggested that I continue seeing her at the Hôpital du Sacré-Coeur de Montréal, a civilian hospital. That should give you an idea of how things stand. When I go to the clinic for my appointment after the holidays, I will no longer have a doctor.

Mr. Robert Vincent: You said it was difficult to see a doctor and that veterans have to go to civilian hospitals. The process involved is even lengthier for someone who doesn't already have a doctor. I would like you to tell me more about this issue, since the Veterans Affairs people are saying that getting treatment is easy and that all the doctors are available. If I have understood your testimony correctly, if veterans cannot get treatment at a military hospital, they have to go to a civilian hospital. They can be treated there because their condition has been assessed.

Mr. Denis Beaudin: That's only part of it. Let's consider a person who goes to Ste. Anne's or to another clinic. I'm always using Ste. Anne's as an example, since I have chosen this clinic owing to my proximity to it. If I were living in a remote village, I wouldn't have access to Ste. Anne's because it would be too far away.

If someone's condition is assessed at the clinic and deemed to be too complex, they are refused treatment for whatever reason and have to seek treatment at a civilian facility. If they are physically injured, they don't have a choice but to see a civilian doctor, and they must find one willing to treat them. I don't have a family doctor. So, just finding a doctor is an uphill battle.

When meeting with a doctor, if the veteran wants to submit a claim to be compensated by the Department of Veterans Affairs, the doctor is unwilling to take the patient on, as too much paperwork in involved. It's almost impossible to find someone willing to treat us.

As far as the psychological treatment goes, a veteran who is lucky enough to have a psychologist won't have one for long, as all psychologists are contract employees. The Department of Veterans Affairs hires them only on a contract basis, and once the psychologists' contracts are up, they leave. Will they be replaced? We don't know.

● (1600)

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

[*English*]

The Chair: You have one minute.

[*Translation*]

Mr. Robert Vincent: You talked a bit about suicide among your colleagues, among veterans. According to other witnesses, suicide is not very common. The Canadian Forces don't seem to be all that interested in suicide. They are not trying to find out who might commit suicide and are not interested in publishing the data involved. Could you tell us about this dark side of the army we don't hear about?

Mr. Denis Beaudin: We should distinguish between serving and retired military members. Serving members are part of the National Defence system and are taken care of by that body. We, as retired members, are no longer part of that system. We are completely cut off from it. So, the Department of Veterans Affairs takes care of our needs. If a serving member is suicidal, the Canadian Forces, which have created a program for this purpose, will have the soldier undergo certain tests.

I haven't been a part of the system for a long time, but I still know serving members who give me updates. Suicides are common, and they can happen at any time. I left the military almost 15 years ago. Some soldiers who left the Canadian Forces at the same time as me have experienced no symptoms at all. However, that doesn't mean that, a year from now, those ex-soldiers won't develop symptoms and won't commit suicide. Suicides are common, they occur all the time.

The Department of National Defence and the Department of Veterans Affairs do not keep statistics on suicide. Either way, suicides are often ruled as accidents, which can take many different forms. Oftentimes, we recognize and point out those who are at the end of their rope. Those people are unable to get treatment, although they try to. They are picked on, they lose heart and end up taking their life.

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

Thank you, Mr. Drapeau.

[*English*]

The Chair: Thank you.

Mr. Donnelly, please, for five minutes.

Mr. Fin Donnelly (New Westminster—Coquitlam, NDP): Thank you, Mr. Chair.

I'm substituting for Peter Stoffer today. He sends his regrets.

Monsieur Beaudin and Monsieur Drapeau, thank you very much for being here. It's an honour to have you before the committee. I appreciate hearing your testimony.

Before I ask a question or two, I was wondering about something you mentioned, Monsieur Beaudin, which I think I need more clarification on. You said, I believe, that you have a diagnosis of 50% PTSD. Could you tell me, what does that mean? What does 50% look like? How does a doctor say it's only 50%? How does that work? Does that make sense?

