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Chair

Mr. Greg Kerr

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• (0845)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): We have a quorum. I think we'll get under way.

We'll hear from all of our witnesses and then do the rounds of questions. We're allowing an hour and a half to cover the bases. We do have some business at the end to deal with once again.

I'd like to start by welcoming all of you. We've heard some of you before. Certainly Brad is no stranger to being here. I want to say welcome to all of you and thank you for taking the time. We really appreciate it. We're into the study and we're pretty serious about trying to get some results.

We'll start with Brad and Andrea, then Tim Laidler, then Janice and Maureen from the department. It will be in that order. You each have ten minutes to present. Welcome.

I think, Brad, you wanted to start with mentioning something.

Mr. Brad White (Dominion Secretary, Dominion Command, Royal Canadian Legion): Thank you, honourable chair and members of the committee. It's a pleasure to once again appear in front of you.

[Translation]

You have before you a copy of our presentation in both official languages. Today we are going to speak in English, but we can answer your questions in French also.

To begin,

[English]

we have given each of you a pin produced by the Royal Canadian Legion. The pin is to commemorate seventy years of service of women in the Canadian Forces.

We started with 1941. Of course you know that before 1941—in World War I and other wars, and other actions—there were nursing sisters and women involved in military service, but we picked 1941 as a good position to start from. On the back of the card you can actually see some of the commemorative dates we have down there for you.

The Chair: Thank you very much for that; it's a very nice gesture.

Mr. Brad White: It is a great pleasure to appear in front of the committee again, on behalf of Patricia Varga, our Dominion President, and our 342,000 members of the Royal Canadian Legion. We offer our support to your continuing advocacy on behalf of all veterans, including still-serving Canadian Forces members, members

of the Royal Canadian Mounted Police, and of course their families. Sometimes we forget about the families as we go along this road.

The Legion has been asked to discuss the front-line health and well-being services and programs that we in the Royal Canadian Legion offer veterans and their families.

Needless to say, the Department of National Defence, the RCMP, and Veterans Affairs Canada are responsible for the provision of health and well-being services for all veterans, including still-serving members of the Canadian Forces, both regular and reserve, members of the RCMP, and their families. The circumstances and requirements for each organization are different, and the circumstances are different for the veterans as well.

Some are young, some are single, some need employment, and some are married with families. Some are still serving, and of course others have left the service. Some are healthy and others suffered significant injuries attributable or not to their service. Therefore, we believe it's very important that the Department of National Defence, Veterans Affairs Canada, and the RCMP put in place complementary policies, practices, and programs supported by a sustainable research program—something we don't currently have—with the goal of providing health and well-being programs and services based on need, regardless of when and where served, and not through a myriad of eligibility hoops.

Notwithstanding that, the Royal Canadian Legion has been delivering our programs to all veterans and their families since 1926. The Legion is an iconic cornerstone of Canadian communities, at the forefront of support for military and RCMP members and their families. Today a new generation of veterans is coming home, and veterans and their families will continue to turn to the Legion in support of affordable housing, representation, benevolent assistance, career transition counselling, trauma relief, and recognition.

As the only national veterans service organization, the Legion, through its extensive infrastructure, with 1,500 branches across the country, offers a range of programs to all veterans, including still-serving members, both regular and reserve, RCMP, and their families. First and foremost, we offer camaraderie in our branches. This past summer, to celebrate the completion of the combat mission in Afghanistan, the Legion, in branches across the country, honoured over 7,000 members of the Canadian Forces who served in Afghanistan and their families with dinners, receptions, gifts, and parades. This program continues today.

To ensure that the camaraderie of military life continues after service, the Legion offers a free one-year membership to all veterans as part of the release process. This is a new program, and nearly 1,000 have signed on to it already. Membership offers veterans and their families the opportunity to volunteer to help other veterans as part of community-building, which of course is an important part of the military culture. Some veterans simply want to support a veterans service organization through their membership contribution. However, many programs are offered by Legion branches and supported by thousands of volunteers. These are core programs to the Legion, and of course membership is not a requirement.

● (0850)

Ms. Andrea Siew (Director, Service Bureau, Royal Canadian Legion): The Legion's advocacy program is core to our mission. The Legion provides representation to assist veterans and their families with obtaining their disability benefits from Veterans Affairs Canada. Disability entitlement is key to accessing the various programs and health benefits, as well as to receiving financial compensation.

The Legion's service bureau network, with over 1,500 branch service officers and 25 command professional service officers, provides representation from first application to Veterans Affairs Canada through appeals to, and reconsideration from, the Veterans Review and Appeal Board. Through legislation, the Legion has access to all of the veterans' service health records and the departmental files, as well as the client service delivery network, which is their IT system. These resources enable the Legion to provide comprehensive, independent representation to veterans at no cost. And there's no requirement to be a Legion member.

We are also an active participant in the Veterans Affairs transformation agenda in the transition to electronic data transfer, as well as the transformation of all their business processes.

Our benevolent assistance program provides financial grants to meet the essential needs of veterans and their families who have limited financial means. The program is available at all levels of the Legion and is accessible to all veterans, including still-serving CF members and their families.

We also assist allied veterans living in North America with obtaining benevolent assistance from a variety of resources. Our network of service officers at all levels of the Legion coordinate grants with other agencies, such as the Canadian Forces military families fund, to ensure that the veterans' needs are met.

The poppy fund is available at all branches across the country to assist veterans in need. For example, in Calgary, the poppy fund supports a food bank for veterans. We also contribute to non-government-funded programs provided by military family resource centres. At the Edmonton Garrison Military Family Resource Centre, the poppy fund supports a program for children with parents who have experienced trauma. This is a group-based program for children whose parents have suffered from operational stress injuries, and it teaches them how to develop skills to deal with the stresses in their homes, in a peer environment with children who also have families with the same difficulties.

The Legion has an extensive outreach program to inform all veterans and their families about health promotion, independent living, community resources, and healthy lifestyles. This includes

information about the needs of both men and women. The Legion has a presence in most of the Canadian Forces' integrated personnel support centres on each base, and we assist veterans and their families as part of their transition process. We offer information on our programs, representation, and financial assistance, as well as other government programs and activities. We also provide information on how to access all of those programs and activities.

We have been engaged in assisting homeless veterans for many years now. Through our poppy funds, we provide emergency housing, food, clothing, bus tickets, etc. Across Canada, Legion provincial commands work closely with Veterans Affairs, various shelters, and community organizations to help get veterans off the street and into transition programs.

In Victoria, Cockrell House, which is sponsored by the Legion, is a transition house for approximately 12 veterans. The success of this program is overwhelming. Veterans receive addiction counselling, education, and skills training, which enables them to transition back to our community.

In Ontario, through the Operation Leave The Streets Behind program, Ontario command works with Veterans Affairs and various shelters in downtown Toronto to provide transition assistance to homeless veterans. We will continue to build on these various programs as a framework for the Legion's planned national program for homeless veterans.

The Legion also has a national affordable housing program for seniors and veterans. With a growing inventory of over 7,000 units across the country, we continue to provide an affordable option to veterans and their families.

In Vancouver the Legion has been a partner in the development of Honour House Society, which provides free interim accommodation for the families of Canadian Forces members, as well as ambulance, fire, and law enforcement services, while these members are receiving care in Vancouver. Honour House is a place of refuge, where families may enjoy a degree of normal family life despite the stress of their circumstances.

● (0855)

The impact that military service has on our sailors, soldiers, and airmen and airwomen often makes the transition to civilian life challenging. In Alberta, the Legion has partnered with Outward Bound Canada to offer a specialized program to bridge the gap for veterans. This program involves one-week wilderness courses designed to help participants build a supportive community with other veterans and facilitate discussions on readjustment and transition challenges.

The veterans transition program, the only program of its kind in Canada, assists former members of the Canadian Forces in their transition back to civilian life. It was developed to address the invisible wounds of our soldiers so that they can function and have healthy relationships with their families and friends, at work and with themselves. It was established in 1999 with funding from the B. C. and Yukon command of the Legion. It is a group-based program from UBC's faculty of medicine, and is offered free of charge to former members of the Canadian Forces. The program is expanding nationally and is planning to offer sessions uniquely for women. Tim Laidler will talk about that in his presentation in detail.

The Legion in British Columbia has also partnered with the British Columbia Institute of Technology to deliver a Legion military skills conversion program to help accelerate and advance the civilian careers of former and current reserve and regular force Canadian Forces members. This program offers fast-track education, with accreditation through BCIT for credits for military experience, assistance with developing your own business, and finding a job.

Last year, to better understand the experiences and issues of service women, the Legion hosted a seminar with Senator Lucie Pépin, which included women who had served in the Second World War through to today, from all three environments—married, single, with children, without, different ranks, those who had served, those who have served. This was an eye-opening experience. Women have unique issues, and there needs to be more quantitative research to determine the life-long effects of military service on women.

The Legion delivers many programs to veterans and their families to ensure a quality of life after release and to ease the transition from service. More research is required to determine the effects of service unique to the Canadian military service, to the demographics and to the operational environment. There is a lack of dedicated, independent research in Canada on military and veterans health. The Legion is engaged with the evolving Canadian Institute for Military and Veteran Health Research to ensure that this capability is implemented.

● (0900)

Mr. Brad White: Our plans for the future include expanding programs to ensure their sustainability and accessibility across the country. We are going to develop a formal partnership with the Canadian Institute of Military and Veteran Health Research to ensure that Canada has a credible and independent military and veterans health research institute. We will expand our outreach to our traditional veterans, who are often isolated at home due to limited mobility, and to our modern veterans, including those members of the regular and reserve forces, and of course their families. We are also embarking on a modernization of our service bureau network to ensure that we have a continued effective service to all veterans and their families.

This is a brief snapshot of some of the services and programs that the Legion provides to veterans and their families. The Legion has been delivering programs to our veterans and their families since 1926. The Legion is very proud of the work that has been done to assist all of those individuals. Our programs continue to evolve to meet the changing demographics while supporting our traditional veteran community. Notwithstanding the capacity of the Royal Canadian Legion, however, we firmly believe that the Canadian

Forces, the RCMP, and Veterans Affairs Canada have a definite obligation to ensure that policies, practices, and programs, supported through sustainable research, are accessible and meet the unique needs of all veterans, with the goal of providing health and well-being based on need and not a myriad of eligibility hoops.

Programs and services need to be delivered from cradle to grave in an integrated and seamless manner by all responsible government departments who share responsibility.

Thank you.

The Chair: Thank you very much, Brad and Andrea.

I should have pointed out that we thanked Pierre Allard last week for his service. I should introduce Andrea as his replacement. I understand she's just as affable and determined as he was.

We look forward to good things from you. Thank you for that.

We'll move on now to Mr. Laidler. Welcome. We look forward to your ten minutes.

Mr. Tim Laidler (Operations Coordinator, Veterans Transition Program, University of British Columbia): Thank you.

I sit before you today representing the veterans transition program on behalf of Dr. Marv Westwood, a professor of psychology at the University of British Columbia, and Dr. David Kuhl, a professor of medicine at the University of British Columbia. They founded the veterans transition program 14 years ago. They started it in a church basement, serving soldiers who had been on peacekeeping missions such as the Medak Pocket, and after that in Cyprus. It was developed at UBC.

Because of their cutting-edge research capabilities they were able to study and learn from these veterans coming home what was actually needed. This program has been going on for quite a number of years. It has finally developed into a ten-day program that's delivered over three months. I want to speak about it in detail.

I am here as both a student in psychology at UBC and a serving member of the Canadian Forces. I was deployed to Afghanistan in 2008 as a corporal and I am still a corporal today. I worked on the front lines in Afghanistan. I know first-hand what it can cost someone to go over there and come back home.

I worked on the front lines there, and I continue to work on the front lines here as the coordinator of the veterans transition program. My job is to get into the communities and recruit veterans who have been living in their basements and struggling, or those who have been surviving just fine working in jobs and careers yet are living lives that are emotionally empty. We talked about the families and wives of military personnel, and this affects not only veterans coming home, but their communities at large.

That is partly why I am excited that this program is funded by communities and the Legion. It's not just military personnel who benefit, but whole communities, when the men and women come home healthy. It's a great opportunity here to take advantage of the resource of Canadian Forces coming home. It's not the case that we have to wait until they are hurting from PTSD so badly that the symptoms require medical intervention. This program offers a proactive approach.

I want to use my own personal example to explain how this proactive approach can be implemented. I came home at 23 and went back to UBC to finish my undergraduate degree. I completed it just fine. It was easy transitioning from working 18-hour days over in Kandahar to coming back to a student life of a couple of classes here and there. I finished my degree on time, and it was great. The problem was that not everything was quite the same inside.

When I went to get my PTSD assessment from the psychiatrist, he said, "You seem to be functioning quite healthily. Sure you have some dreams. You get a little bit angry. Those are things that seem pretty normal for transitioning home. You don't have PTSD. Congratulations." I shook his hand and thought that was pretty good. I thought I was okay. I walked away from there, and because I didn't have the PTSD diagnosis I was not eligible for any services. On top of it, I didn't want to access any services because I didn't want to admit I was weak. In my eyes, that's what it was. I didn't want to go in front of all of my colleagues and friends and say I wasn't okay, even though they were. I went on for about two years living an emotionally empty life, being high-functioning in society and struggling back at home.

The Legion program came in for me when a friend of mine who works on the program and is a member of my regiment said that I should come to help other people. I said "I could do that. I'm okay. I don't have PTSD. The psychiatrist himself told me, so I'll come into the program."

Once you come into the community with other military personnel who have been home and gone through that same transition progress, you realize that you can be affected by this. It doesn't make you weak. You can actually go through this program and come out stronger than when you went in.

That's what I really want to highlight about our program. It's different from the other ones out there. It brings people into the community once again. This is work that has been heavily researched by Judith Herman at Harvard University in trauma and recovery. The big component there is that once they address whatever issues may have happened, if they come back into the community the transformation process is long-lasting. When we divvy them up individually to go into one-on-one therapies across all the boards, they start to get the idea, "It's just me. I'm by myself. Maybe it's just me who's crazy." If you can bring them into a group and everyone can validate their experiences, it truly has a long-lasting effect.

I want to get into the breakdown of our ten-day program, and a little about our national expansion. The program is delivered with a ten-day residential component over three months. They come in together for four days, learn some of the skills, get familiar with what we're trying to teach them, and draw up some of their issues.

●(0905)

They go back into their communities, back into their homes, and they practise new communication skills. They have a chance to tell their stories to their families, often for the first time. It's all very much guided. We do a lot of behavioural rehearsals on the front end.

They come back for another four-day residential component where they get to then debrief how that went for them. On that second four-day component, they get into the trauma work itself and go back and revisit an incident that may have been plaguing them from their service or pre-service.

The last component of the program, after they've dropped the stress injury, is really focused on career. It's focused on the psychological component of career.

To lighten the mood for a moment, there is one of those demotivational pictures you sometimes see with a caption below it. It has a picture of an operator in Afghanistan, a Canadian member, firing downrange, all in his battle-rattle, looking pretty high-speed. The caption says: "PTSD: coming home and realizing you'll never be this awesome ever again".

I'm hesitant to use humour with this sort of thing, but that's a huge component. How could you ever diagnose that with a medical diagnostic and statistical manual? It's that trick you play on yourself where you realize, yes, I'm coming back, and the one program they have is from helmets to hard hats. Okay, so I went from being in charge of millions of dollars worth of equipment and numerous people's lives, and I guess I can start on construction, back at the bottom of the seniority list, the bottom of the experience list. How am I ever going to be this fulfilled again?

That's where our program can start to look inwards and find what the core values are, what motivated them to join the Canadian Forces and become such high-functioning members of society, and how they can transition that into the civilian workforce. Not only is there, I believe, a moral obligation to help men and women in this position, but think of the benefit to Canada as a whole society. Perhaps we could actually re-brand Canadian soldiers—not as what was happening down in the States with the Vietnam veterans, where they were labeled as crazy or as needing to be taken care of—and start to see them more as how the World War II veterans were seen, as coming back and being leaders in society, running for political office, holding the leadership positions, and transferring all the valuable skills they had coming back to Canada.

Thank you for your time.

The Chair: That's very efficient, Corporal. You're actually well under time. Do you have anything else you would like to add?

Mr. Tim Laidler: I'll yield my time for the questions and answers.

Actually, I will add something about the national rollout. Because it's a UBC program—it's been researched for 14 years—we have our data and we presented it at the military research conference. We are now looking to move it into the program delivery phase. It's been run as a research laboratory, which means they run it twice a year only, helping just 12 soldiers as they do it, and evaluating the program. That is now complete.

UBC is going to partner with us on the continual program development and research. But we are going to be starting a national organization that will be delivering this across Canada. We're excited to move forward with a public-private partnership with the military, with the government—VAC, DND—and with the Legion and other community funders. This will help us keep a certain air of independence while also getting anyone who needs the program into it.