[*Translation*]

Mr. Denis Beaudin: I'll tell you about how it works. We're asked to write about part of our military life and to pinpoint when we think our symptoms began. I had so much to write that I no longer knew what to put down. I wrote 50 pages. I submitted my essay to the psychologist, who examined it. After that, the psychologist met with me three times and then referred me to the psychiatrist at Ste. Anne's Hospital. I saw the psychiatrist for almost eight months, and she finally diagnosed me with the disorder.

To answer your question, I have no idea. I told the psychiatrist what had hurt me and affected me and why I woke up every night, hypervigilant and shaking. This is still a common occurrence in my life. I can't sleep with my wife because I'm afraid I'll strangle, suffocate or hit her. People with my condition are afraid of their own shadow, they become hypervigilant. Keep in mind that our experiences have turned most of us into time bombs.

How is PTSD assessed? I don't know. They determine that we exhibit port-traumatic stress symptoms at a certain level. We're talking about medical findings. In my case, after prescribing me 35 different kinds of pills, which were not always the right ones, I should point out, they came to the conclusion that I was suffering from 50% PTSD. I think I might be at 90%. Who knows?

● (1605)

[*English*]

Mr. Fin Donnelly: Yes, I don't understand how you can get a 50% determination, but....

Given what you've said, what would you suggest that National Defence or Veterans Affairs Canada could do to improve the operation of their programs and to improve their understanding of suicide?

[*Translation*]

Mr. Denis Beaudin: I'm glad you're asking me that. I met with Ms. Tining in June. I also had the opportunity to meet with Mr. Blackburn. This wasn't an official meeting, but we had a chance to chat during the Sunset Ceremony. I told him that the situation had changed in some respects, especially in the case of young soldiers returning from Afghanistan. They are given more attention, and a little more effort is made to provide them with counselling. However, the added attention doesn't change the fact that the soldiers must go through all the steps of the process. Identifying the young soldiers, monitoring them from the outset and providing them with treatment is fine and well, but if they are left to their own devices after six or eight months, if they are given a negative diagnosis, the effort will have been in vain.

I suggest we do exactly as I've done, that is, create a brothers-in-arms movement. The chain is missing a link. A link is missing between the clinic and the veterans. The brother in arms won't have to go directly to the clinic. He can say that the system doesn't work, that it's all wrong, that he's being laughed at and that, in reality, those in charge don't care about him and are dragging out his case in hope that he'll just drop it. That way, they won't have to compensate him, or provide him with treatment, and the costs defrayed by the system will be reduced.

I have created a link that enables young men to come see me. Since I have already gone through all the steps the system requires us to go through, I am better equipped to guide these young soldiers. I can at least keep them safe for a few years, while we look for a solution to the problem. I suggest that we add a link between the clinics and the veterans.

In addition, the work done by the officials in Charlottetown needs to be demystified. We are under the impression that strangers are working behind the wrought iron gates of a medieval castle. We are left wondering who these people are that are making decisions regarding the fate of those who have served their country in missions around the world. They are civilians—that is who they are—and I have nothing against civilians. However, we're talking about civilians who lack the basic understanding of the system, who judge us and who make decisions about our future, about our condition. That makes no sense.

[*English*]

The Chair: Thank you. Your time is up.

Mr. Kerr.

Mr. Greg Kerr (West Nova, CPC): Thank you, Mr. Drapeau and Mr. Beaudin. It's good to have you here today.

I just want to clarify something before I get into my questions. Are you affiliated with the UN peacekeeping association, the long-standing one? The other, of course, would have to do with NATO. Are you connected with the other groups?

[*Translation*]

Mr. Denis Beaudin: No, my group is privately organized. However, I know people from the other groups. Many brothers in arms who served with me are members of those associations. Our case is somewhat complicated because we are part of the new generation. They say people who belong to our generation are between 35 and 65 years old. Other generations have different values.

Just to give you an idea of what I'm talking about, Legion members who served in Korea are primarily concerned about Ste. Anne's Hospital remaining open so that they can continue getting treatment. I am a modern vet, I don't even have access to that hospital, sir. It will be sold for a dollar to the provincial government, and I will never be able to get treatment there. The only area we have access to is a small wing at the back of the hospital that cost $1.2 million to build. The Royal Canadian Legion put up $200,000, and the rest came from the Department of Veterans Affairs. I think that the wing has eight beds. In 2002, there were 800 patients being treated there. Today, there are only 202 patients left. They do not sleep on site because they are considered to be low-needs cases.