We'll be working closely with OSISS and other groups that are already in the communities, already established, and have those contacts to get groups of soldiers together—about six or eight at a time. We have leading teams ready to go in B.C. Last year we were given \$1.4 million by the B.C. and Yukon Command of the Legion. That helped us grow our capacity. We're ready to move across the country with this now. We're just going to look at how to get the funding for the local communities.

• (0910)

The Chair: Thank you very much for that.

We'll now go to our representatives from the department. We have directors Janice Burke and Maureen Sinnott.

Thank you for being here. Please proceed with your ten minutes.

Ms. Maureen Sinnott (Director, Strategic and Enabling Initiatives, Department of Veterans Affairs): Thank you, and good morning. Thanks for the opportunity to be part of the discussion. It's most interesting to follow after the discussion of Mr. Laidler from the veterans transition program.

As we all know, the Department of Veterans Affairs has had a long history of providing quality support to Canadian Forces members, veterans, and their families during the transition from military to civilian life. As you would have heard earlier this week from Charlotte Stewart, we know that leaving the military and returning to civilian life is a major life-changing event. Not only are they leaving behind their chosen career, but they are also leaving a lifestyle and culture that is unique to the Canadian Forces. We also know that transition impacts not only the member, it impacts the entire family. That's why we encourage family members to take an active role in the transition process, and we've developed programs with their needs in mind.

Obviously, modern-day veterans are much younger than our traditional veterans, and often continue working full-time after their release. They have many years ahead of them to be active and full participants at home and in the workforce and their communities. Modern disability management principles emphasize wellness and promote early integration into the workforce. These principles, along with other research and consultations with key stakeholders, are what formed the basis of the programs and services we've developed to support transition.

Veterans Affairs Canada implemented our new suite of programs designed specifically to meet the needs of modern-day veterans and their families. Eligible Canadian Forces members, veterans, and their families can access a comprehensive package of programs and services designed to promote wellness, including rehabilitation services, health benefits, career transition services, financial benefits,

disability awards, and case management services—all supported by mental health programs.

From the moment a CF member prepares to leave the service, our staff is there working closely with the Department of National Defence to support a seamless transition. We now have more than 100 staff working side-by-side with DND staff in 24 integrated personnel support centres across the country to provide care and support to ill and injured military personnel and their families.

Transition interviews are available to every releasing Canadian Forces member, and, as I mentioned earlier, family members are encouraged to attend and participate. During meetings with a VAC staff member, the transition needs of the entire family are discussed and information is provided on the programs and services we have available to meet those needs.

For those with more complex needs, comprehensive case management services are available. A VAC staff member will work with the veteran and family members to assess needs, set achievable goals, and to establish a plan to reach those goals. Veterans Affairs case managers are members of interdisciplinary teams that have access to various professionals who may become engaged in the process. These would include doctors, nurses, physiotherapists, occupational therapists, mental health specialists, and rehabilitation specialists.

Earlier this year, in an effort to enhance service, case managers were given more authority to make timely decisions that are critical to the veteran's recovery, rehabilitation, and transition to civilian life. Case managers have been allocated to areas with the greatest need, such as the integrated personnel support centres I mentioned earlier, and to key locations across the country with large numbers of Canadian Forces deployments. These include Canadian Forces bases in such places as Edmonton, Shilo, Gagetown, Petawawa, and Valcartier.

For those without a disability, our career transition services program provides eligible Canadian Forces members, veterans, and certain surviving spouses or common-law partners, help with finding suitable civilian employment. The career transition services program provides workshops on how to complete résumés, interview basics on identifying transferable skills from the military to the civilian world, and on exploring self-employment. It also provides individual career counselling to practise interview techniques, evaluate skills and experience, and develop a plan to enter the civilian workforce. As well, it provides job-finding assistance to help market the participant to potential employers and to prepare for job interviews.

For CF members and veterans with a service-related disability, there is vocational assistance available through our rehabilitation program. It includes a range of medical, psycho-social, and vocational rehabilitation services and financial benefits to meet the recovery and rehabilitation needs of a veteran and his or her family. Vocational assistance helps the veteran, or family member in some cases, identify and acquire the skills needed to transfer to a civilian life.

Together, our staff work with the veterans to transfer skills gained in the military to jobs in the civilian workplace. When necessary, training is available to support this move. Many of the costs of training or schooling are covered under this program, including child care, so that individuals can participate in retraining programs.

• (0915)

If a veteran is unable to participate in the rehabilitation program due to illness, the veteran's spouse or partner—or if there was a service-related death, a survivor—can have access to the program.

The results speak for themselves. Based on a recent survey, compared with those entering the program, our rehabilitation program clients at program completion are more often employed. Seventy-nine percent of those who want to and can return to work find employment. They feel better prepared to find and keep civilian employment. And they're more knowledgeable about job-finding activities.

A quality job, post-release, is what Canadian Forces veterans themselves told us was one of the most important things they needed to transition to civilian life. Veterans Affairs listened, and we delivered. We continue to listen to our veterans and to deliver the services required to best address those expressed needs.

As you would have heard earlier this week from Bernard Butler, we recently made changes to enhance the new Veterans Charter. We have increased case management support for severely injured veterans and their families. We are making progress.

I'd like to now turn to my colleague, Janice Burke, who will speak in more detail on research and any mental health supports we have that would support veterans in transitioning.

Thank you.

Ms. Janice Burke (Director, Mental Health, Department of Veterans Affairs): Thank you, Maureen.

Good morning, everyone.

I'm very pleased to be here today, particularly with the Legion and with Tim, with respect to the important subject of the transitioning of our veterans to the workplace, which is a critical subject for veterans, as you can see from the Legion and from community organizations and universities, as Tim has outlined.

As Maureen indicated, the transition from military to civilian life is a critical passage for Canadian Forces members. Yet as Brad has indicated, the research in this area is evolving to the extent that we know we need to know more, we need to learn more about that experience, what the needs are in transition, and how we can best develop programs and services to meet those needs.

There has been recent research, such as the "Life After Service" studies. I'm not sure if you're aware of those studies. It looked at veterans who released between 1998 and 2007, and this kind of research is helping us to better understand the needs of transitioning veterans. The total released population from 1998 to 2007 was approximately 42,000, so it provides very rich data to help us better understand the experiences and the needs of the transitioning veteran.

This research has told us that most veterans who transition out of the military—that's 65%—felt they had an easy adjustment to civilian life, but a very important group, about 25% of the releasing members, have found the adjustment to civilian life very difficult. As a whole, the research indicated that released CF members were less likely to experience low income compared to other Canadians. A full 89% of the survey participants worked as civilians post-release. About 8% experienced unemployment, which is similar to the Canadian population, and very few—1%—accessed social assistance. Those with a difficult adjustment tended to have less than 20 years of service in the military, released at lower ranks, and had multiple health conditions and poor social support.

So this research is telling us we need to target supportive programs more precisely to those 25% who are having difficulty with their transition. I think you're hearing it here this morning, from the Legion and from Tim in terms of the program through UBC, how critical these kinds of initiatives and programs are to better support our veterans who transition.

This is also why the new Veterans Charter, which Maureen has described, is so important to the transition of modern-day veterans. It's based on the principles of modern disability management, but also based on the fact that those with the greatest need require the greatest support. These programs—whether it's medical, psycho-social, vocational, or financial support—work together to support the successful re-establishment of the veteran and his or her family into civilian life. That can be defined in various ways. I think there's a misunderstanding that a rehabilitation program is all about employment. Employment is not necessarily the goal. There's also independence, reintegration into the community, and recovery, which is defined very individually by veterans.

For those who don't require immediate or intensive supports, we have the career transition services program, which provides assistance in finding a satisfying second career. It's interesting to note that in that research, we did see that 72% of the participants in the "Life After Service" study indicated that military experience helped them obtain a civilian job.

So available research and VAC experience indicate that re-establishment in communities and the civilian workplace is particularly complex for veterans living with mental health conditions, particularly if there are co-existing physical disabilities. To better support the transition of these veterans and their families, a number of mental health supports are available, in addition to the new Veterans Charter programs and the case management programs that Maureen described, many of which were not in place ten years ago.

Mental health diagnosis, assessment, and treatment is available through a joint network between the Department of Veterans Affairs and the Department of National Defence. We have 17 operational stress injury mental health clinics, and veterans also have access to more than 4,000 registered health professionals across the country who specialize in mental health.

● (0920)

Tele-mental-health services are also available through our operational stress injury clinic to help ensure that veterans are provided with easier access to support when they need it, particularly those veterans in rural or isolated areas.

VAC and DND also have in place a network of trained peer support coordinators for veterans and their families through the internationally recognized operational stress injury social support program, which Tim referred to in terms of the folks working with him and helping to get veterans in touch with the program offered through UBC. These folks have first-hand experience dealing with the impact of operational stress injuries. They coordinate vital support, often leading fellow CF members, veterans, and families to seek treatment and access re-establishment programs, as Tim indicated.

The department has also significantly added to our front-line health services by providing more than 200 clinical care managers across the country who provide intensive support and monitoring of veterans with particularly complex mental health conditions. There's also a VAC assistance line, where veterans and their families can access short-term professional counselling 24/7. We also have a pastoral outreach service, with a network of more than 200 chaplains to provide spiritual guidance to those veterans and their families in need.

We have a strong focus on partnerships to expand our knowledge of and support for veterans with mental health problems, and their families, including outreach to community organizations to build awareness of veterans issues.

I was very happy to hear that you will be visiting Conception Bay during your tour in Newfoundland and Labrador, to see first-hand the community covenant that has been established there to support veterans. It is surely a model for other communities across the country, and a mechanism to enhance the veterans' sense of belonging in the community, which is so critical. Through our research, we found that only 39% of our veterans actually felt a belonging in the community. So it's critical, as Tim and the Legion have indicated, that programs and initiatives developed at a community level continue to grow so that the veterans feel more integrated and have a sense of belonging in the communities.

Recognizing the re-establishment difficulties for those with mental health conditions, we are working on a program of research on workplace reintegration for veterans with mental health conditions. In addition, given the link to transition success, health, and employment, the Canadian Institute for Military and Veteran Health Research, which Brad had indicated, was established in September 2011. It includes a network of about 20 universities. Through their work, we hope to further increase the body of evidence in veteran health.

That concludes my comments. I would be happy to have my colleagues in research, if there's ever any interest in the recent research on veterans issues, appear before you, as well.

We'd be pleased to respond to any questions you might have.

● (0925)

The Chair: Thank you very much.

We'll go to that right away. Five minutes to Mr. Stoffer of the NDP.

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

To all five of you, thank you very much for being here today and for your service, Tim and Brad of course. And to Andrea, good luck filling Pierre Allard's shoes.

I have several questions for you. I'll ask the questions, three of them, and then you can just answer when you get the opportunity.

Tim, when you were diagnosed, you were diagnosed by a mental health professional. And do you believe that individual, while they may have been enthusiastic that you didn't have PTSD, may have missed something? And were you offered the option to come back in six months to a year for a reassessment? That's the first question.

Andrea and Brad, as you know, one of the saddest things to hear is when a veteran calls you and says, "It's bad enough I've got PTSD, and it's bad enough my wife tells me that I'm not the same man I was when I left, but it's when my kids tell me that I'm sick in the head that I can't handle." So I'd ask the Legion to elaborate a little on what you do in terms of the family services for the spouses and children. I know in Sackville they're starting to look at it a bit more in that regard of allowing family members access to the service officers as well. Can you elaborate a little more on what you do for families in that regard?

To Janice, I just want to read this line to you, because it came from the Legion. I'm not blaming anyone for this. Just listen to this: "For example, in Calgary, the poppy fund supports a food bank for veterans." It's the richest city we have in Canada, and we have to use a poppy fund to help feed the heroes of our country. If that's not an embarrassment to all parliamentarians, I don't know what is. I just say that as a statement. Coming from Holland, when I tell my relatives that we actually have food banks for veterans in Canada, they cannot believe that. They simply do not believe that actually is true. But it's true.

The question I have for you, Janice, is I noticed in a lot of the cases when we talk about post-traumatic stress disorder, it's more or less male-oriented. We see a lot of men talking about their PTSD. But as you know, we had that—and I forget her name—major in Afghanistan who unfortunately took her own life. A lot of women also suffer from post-traumatic stress disorder, and like Tim, they don't like to be known as sick bay rangers. They want to suck it up, buttercup, and move on. Can you tell me what special concerns you're doing for women who are suffering from post-traumatic stress disorder in terms of their transition? Also, can you elaborate on the transition between 3(b) release and those who voluntarily release? Because there is a big difference. When you're 3(b)-released, in a lot of cases you don't want to go but you're told to go, as opposed to a voluntary release in that regard.

I know those are a lot of questions. If you can't have time to answer them all, if you could send us back the answers in writing it would be greatly appreciated.

I thank each and every one of you for your work for veterans.

Thank you.

The Chair: Before you start, I'm going to say that most of the time has already been used up. I'm going to ask you if you would very briefly respond and perhaps send in writing more detail, if you wouldn't mind. Thank you.

Mr. Tim Laidler: To the first question, I went to an OSI clinic; those are the provincially operated federally funded clinics. It was the psychiatrist there who said "quick assessment"—and it wasn't quick, an hour and a half—and then that was it. There were no other additional treatments offered. I am exceptional in deception; I've been trained in it with the military. I went into that assessment saying I don't want to have PTSD, and insisted that I was okay just for my own benefit. That's why in terms of further diagnosis and getting people into these programs it is so essential to go through the community model, through the peer-to-peer model, because many military members will say "I don't have any issues, but I can name five of my buddies who are totally messed up and they need to get into these programs right away." So I say we use that to get them in.

I also just want to mention something about the women. We are excited to start the first women's program in January. Professor Tim Black, of the University of Victoria, is going to be operating that and training two female psychologists on how to deliver it. I just want to say from personal experience that it is both the men and the women who fall victim to the hyper-masculine culture of organizations like the military. It's not gender-specific but it is culture-specific. It's a hyper-masculine culture—suck it up.

● (0930)

Mr. Brad White: I'll respond very briefly, and I'm not usually very brief, you know that.

From a funding perspective, what we do for families is we've opened up our poppy fund. It's always been there, but we've opened up the poppy fund very recently, within the last two years, to service members and their families. We've always had former service people as part of that, and their families. So we do have the funding available to assist them through the poppy fund.

Ms. Andrea Siew: Very quickly, we're working very closely with the director of military family services in the Canadian Forces, who has responsibility for all of the military family resource centres across the country.

We're working to establish an understanding of the resources that are available either through the Canadian Forces or in the community, so that when we have these calls from family members about spouses and children we can refer them to the community resources, to DND resources, or to Veterans Affairs resources, depending on their need. And we're educating our service officers to be more aware of what programs are available and to have the tools to access them.

The Chair: Thank you.

Go ahead, very briefly.

Ms. Janice Burke: Very briefly, regarding special concerns about women with PTSD, this is a very important area for Veterans Affairs. In fact, I believe about 10% of our clients in receipt of disability benefits for PTSD are women; so of 14,000 that we have, about 1,443 are women.

We very much consider this in our analysis of policies. We have a gender-based framework so that when we look at policies we do so from the perspective of gender. We're also sensitive to this issue in our operational stress injury clinics, and within our operational stress injury social support program. So yes, it is an important focus.

We're very hopeful that in the future we will have more research on how to best meet the needs of women with mental health conditions.

The second question—

The Chair: Sorry, we're well over time. You can give all the credit to Mr. Stoffer for that. I do apologize, but we have to move on.

Mr. Storseth.

Mr. Brian Storseth (Westlock—St. Paul, CPC): First of all, I'd like to thank all the witnesses for coming today. Thank you for your assistance and your dedication to veterans and our country.

Mr. Laidler, thank you for the service you have given our country and continue to give to our country moving forward.

You hit on something that I think is very important. You talked about the recognition factor and Canadian society embracing the work that military men and women have done, not just through the great wars and Korea and peacekeeping, but also in Afghanistan.

I think society recognizes that. As I was saying to Mr. White earlier, our Remembrance Day ceremonies are larger than they've ever been. They are embraced by Canadian society at large.

But I think it starts with the government. The recognition last week of the Libyan mission was an excellent step, and I think the opposition could help out by embracing that and talking about the positives in that kind of thing, rather than focusing on the negatives. Because it's important that we recognize the great work and celebrate the great work our men and women have done in Libya and Afghanistan and throughout our Canadian Forces.

I've read the review I was given on the veterans transition program. It looks very interesting. It looks as though you guys have had some very good success in more localized situations. Is the program ready to be disseminated across the country quickly? Is it just funding that you're lacking right now?