Keep in mind that the members of my generation and my group are spread out throughout these organizations. Three people from my organization are working in peer support at the clinics of Ste. Anne's Hospital. They are doing very good work because they are brothers in arms talking to other brothers in arms.

● (1610)

[*English*]

Mr. Greg Kerr: I'm glad you clarified that for me.

One of the things we've heard about from a number of witnesses over time is peer support, which is really what you're talking about, whereby people who have been through it and have experienced the horror and the after-effects are dealing with their friends and colleagues. There seems to be more and more interest in going in that direction.

It seems that one of the big pressures, as I think you indicated, is that for the modern vets today who are coming back from Afghanistan there are many more initiatives under way, but there's quite a gap from what was done for the traditional vet to that point. Do you think more emphasis on peer groups, those who have gone through it, those who have been in the service and are experienced, with ways to connect them up with the soldiers coming home...? Is that the right direction to be going in?

[*Translation*]

Mr. Denis Beaudin: There is already a generational gap. Those coming back from Afghanistan have a completely different view of what they went through. They are coming back to Canada with Afghanistan experience, their problems are much more specific. I think it's good to have someone talk to these soldiers, but it should be a brother in arms who has also served in Afghanistan. It shouldn't be someone like me, who served in Cyprus or Germany, as I am not familiar with their reality. They need to talk to peers who have lived through similar experiences in Afghanistan.

Let's not forget that these men will become problem cases in the future. They will come home at 23 or 24 years of age, after four, five or six missions, in addition to all the preparation for those missions. They prepare for eight months and then spend seven months in the field. They come back from a mission and start getting ready for the next one. They go through this process four times and, once they can no longer go on missions, they will feel a void. Many of them will leave the Canadian Forces because they will need the adrenalin rush, like we needed it when we came back from missions. We were unable to reintegrate ourselves into civilian life. Before life could go on normally, four to six month needed to pass, and many have not been successful in getting back on track.

I am one of those people. I had numerous problems. These young fellows will become powerful time bombs, they will develop post-traumatic stress disorder somewhere between 2018 and 2022. Many people who went to Afghanistan at 21 years of age will suffer from post-traumatic stress disorder by the age of 35, that is somewhere between 2020 and 2025. You'll then have a serious problem on your hands. The Department of Veterans Affairs will have a serious problem to deal with. It would be a wise move to establish a peer support system, as I said, to intervene right away, to provide the soldiers with treatment and invest a lot into that treatment without thinking about the dollars. You will go over budget because of what's coming anyway.

I don't know if you understand what I'm getting at. Perhaps I'm expressing myself poorly.

[*English*]

Mr. Greg Kerr: Do I still have some time?

The Chair: Yes.

Mr. Greg Kerr: What is your opinion of the OSISS clinic process? There's been quite a bit of effort made on that, where DND or Canadian Forces, working with Veterans Affairs, tries to work into a transition process. One of the reasons, as you just so clearly pointed out, is that you may not know in the first year or two or five years that you're going to have the disorder; it may take time. It seems as though working towards these clinics and identification and following through with the veteran afterwards is an important part of it.

Have these clinics played much of a role? Or have you had much time to examine the OSISS clinics?

● (1615)

[*Translation*]

Mr. Denis Beaudin: I am a patient in those clinics myself.

The clinics have a role to play, as long as they are working. If an administrator in charge of the budget cuts the number of doctors and the time for patients…

A lot of doctors are suffering from burn-out, because their decisions are always being questioned by Veterans Affairs Canada bureaucrats in Charlottetown. The clinics are losing their reason for existing. People no longer want to go to them; you feel that you are going for nothing because your doctor will not be there any more.

After the holidays, I am going to lose the psychiatrist who has been looking after me for five years. Where am I going to go? I will get a new psychiatrist and I will have to start from scratch and tell my story all over again. The clinic fulfills its role as long as the care is good and regular and the administrators want us as clients. If they do not want us, if they have budget problems…

I personally go to the clinic at the Ste. Anne's Hospital and I am noticing that I have less time with the doctor and that a lot of doctors are leaving. There is something going on with the administration.