Mr. Tim Laidler: Yes, we have five leading teams—that's two psychologists. They are trained and they're ready to go. They're asking me all the time when the next program is going to run. I just have to say "That's based on funding".

Mr. Brian Storseth: What percentage of new veterans do you have the capacity to help out? Can you help out all the guys who are coming back, or 50% of the guys? Do you know?

Mr. Tim Laidler: We have a five-year strategic plan and our mandate is to offer it to anyone who wants it by the fifth year. So we are going to be growing. It's going to take five years to get to full capacity, but our intention.... We haven't had a wait list so far. We've usually had programs running under capacity, because a number of people will sign up and then when it comes to the day some tend to step back.

Mr. Brian Storseth: How much funding do you need?

Mr. Tim Laidler: For the first two years, we need \$975,000 for infrastructure costs, and each 10-day program costs about \$60,000 to run.

Mr. Brian Storseth: Excellent. Thank you.

I want to ask you a couple of other questions about your experiences as a member of the CF returning from Afghanistan. Did you find the DVA case managers to be accessible?

• (0935)

Mr. Tim Laidler: As I'm still in the military, I fall under the purview of DND, so I didn't access any VAC services. DND was there. It was sparse.

Mr. Brian Storseth: Feel free not to answer any question if you feel it could compromise your career in any way.

My next question.... Well, I'll move on, because I don't want to put you in that position.

With regard to the dissemination of the programs and their accessibility to returning members, in your experience, do members know what is available out there and accessible to them?

Mr. Tim Laidler: In my experience, it's a two-front war: one is finding out about them, and then one is trying to get over going and asking for help.

That's where we just really need to reframe it as something away from the medical model. It obviously has to be based on the medical model and the evidence-based treatments. But coming in on the front end, we sell our program as an advanced communications course at UBC. Often they'll tell their families, "Oh, I'm going to a UBC

program, I'm taking a class at UBC", and that's how we get in there. We do not sell it as "You need help. Get this." We say "Do you want to be better than you were before you went overseas? This program is going to set you above and beyond other people who haven't gone through this process", and that's where we talk about post-traumatic growth and we sell it that way. So I think that's the way in.

Mr. Brian Storseth: How knowledgeable were you about the Legion's plethora of programs, as a returning member?

Mr. Tim Laidler: It wasn't until I got into the transition program that I realized how significant the Legion's impact is. But again, right after coming out, I was 23, and I didn't want to know anything about anything. I was okay. I was good to go. I wanted to get back into school and get into a job.

I had the blinders on and I was charging straight ahead. It wasn't until a buddy of mine stood in my way and told me there's other stuff out there....

Mr. Brian Storseth: One of the things you mentioned quite often is a job: a good-paying job, a job you feel is worth the extensive training you have. I can tell you that in my home province there are oil and gas companies lined up all over the place trying to hire returning military men and women, specifically because of the training you have, the tremendous expertise and professionalism you bring.

I think it's important for us to try to tie the two together, because there's a great demand for the skill sets you have garnered.

I have a quick question for the Legion. How much have we embraced social media and other forms of communication to inform new members as they return about the great work the Legion does?

Mr. Brad White: That's a good question. Thank you.

We just had a budget meeting last weekend where I secured funding to hire a modern media person so we can move into that direction now. We haven't moved that way before. We're starting a bunch of different programs to do outreach right now, and it's going to be the next six months to a year before we get them up and running properly.

The Chair: Thank you very much, Mr. White.

Now Mr. Casey, for five.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chairman.

Before I begin, whoever set the agenda has decided, again, that part of our meeting is going to be in camera. I want to put my standing request on the record once again that any time this committee goes in camera that it be as a result of a vote of the committee on a recorded division.

My first question is for Corporal Laidler. I heard you say to Mr. Storseth that right now it appears the demand for your program is being met. Did I hear you correctly?

Mr. Tim Laidler: That we are meeting the demand?

Mr. Sean Casey: Yes.

Mr. Tim Laidler: No. We are meeting the front-line demand, but we haven't done our huge outreach push.

Mr. Sean Casey: So once your program becomes better known, the demand will increase.

Mr. Tim Laidler: Yes.

Mr. Sean Casey: All right.

In terms of funding, right now your funding sources are what?

Mr. Tim Laidler: Funding is from the B.C. and Yukon Command of the Legion, and in kind, through the University of British Columbia.

Mr. Sean Casey: Is the Government of Canada or Veterans Affairs Canada a funding partner in any way?

Mr. Tim Laidler: This summer the Dominion Command submitted a request to Veterans Affairs Canada to become an official service provider.

Mr. Sean Casey: How did that go?

● (0940)

Mr. Tim Laidler: I haven't heard back yet.

Mr. Brad White: And neither has the Legion.

Mr. Sean Casey: How long ago was the request made?

Mr. Brad White: It was made this summer.

This summer we got the information from Tim and David and Marvin when we went to the B.C. and Yukon convention in June. We made that letter to the minister, and it went, probably in July or August. We haven't heard anything back yet.

Mr. Sean Casey: What was the ask? How much?

Mr. Brad White: It was introducing the program, talking about the expansion of it, and asking that it be considered as part of a program in the future for dealing with Tim's group and the people who need that kind of program.

We have an identified need now in Nova Scotia. People from Nova Scotia are ready; we just don't have the funding to get the team out to Nova Scotia.

We are going to look at the funding from the national perspective of the Legion to try to expand this program from B.C. and the Yukon all the way across the country. But I think the program also needs partnerships. We're looking at other avenues of partnership, which we talked about this morning, to be able to expand this.

Mr. Sean Casey: So there wasn't a specific number?

Mr. Brad White: No, there was not.

Mr. Sean Casey: Okay.

Ms. Burke, I was interested to see that you have established the Canadian Institute for Military and Veteran Health Research. My understanding of the Canadian Institute for Military and Veteran Health Research is that it's an initiative being driven by a Bill Richard, a retired military officer with connections to Queen's University. Am I confused? Are they two different organizations?

Ms. Janice Burke: No. You're absolutely right. I think that's why in my opening remarks I didn't use the word "establish". I said that the institute was established.

Mr. Sean Casey: Okay. The institute was also mentioned in the Legion's opening remarks.

My question with respect to the Canadian Institute for Military and Veteran Health Research is to you, Ms. Burke. Explain to me the involvement of Veterans Affairs Canada and the Government of Canada in the institute.

Ms. Janice Burke: Basically, as I indicated before, the institute was established in September 2011. Our folks in the research directorate had been working very closely with the university in Kingston and the Royal Military College, basically providing support to those folks in the development of the institute. It was two years in the making, basically, in terms of working with the various organizations and the Department of National Defence as well. National Defence and Veterans Affairs will also be members, I believe, of the governance structure.

If you require more information on that, I would be pleased to follow up.

Mr. Sean Casey: Thank you.

My specific question is on funding. How much has Veterans Affairs and/or the Government of Canada contributed to the establishment of the Canadian Institute for Military and Veteran Health Research? Do you know that as we sit here?

Ms. Janice Burke: No. I don't have that information, but I would be pleased to obtain that for you.

The Chair: Thank you very much, Ms. Burke. We're over time.

Now we'll go to Mr. Dykstra, for five minutes.

Mr. Rick Dykstra (St. Catharines, CPC): Thank you, Mr. Chair.

I want to thank the group for being here, and in particular Tim. I really appreciated your presentation here this morning.

There was a time in this country when all the work our military was doing was hidden and pushed aside. I think in the same way you talked about your personal experience, we as a country are growing in a much different way. We are appreciating that the work you do on our behalf around the world is critically important for us to talk about as Canadians so that everyone knows and appreciates it.

I sat on the finance committee from 2006 to 2008. One of the things we accomplished that I was very proud of was when the Kirby and Keon report on mental health was drafted and completed. There were a number of recommendations upon which, in 2007, we decided, and made huge leaps, to invest literally hundreds of millions of dollars to implement a strategy across the country. It subsequently led to millions more dollars being allocated to eight centres of excellence across the country with respect to mental health.

We can all sit here as politicians and ask if you need money, because that's going to solve the problem. The other thing I have learned about being in government and being in business is that it isn't always about more money. Sometimes it's about the fact that a lot of money has been put into the system, and perhaps we need to do some reallocation.

I wonder, Janice, based on what I've just said, if there isn't that opportunity to sit with those in the mental health industry and those funded both provincially and federally, whether it be the Legion or any of the facilities across this country. There is a lot of money in the system right now with respect to mental health, and there's been an aggressive approach to dealing with this issue and making it part of a national strategy. Is there some leadership that can pull this together to allocate those funds properly?