The in-patients are major cases. I think there are just four of them at the moment.

[*English*]

The Chair: I think we may be talking about two different clinics here: the new occupational stress clinics that are working with DND and Veterans Affairs and what you're talking about, the clinics that you go to.

That's okay. It's just a little clarification, I think, on the question. That's fine.

We'll go now to Ms. Duncan.

Oh, Mr. Drapeau, did you...?

Mr. Daniel Drapeau: I'm going to give you an example for the CSIP. They're really great as long as people know they exist.

I saw a kid about two months ago who for two months fed his family with his credit card because he had no income coming in. He came from Afghanistan with PTSD. He had no support. He called the reserves, who told him his paperwork had been sent. He called CSIP and they told him they hadn't received the paperwork. I found out about it on Friday and I directed him to those fellows, and the week after, his problem was solved.

The big problem you're getting with these kids is that they don't know where to go. Although the system is there to help them, they don't have a clue that they should go there.

Mr. Greg Kerr: I appreciate that. Part of my point is that there are resources. Perhaps there should be more funding and direction, but often it's the communication to get them into the right spot.

Mr. Daniel Drapeau: For the new veterans, not us.

Mr. Greg Kerr: Thank you.

The Chair: Thank you.

Ms. Duncan, please.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thanks, Mr. Chair. Is this five minutes?

The Chair: Yes.

Ms. Kirsty Duncan: Thank you.

Thank you both so much for coming in and for having the courage to come to talk about this. While I share two stories, I will ask you to think about what would help you.

Is it that the Veterans Review and Appeal Board actually have medical people who understand this condition on the board if this goes to appeal? Is it having fewer contract workers? I heard in B.C. that veterans had seen five different people in five weeks, because they were contract workers. Is it giving veterans the benefit of the doubt? Is it programs for the partner and for the children? Is it how often people see a psychiatrist or a psychologist and for how long? I will ask you to think about that while I share these stories.

To your point, on Sunday I received an e-mail from a veteran we've been helping for two months. The e-mail was very disturbing. I had to call the veterans' crisis line as a result. What he said in his e-mail was that he had been told he has to wait three months for help. Now, they're telling us it's a three-week wait in one city, it's four weeks in another and, as Mr. Beaudin says, that's if you live in the city. What if you live in a remote area?

He was told three months. He has PTSD that he has lived with for 10 years. I phoned the crisis line. I said: “This man needs help today. Can you get him counselling?” Then I sent him an e-mail saying, “Call this number, and if you don't get help, you call me back”. His response to me last night was, “Why did it take you intervening to get me the help?”

You also talked about PTSD and anger issues and not being able to get help because they don't want to deal with it, and I have another case we're working on, so you have really raised important issues.

And now, perhaps each of you could tell me about five things that would make your lives easier that we could do to help, that the government could change to help.

● (1620)

[*Translation*]

Mr. Denis Beaudin: It is difficult for me to list priorities. But I know very well that, from the first time you meet the psychologists and psychiatrists, you need to be dealt with as a veteran, someone they want to take care of, not someone who needs to prove that he is ill. Always having to prove that you have your condition makes you feel bad. That is one thing. A lot of guys change their minds. They start to go, but the way in which some people treat them when they get there causes a problem. I am not saying everyone. Some people are very professional. I do not know if it because of the frustration because they are bureaucrats and we are maybe entitled to a pension. I do not know if that is where the problem is, but I had that experience in the process I went through. Some people really do not know how to handle us.

I also think that the clinics are not set up to meet the needs. Personally, I think that the clinic at Ste. Anne's Hospital is very nice. There is a television room and everything, but the system they have put in place makes the patient almost into a child again. You practically have to ask permission before going to the toilet. I don't feel that a 50-year-old guy, who spent his life as a sergeant, wants to go and tell a 20-year-old girl that he has to go to the toilet. Last week, I went to the Ste. Anne Hospital and I saw one of my comrades leave the clinic. He refused the care. His wife had come to see him; he wanted to talk to her and the worker told him to get on the bus and she didn't want to have to tell him again. He said that he was going to leave because, ill as he might well be, at his age, he was not going to put up with the way he was being treated anymore. I saw that with my own eyes. I was there.