● (0945)

Ms. Janice Burke: Thank you.

You mentioned the Mental Health Commission of Canada. Veterans Affairs has been working closely with the commission, particularly on the pilot projects they have across the country for homeless veterans, on doing more research on what needs to be done in that area, and on peer support. There are a number of initiatives we're working on to ensure that the needs of veterans are being met through the development of their mental health strategy and through the various initiatives they have under way.

Beyond that, in terms of where the Government of Canada places priorities in the allocation of funding, that's really a question for cabinet and for Parliament.

Mr. Rick Dykstra: I suppose you're right in the sense of how much money is going to get allocated to mental health in a particular year, but when it comes to the actual operations part, that isn't part of Parliament or cabinet—it's part of the professionals involved in the work they do.

I find it fascinating that your team is sitting at one end of the table and you're sitting at the other end. He's talking about implementation and you're talking about research. Perhaps Brad and Andrea get to sit in the middle because they have feet in both paths, which sometimes is bad if it's on the back of a pickup truck. But I think that the funds are there.

One of the great things about these types of discussions is that as we gather information and learn from what you've presented this morning you can see that we have a program that's working and needs some help. It isn't about research anymore—this is about direct implementation. This is one of the great things about being able to talk about this kind of stuff together.

Is there that kind of opportunity? Is there a way to make sure, whether it's Veterans Affairs or the Mental Health Commission, that the programs veterans need, especially our young veterans, are there for them when they need it?

Ms. Janice Burke: I can't speak for the Mental Health Commission, but from a Veterans Affairs perspective, at the local level with district offices and our OSISS program, we are working closely with various community organizations to coordinate services for our veterans, in particular with the new Veterans Charter. It is a living charter, and we look at the programs to determine where the gaps are and where we need to improve. That will continue through the NVC improvement measures.

The Chair: Thank you, Ms. Burke.

Ms. Mathysen.

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

My thanks to you all for being here.

I have a lot of questions, and I hope that if we can't through all of them you'll respond in writing.

First of all, Tim, I was impressed with the kind of work you were describing. It seems to me that it's important for those new veterans coming out. My concern is for those veterans that came out 15 or 20 years ago. There seems to be a huge hole in regard to the supports for them.

First of all, Brad, is the Legion working with ANAVETS, UN peacekeeping vets, or NATO vets? I know there are lots of vets who don't belong to the Legion, and I wonder if you're able to coordinate and support veterans with services by combining with those other three.

Second, what transition services are available for RCMP officers?

Third, in your brief, I noticed that you said twice that the Legion, DND, RCMP, and VAC have an obligation to ensure that there are policies and practices in place to meet the needs of veterans without a myriad of eligibility hoops. I wondered about those hoops.

Finally, women have unique issues as a result of their experiences, and I wondered if you could describe or explain those unique experiences.

I know that's a lot.

● (0950)

Mr. Brad White: I will keep it short, but it won't be yes or no.

We do a lot of coordination with all the veterans groups. Actually, every October we host a consultation meeting with all of the groups present around the table. We've brought that meeting together so we can talk together about what are the issues and how we want to move the issues forward. So yes, our services are available to all of those groups, all of the members of those groups. As Andrea has pointed out when she was mentioning it, you don't have to be a member of the Royal Canadian Legion to get the services that we have through our service bureau. It's free to any person who served, whether that be military, reserve, regular, or RCMP.

RCMP service is available. We have expanded our service bureau network so it does include RCMP officers, reaching out to those people as well. As you know, the RCMP come under a different pension system, the Public Service Superannuation Act, which is a little bit different from the Canadian Forces Superannuation Act. The RCMP vets are not under the new Veterans Charter, and they have their own superannuation act, but we assist them through the counselling and the application processes, as they move forward through the processes of gaining benefits through their pension act and through Veterans Affairs as well.

Regarding eligibility hoops, as Janice has said, if you're eligible there are certain services that are available to you. You have to meet those eligibility hoops. There's a bit of a difference between meeting eligibility hoops that are in VAC or meeting eligibility hoops with DND. DND talked about the legacy of care program. The minister announced the legacy of care program a long time ago. It was last fall that they announced it. This spring the matter of the program came up and the Minister of National Defence stood up and said it's only for Afghan vets.

There's an issue there. You have a program in which you've now created a separate class of veterans, so that's a different set of eligibilities. When you're trying to manage eligibilities of individuals going into the system it becomes difficult, because there are different programs available for different places of service. That shouldn't be. One service, one commitment—programs should be available.

If an individual dies while on duty in Canada, why should that family not be eligible for the services that are now only afforded to people who served in Afghanistan? That's a good question.

Women's issues....

Ms. Andrea Siew: Thank you.

There needs to be more work done to stress the work and life balance issues that women face, particularly from the operational taskings and the competition with the support for their own families. In 1983, when I joined the Canadian Forces, there were 10% women in the Canadian Forces. In 2011, it's probably 13%. The difference between 1983 and today is that every occupation is now open to women, except for Roman Catholic chaplain. So you have to ask the question: why is there such little change, from 10% to 13%?

It's a male-dominated institution. It's a very operational environment. Women still have to make the choice between a successful career and a family. What is the impact of the stress of the operational environment over the long term on women? That research has not been done. The other issue is the physical demands on women for a 20-year or 35-year career in the army, in the navy, in the air force. The research has not been done to see if there is a difference on the physical demands for women as there are for men.

I think those are the two key areas.

Thank you.

• (0955)

The Chair: Thank you very much.

Now to Mr. Lobb, for five minutes.

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

While I was listening to Mr. Laidler, I was thinking that the VAC budget is over \$3 billion, and what would half of 1% do as seed money to help you roll out your program? It's kind of amazing what \$10 million or \$15 million would do over a few years to get things going. It's really a rounding error at the department. I guess it's food for thought.

My first question is for Ms. Sinnott. On page 2 of your presentation it says "...DND to support a seamless transition". Hypothetically, if a reservist, for example, were to experience hearing damage while serving in Afghanistan and when he came

back home wanted to have his hearing impairment diagnosed, analysed, and then receive hearing aids so he could apply to be a police officer, for example, approximately how long would it take to have that done?

Ms. Maureen Sinnott: If an individual has come back and has made an application to the department for a disability to be assessed, right now we've moved our turnaround time, I guess you would say, from a longer period of time. We've moved down to 16 weeks and we're aiming to get to about 12 weeks for people to have their assessments—

Mr. Ben Lobb: You said 16 weeks, so we're talking about four to six months, likely. Now, when I think of seamless, sometimes I think of a week or two weeks. I know that's too early, but I think to myself, here's a young man or woman in their early twenties looking to really make something happen, and they have something as simple as needing hearing aids, maybe, but they have to wait four to six months to get that done before they can even apply to be tested to get into the OPP, let's say, or the metro police.

Is 12 weeks reasonable? Or, for something as simple as hearing, should it be four weeks or eight weeks? Because that would play on my mind if I were younger. I guess I'm still fairly young, but if I were looking to get at it, to have to wait four months.... It seems like that could start having an impact on my mental state.

Ms. Maureen Sinnott: It's a point well taken. When we speak about seamless transition from the Canadian Forces to Veterans Affairs, we speak about not just a seamless transition in having a disability application. We speak about a seamless transition in moving from one full organization to another and having a transition interview, having a discussion, having a case manager, and having assistance with making applications for, as you say, a disability benefit. In addition to that, once a disability benefit is assessed, then you have to actually access a treating professional, so that you would have all that put in place for you.

So when you're asking if four to six months is a long time, yes, it can be a long time in some instances. It can be a very short time, too. A hearing loss may not be the only issue that the individual has. One doesn't just return from Afghanistan, as you say, have a hearing test and then enter the police force. If we're listening to Mr. Laidler, there are a lot of activities that—

Mr. Ben Lobb: Right: I don't dispute that. I just wanted to make my point that sometimes 16 weeks is not seamless enough, but if you're improving, we'll accept that for now.

Another question I have was about page 4, where we're talking about the rehabilitation program and who is eligible. It talks about "spouse, partner, or survivor". Oftentimes, the man or woman has not yet been married or has no partner. Do those include parents and siblings?

Ms. Maureen Sinnott: For access to our...?

Mr. Ben Lobb: Well, it says "If a Veteran is unable to participate in the...Program due to illness or service-related death, the Veteran's spouse...can have access to program benefits". So as part of those benefits I would include consultation and maybe psychology, psychiatry, and counselling. Would those services be provided to the parents of the deceased and the siblings?