Then there are the bureaucrats in Charlottetown. We have to demystify the whole idea of veterans—

[*English*]

The Chair: Please shorten your answer, because we have to go on to the next question.

[*Translation*]

Mr. Denis Beaudin: Charlottetown must be demystified. Everyone talks about Charlottetown and no one knows what it means. We have to know whether the people there changing decisions that have been made are really doctors. That will go a long way, I feel. There, I gave you three priorities.

[*English*]

The Chair: Thank you.

Mr. Lobb, you have five minutes, please.

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

The first question is for Mr. Beaudin. You made your presentation today, and I just wondered if you have any suggestions on paper, or if your organization has any—five, ten, or fifteen recommendations—showing your vision of a way forward. Maybe you sent them in and they haven't been translated. Do you have something that we would be able to include in this report?

[*Translation*]

Mr. Denis Beaudin: I was asked to appear a week ago. I did not have time to prepare a brief and to make copies. But I will get you a brief, with some suggestions. Our administrative committee will sit down with a number of veterans and we will send you a brief with suggestions. It will be done professionally. I had to come here and do this almost off the cuff, with a week's notice, and I couldn't get everything done. You have to understand that it is even difficult for me to get ready to come here. The trip from Saint-Jean-sur-Richelieu by car took five hours, in a snow storm. That shows you that I really wanted to tell you what I was feeling. I did so on behalf of all veterans. I will prepare a professional brief for you.

[*English*]

Mr. Ben Lobb: I appreciate that. That's going to be helpful, because so far we're kind of having a discussion and a lot of it is just matter-of-fact conversation, so specific suggestions and recommendations will obviously help with the quality of the report that we can put out.

I also wondered if your organization has begun to compile data on some of the points you've brought out about wait times or the length of time to visit physicians. Do you have a way to collect data that we could also share?

● (1625)

[*Translation*]

Mr. Denis Beaudin: I have started to ask several comrades of mine to give me copies of pending files and to tell me how long it has been since they first submitted their application for compensation and care. Some have been waiting for 3, 4 or 5 years. I have started to compile data, except that I need all the guys to give me the information and photocopy the files. Most of them do not have them at hand because they get them only after the decisions are made. I am trying to get all the information I can. It is very difficult to get everything in such a short time. But, yes, we have started to put files together.

When we started, that was not the goal of the organization. We did not want to get that deeply into it, but we saw that there was an awful gap. So we are now going for it. We established Veterans UN-NATO Canada to help our comrades and, as you now see, we have to come to Ottawa to give evidence because we can see the gap and no one is there to represent us anymore.

[*English*]

Mr. Ben Lobb: Yes, and specifically, one number struck me: you said that 99% of the applications—I think for a disability award—were rejected. I think if you're able to compile some data amongst your members, that would be helpful.

There was one other point I wanted to go back to. In your presentation, you talked about a 4% pension and a 4% lump sum payment for an issue you'd heard about—for someone's back or something like that. I wasn't sure if you were speaking about yourself or in general. I wonder if you could tell the committee a little bit more; I think you did 25% divided by 10, times five or something like that, and you got to 4%.

[*Translation*]

Mr. Denis Beaudin: In 1993, I was diagnosed with a cervical hernia. I got compensation at the 25% level for that. At the time, they didn't split pensions.

But when I was in the infantry with the Royal 22nd Regiment, my work required me to use my knees in a particular way. So my knees started to bother me a lot. After applying for compensation and appealing the decision twice, I got a pension. But, to my utter surprise, when I got my huge 5% pension, I saw that it had been split and that I was only being given four-fifths of it. I wondered what this new splitting was and why even more was being taken away from the little compensation we were entitled to.

I have all my documents with me, but I did not photocopy them. I have everything here. I do not know where the four-fifths or the two-fifths come from. We are given 25% or 15%, but that amount is split into fifths. So we don't actually get 25%, but two-fifths or three-fifths of the 10% or the 15% we are entitled to. That is new.

[*English*]

The Chair: Mr. André, you have the last question.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Thank you for being here, Mr. Beaudin and Mr. Drapeau. I know that it takes a lot of courage to come here and testify before us. You are doing it in an exemplary way.

I would like to discuss two things with you quickly. You talked about the link between soldiers, or veterans, and bureaucrats. Twice in two weeks, I have heard about the relationship with bureaucrats when it comes to getting services. Last week, we heard about a veteran being treated like some welfare scrounger or panhandler, or something of the sort.

Honestly, have you or your fellow veterans had situations when bureaucrats treated you with disrespect?

● (1630)

Mr. Denis Beaudin: Yes. It happened to me in 2005 before I applied for compensation for post-traumatic stress syndrome. The application did not actually come from me. Someone suggested that I apply. He convinced me that I had it and that I had to get treated for it. He said that it wasn't right and that it would turn out badly. I did not even know that I had post-traumatic stress syndrome. But I knew that my experience in the military was the problem.

So, yes, some bureaucrats are not very polite to us, especially when you call the number on the card that veterans are issued. We are often told that we are free to go somewhere else if we are not happy. Sometimes, we just get put on hold. Then we just have to hang up, because there is no one on the other end anymore. We never know where in Canada we are calling. We might be talking to someone in New Brunswick or someone in Winnipeg. We never know who we are talking to. We have to give up on the idea of calling the same person back; the same person never answers. That has happened a number of times.

A comrade of mine told me recently that, when he was in a psychiatrist's office, he was accused of trying to manipulate people. He was told that he should be happy to get the pension he was getting because other people could work for 40 years and not get that amount in their old age. That is the kind of comment that someone else reported to me recently.

Mr. Guy André: When a bureaucrat makes disparaging remarks about a soldier or a veteran, can you complain? Is there an impartial complaints committee that you can complain to? In health care facilities, like hospitals or CLSCs, for example, there is a committee that deals with complaints of bad service.

Can you complain about that bureaucrat to a committee?

Mr. Denis Beaudin: I have no idea.

Mr. Guy André: No one tells you?

Mr. Denis Beaudin: You can call from home and the person on the other end—French-speaking or English-speaking, there's no difference—does not give you a proper answer.

There is also the way you address them. If you are ill, you won't be speaking calmly and smiling nicely. You could well be getting more and more anxious. If the person on the other end interprets that as a threat or whatever, they may just hang up on you. In a case like that, you have no recourse because you do not know their name. I have asked the people I was talking to for their name and no one has ever wanted to tell me.

Mr. Guy André: You do not get the person's name?

Mr. Denis Beaudin: No.

Mr. Guy André: You do not get it even if you ask?

Mr. Denis Beaudin: I get the first name. If the person gives me the information I need and I want to call back, it is practically impossible. I cannot even call my case officer directly. I have to go through the help line. Whomever I speak to then calls my case officer who then calls me.

Mr. Guy André: You mentioned the mutual support groups that you have established for veterans. How many people are in those groups? Do you have weekly meetings?

Mr. Denis Beaudin: They meet weekly, all over Canada. In Quebec, there are about 700 or 800 of us. There is a weekly meeting in Saint-Jean, one in Gatineau—that one will be held tomorrow evening—one in Quebec City and one in Estrie. Groups of comrades get together every evening of the week.

Mr. Guy André: They are mutual support groups?

Mr. Denis Beaudin: They are all comrades in arms. Most of us served together. We have all gotten to know each other over the last 30 years. We are very close. The bond is very strong.

Mr. Guy André: The groups offer sharing and support?

Mr. Denis Beaudin: We get together because we can't relate to contact with civilians. Getting together once a week is the only way to have a normal life. That is why we started it. I started it on a small scale, but it has become a monster. Now we have groups all over Canada. If you go to my website, you will see that they are all over the place.

Mr. Guy André: I congratulate you for this initiative, Mr. Beaudin. I am sure that you are serving a good number of veterans.

Mr. Denis Beaudin: It was something I needed, and others did too.

[*English*]

The Chair: Thank you very much. We do appreciate your testimony here today.

Again, thank you for your service.

We are going to take a short break and then we'll return in camera for our business session.

[*Proceedings continue in camera*]

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