Ms. Janice Burke: I could certainly answer that. For the rehabilitation program, if the veteran is disabled to the extent that he can't fully participate in the program—

Mr. Ben Lobb: Well, no, I mean.... Simply put: is a parent or a sibling eligible for anything if a man or woman dies on service?

• (1000)

Ms. Janice Burke: No.

Mr. Ben Lobb: They're not eligible?

Ms. Janice Burke: The parents and siblings would not be eligible for the rehab program. That's for the spouse or the survivor. However, the parents and siblings could access a VAC assistance line that has 24/7 kind of short-term counselling that they can call on if it's required.

Mr. Ben Lobb: Short-term counselling?

Ms. Janice Burke: Yes.

Mr. Ben Lobb: How long is short-term counselling?

Ms. Janice Burke: I believe approximately eight sessions are provided.

The Chair: Thank you very much, Ms. Burke.

Now we'll go to Ms. Adams for five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thank you very much.

I'm following up on Mr. Lobb's questions. Could you let us know the type of educational assistance that's available to veterans when they return home?

Ms. Maureen Sinnott: Yes.

First off, when a veteran releases from the forces and makes the transition to Veterans Affairs through our rehabilitation program, it's not simply medical or psycho-social.... We do assessments. We have providers who do assessments and work with the veteran and the participants in order to determine what their goals are, what they're interested in, and what their abilities and capabilities are.

They will work with the veteran and the family in order to establish a rehabilitation plan, which would include vocational rehabilitation, and that would bring the individual to potential education areas. We do have some—

Ms. Eve Adams: Courses at university.

Ms. Maureen Sinnott: We do have some people in university now. We have some people attending colleges. We have people in trade schools. There are various different areas.

Ms. Eve Adams: If they are not able to avail themselves of those services, would those services then be available to their spouse?

Ms. Maureen Sinnott: If they are unable to participate, then the spouse could access the programs.

Ms. Eve Adams: Okay. In the unfortunate and horrible circumstance that members of our Canadian armed forces have lost their life, what type of educational services are available for their children? What do we actually cover?

Ms. Janice Burke: We have the educational assistance program for the children of members whose death is attributable to service.

Ms. Eve Adams: We pay for their university education?

Ms. Janice Burke: Yes.

Ms. Eve Adams: When we funded that, did the NDP support that?

Ms. Janice Burke: I'm sorry, I don't know the answer to that.

Ms. Eve Adams: Paying for the education of the orphans of our soldiers, you don't know whether or not that was supported by the NDP? I do know that the Conservatives supported that. I checked the record. It turns out the NDP did not support that. That's kind of odd, isn't it?

Mr. Peter Stoffer: Point of order.

The Chair: Before you say it, I have to point out that I don't think staff should actually answer that political question.

Perhaps we can move on, please.

Ms. Eve Adams: Not to worry.

Corporal Laidler, thank you very much for being here and for your great service to our country. I know Dr. Westwood's work out in UBC is really extraordinary. He has really created just a wonderful program and taken a real leadership position on this. You mentioned that your program is ten days. There are two sets of four days, mostly focused on communication. The last two are focused on career transition. Can you expand upon the career transition?

Mr. Tim Laidler: Sure. Absolutely.

When we talk about the first two sets of four days, it's not just on communication. It is really in-depth psychological treatment for people with severe PTSD, or people with mild PTSD, or whatever varying operational stress injury. The career transition program is different from what VAC offers. I'll just be really clear here that it is intended to be very much complementary to the service model that's there. We do not offer a stand-alone program. It's required to have individual counselling on the front and back end, and many of the people who come through the program are clients of VAC or DND.

The career transition component that's different is that it looks to get to the deeper cause, whereas the current career transition modules that they hold and are funded by the government will be typically that you fill out the assessment tests and find out what your skills are and you look to make an across-the-board transition. So if you were a truck driver in the military—for example, I drove convoys overseas, so I'm qualified to be a truck driver in the civilian workforce. It helps translate the language across like that.

Our career component tries to move it further up. When I came out, I was going right into the police force; that's where I saw my competencies were; I did all the assessment tests; I said to myself that I'm qualified to be a police officer. After going through that transition program, realizing that I had a bit more energy or passion to move up and beyond, I'm now doing a master's in counselling and psychology at UBC, and I'm set to be the executive director of this national non-profit organization rolling out the program.

There are a number of cases like me. We have people coming through it and going on and saying, "You know what; I am going to get my MBA. I'm not just going to stay here and take this other vocation that I did for ten years in the military."

•(1005)

Ms. Eve Adams: That's wonderful.

I would like to direct this to VAC. Could you give us some more information on the transition program and how unique Corporal Laidler's program is, in that it allows for these leadership experiences for veterans?

Ms. Janice Burke: We have the two programs, as you know. The career transition services program is for the people who are released involuntarily. It provides résumé writing, education, aptitude testing, and help with finding employment locally. The vocational rehabilitation program is very similar, in that there is an assessment that is carried out.

Ms. Eve Adams: I guess what I'm getting at is if people have gone through that and they still haven't found a job, what's then available for them?

Ms. Janice Burke: If they have not found a job, we also have the Canadian Forces income support, which is available as a soft landing for people who have been through the program and have still not found a satisfying career. However, we continue to work with the members. They can come back into our programs as many times as needed. We have vocational rehabilitation experts working with them in terms of getting them training and access to jobs in their communities.

The Chair: Thank you very much, Ms. Burke.

That ends round one. We certainly spent a lot of time on that first round, so I'm going to make the second round three minutes, so we can make sure everybody gets a chance for a question.

I understand we are starting the three-minute round with Ms. Papillon.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): Thank you, Mr. Chair.

First of all, I'd like to thank you for coming here today.

I'd like to correct something my colleague said. The NDP did indeed support the New Veterans Charter. However, we did not approve of the Conservatives' budget, which we deemed to be incorrect and unfair to all Canadians.

This being said, I'd like to talk about the fact that you, like nearly all the people who have appeared before this committee, moreover, have emphasized the importance of ensuring better medical follow-up of veterans to help them make a better transition. Such medical follow-up should be improved.

It has also been pointed out that there's a lack of independent specialized research in Canada on the health of members of the military and veterans. What do you plan to do to improve this situation? Also, what do you think of the idea of considering for the time being, while all this research takes place, the studies that have been conducted in various allied countries? Different studies have been done, for example, on exposure to chemical agents and other questions concerning the health of our military. Are you prepared to take them into consideration in order to improve what we know about this subject?

[*English*]

Mr. Brad White: I guess I can start this one off, and maybe other people can jump in.

[*Translation*]

Excuse me. I'm going to answer in English. If I can't think of the words in English, I'll come back to French.

[*English*]

I'll start with research. We don't have any really dedicated research in the country that allows us to go ahead and move forward with some of the issues that we need to be tackling, issues like depleted uranium. All those other issues of chemical access, environmental factors, and chemical factors, we don't have that research.

We didn't have research on things like ALS. Two years ago we went to the American Legion convention, and we found that Veterans Affairs in the United States had accepted ALS as a benefit symptom for moving down the road because they'd found out that they had research demonstrating that people who'd served in the military, due to environmental reasons and stressors that they experienced while in the military, had a higher preponderance of ALS symptoms than those of the general population. The Legion took that to VAC and VAC said they didn't have the research for it. So we went, back door, to the ALS Society of Canada with Pierre, brought it back again, and, lo and behold, ALS is now a benefit symptom. This is how we get our work done.

Do we use outside research? You bet we do. Do we have people looking at it? Andrea has people in her office who are becoming subject-matter experts, who look at that research on the outside, to be able to say that we need to look at these types of things.

We also have our own research that we're doing, through just talking with the individuals as we're doing first applications. We're finding out what the commonalities are, and hopefully we're going to be able to identify where we need to direct that research in the future.

As for access to medical care on the transition process, when in you're in the military you have good medical care. When you receive an injury, you have three more years in the military before you're assessed as to whether or not you're going to stay in the military or you're going to be transitioned out of the military. That's a really heavy transition period for the individual who really needs constant case management and care. What happens is, when you're doing that process, you're also involved in the SISIP process, service income security insurance plan, as well as going through all of this. Then, of course, at the end of the three years you're transitioned over from being a member of the Canadian Forces to being a client of Veterans Affairs. There are differences—mentality differences—between being a member of an organization and being a client of an organization.

When you leave the military, as we did, you have to go and find a doctor. I had to apply for an OHIP card. I've never done that in my life. So there I was, just like everybody else, down on Albert Street, looking for my OHIP card, and then I had to go and find a doctor. In the last 13 years I've been through five different doctors, because people move, and people pass. We have a serious shortage of health care professionals in the country, and there are Canadians who are not receiving health care.

●(1010)

The Chair: Mr. White, I'm going to ask you to wrap it up.

Mr. Brad White: When you transition out of the military you have that problem of trying to find yourself a doctor.

The Chair: Okay, thank you very much.

Mr. Lizon, for three minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Good morning. Thank you for coming here today.

I was just thinking of all the services that are provided for veterans. Generally speaking, are we maybe missing a target in some areas?

My reason for this question is the history of veterans, not only in this country but in many other countries. We've had veterans of many other wars. There was a huge number of Second World War veterans, some of whom are still alive. My grandfather was a First World War veteran. I remember he was missing his right arm. I had family who experienced terrible things in the Second World War, and I knew veterans from the Second World War, people who worked as forced labourers in Germany.

If you look at their history, a great majority of these people were able to return to normal life, sometimes, or probably in the majority of cases, without counselling or special programs. My question is—and I would ask Mr. Laidler—are we different now from what these people were before? For example, if someone is diagnosed with post-traumatic stress disorder, is the diagnosis important? I think what is more important is the treatment.

Maybe what the majority of people need is what the Legion can provide, where they can get together with friends and have a drink, maybe have a meal once a week or a dance. This would bring them to normal life.

Therefore what I am asking is, are there services that should be shifted? Maybe financial means should be shifted for programs of this kind of experience for people who served in our armed forces and have come back.

Mr. Tim Laidler: I'd be happy to answer the first part, and this would be directly on behalf of Dr. David Kuhl, the co-founder of our program. He worked in palliative care at St. Paul's Hospital in Vancouver for a number of years, so he'll often say that he's seen thousands of people die.

What encouraged him to get involved in this project was that he saw many men and women dying alone at the end of their lives. They had served in the military. They were coming out of the downtown eastside in Vancouver, drug-addicted, and they died horrible deaths. He said that some of them had managed to function right to the end. They had managed to get by, but the way they died was in pain, it was alone, and it was outside of their communities.

That's when he came to the younger generation of veterans, because he saw the impact of putting out the face of everything being okay, and of having a few drinks or a beer and carrying on. But he will say that underneath, in the inside world, it was not okay and that's what comes out at the end of life.

●(1015)

The Chair: Thank you very much.

We are way over time. I know everybody would like to talk right through until noon, but we do have to move on because we have a set time and another committee comes in here. So I thank you very much for that.

I have Mr. Genest, and then we're suspending and then we're going in camera.

Mr. Peter Stoffer: I have a point of order.

The Chair: You want a point of order now?

Mr. Peter Stoffer: Just before we wrap up for today, I just want to advise the parliamentary secretary—and I'll be gentle to her, because she's new here—that a cheap shot like that is completely unacceptable here. There is one person here who worked—

Mr. Rick Dykstra: Mr. Chair—

The Chair: No, I'm already going to rule that's not a point of order. I know there's a disagreement. I know the PS backed off and got the question, understanding staff can't talk about political things.

Mr. Peter Stoffer: Understandable.

The Chair: What I want to do is finish the questioning.

Mr. Genest, if you could get right to your question fairly quickly, I'd appreciate it.

[Translation]

Mr. Réjean Genest (Shefford, NDP): My question is for the representatives of the department.

When are you going to answer the people from the Legion and those in Mr. Laidler's program about their requests for support in connection with post-traumatic-stress syndrome? Will you do it next year, in five years, in 16 weeks? When will you let them know that you've heard them?

[English]

Ms. Janice Burke: No, I actually commit to following up with the department on that issue.

[Translation]

Mr. Réjean Genest: Thank you.

[English]

The Chair: I'm in shock. You have time for another question if you like.

[Translation]

Mr. Réjean Genest: Some information is conveyed to veterans concerning services for post-traumatic-stress cases, but how can members of the family of someone in the military — there are both men and women in this field — get in touch with you if they suspect that this person is suffering from psychological problems? Is there any publicity, any information about this?

[English]

Mr. Tim Laidler: Right now, because it has been a research project and they have been developing and evaluating it, we haven't been doing a lot of outreach. We are in that position now, so a lot of our funding will be going toward getting veterans in the communities and finding people to come into the program.

On the family members, people often come in because their spouses say they need to get some help because things aren't going right. So it is affecting the family, and that's how they are pushed into it many times.

We have a spousal component to our program, where spouses come in for a one-day session separately with a therapist. They sort of validate their common experiences. We've had both male and female spouses, including one from a same-sex marriage, where a man came in and was accepted by the other wives and girlfriends in the group.

The Chair: Are you comfortable with that?

[Translation]

Mr. Réjean Genest: All right.

[English]

The Chair: Thank you very much.

Mr. Anders, you have three minutes.

Mr. Rob Anders (Calgary West, CPC): Thank you very much.

My question is directed to Mr. Laidler.

I know some other people who suffer from post-traumatic stress disorder. What were the experiences that you saw or discussed with the other veterans in this setting that made you understand and appreciate that you also suffered from it? Were there things that allowed you to heal or deal with some of those issues and helped serve as some form of rehabilitation?

• (1020)

Mr. Tim Laidler: Yes, I'd be happy to share my personal experience here. I have done it before in the media and also in a documentary called *War in the Mind*. Our program was featured for 12 minutes in that documentary on TV Ontario. It's still available to be seen online.

One of the big issues that plagued me was something that caught me completely off guard. While training to go overseas, we expected to engage and fight the Taliban, and that's what I thought we'd be doing. One of the roles I had there, along with guarding supply convoys, was intermittently guarding the front gate of Kandahar airfield. While doing that, we saw civilian ambulances come through.

A young girl about 14 years old, who was forced into a marriage she didn't want to be in, was in one of those civilian ambulances. As her only option she decided to light herself on fire. Her entire body was covered in burns. I went up to search the vehicle.

It's our policy on the front gate that we call in bomb-sniffing dogs to make sure there are no explosives and it's not some sort of booby trap. I called, and the civilian contractors took half an hour to arrive at our post. I had to sit behind my machine gun holding her in the

civilian ambulance, which was simply a van with its seats taken out. There was no air conditioning.

I remember watching the sunlight on top of her body. I could think of the agony she must have been going through and found myself helpless and trapped. I wished so many times—I'd think about it over and over—that I had just given her the all-clear. I should have searched her by hand. I should have brought her on to camp to get the medical services she needed. I would often think about that feeling of helplessness. It would come in my dreams; it would come in the middle of my writing an exam. I would ruminate about the "what ifs", and using that much mental energy took away from my being productive.

Coming into the program, I didn't feel that I had any right to have PTSD or be affected by my tour because I wasn't the front of the front lines in the battle group. I was guarding supply convoys. Having other members who were in those front-line positions say they had never seen anything that bad, that was really messed up, gave me permission to start addressing it. They were the senior veterans. These are veterans not just from Afghanistan, but Korea, Cyprus, and other places. They said this was really serious.

If we take it a little further to talk about the actual process of change in our program, we go back and revisit that experience. It's what Dr. Marv Westwood calls a therapeutic enactment. He wrote his book on this. We act out that situation, and I acted out that situation. I went back and spoke to that woman, played by another member of our group. We resolved it. She got to say what she needed to say to me and I got to say what I needed to say to her. I relived that experience in the way I thought it should have been lived.

By doing it, not just talking it out but physically moving around—this is based on a lot of research by van der Kolk that trauma is not talked into the body and therefore it cannot be talked out. After acting it out and having it witnessed by others, and at the end having ten men turn around and say that really wasn't my fault, that I had done all I could, I started to see this in a whole new light. I started to let it into me and forgive myself that, yes, I'd tried everything I could. That made a huge difference to me.

Unfortunately, the woman did die later on in camp.

I saw three women like that come through our front gate. It reaffirmed exactly why I went over there: to protect people. It turned out to be not to fight the Taliban but to protect the civilians and try to bring a better life to them there.

[Applause]

The Chair: I think everybody agrees it's a rather dramatic point to wrap up on.

I do want to thank you all very much for participating. I also want to point out that if you have additional information you would like to send to the committee, we'd appreciate it, because this study is going to continue.

Thank you all for the work you do.

We will take a break for a couple of minutes and then go back into business.

[Proceedings continue in camera]

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