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Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

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● (1145)

[*English*]

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

Good morning, everybody. I want to apologize for the late start. It was beyond the committee's control today.

Pursuant to Standing Order 108(2) and the motion adopted on Thursday, February 25, 2016, the committee resumes its study of service delivery to veterans.

Today we have two witnesses, one in person, Ms. Jenny Migneault; and one by video conference from Saskatchewan, Ms. Carla Murray. Each person will be given up to 10 minutes to make an opening statement.

We'll start with you, Ms. Murray. Thank you for your patience in waiting, and I apologize on behalf of the committee.

Ms. Carla Murray (As an Individual): That's fine. Thank you.

Shall I start?

The Chair: Yes, go ahead.

Ms. Carla Murray: Thank you so much for the opportunity to speak to you today, and a special thanks to Dr. Kitchen and Ms. Wagantall for restoring my faith in the political system, at least a little bit.

Veterans Affairs Canada: that name strikes fear and anger into many, many injured veterans and families. The only thing that is consistent about Veterans Affairs is how consistently broken it is in so many areas. As you have heard from veterans in past meetings, they are unhappy, desperate, and abandoned—yes, abandoned. There are so many basic structural flaws in the system that picking a starting point has taken most of my sleep since I have been asked to appear.

How can you run a multi-million dollar department with nothing written down on what success is? What are the goals? Where is the data? Even the suicide data is flawed. If you owned a business or a corporation, you would never operate without a set goal in mind. Really, they're just flailing around in the dirt, because there is no set plan and nothing written down on what a successful veteran looks like two or three years after release.

Veterans feel like criminals before they even start. The burden of proof needs to be on VAC, not on the injured vet. They're not capable. These are disabled and hurting vets. They're going through all kinds of trauma, and the last thing they need is to be treated like a criminal and have to do research. It's horrific. In the U.S., their burden of proof is on the department, not on the veteran.

When did Veterans Affairs Canada stop filling in the paperwork for the veteran? This will show you how basic the structural flaws are at VAC. Many people with post-traumatic stress disorder are not capable of filling out paperwork. They see the blanks on the forms and they see it all at once. They can't pick out one blank and answer it and then the next blank. They see it all at once.

This was told to me by a psychiatrist and proven to me when my husband—a helicopter mechanic with 23 years, 223 days—couldn't fix a pedal bike for about the first four years after release. He just didn't have the cognitive power. But they have to fill out the paperwork to access the help, and that is just a huge obstacle.

One has to ask how the very department that's taking care of veterans with PTSD doesn't realize that veterans have a problem with this paperwork and those forms. These are the people who are supposed to be responsible for it. They're supposed to know this stuff.

The problem with Veterans Affairs is that it's been broken for many years. My dad was a World War II vet, and he looked my husband in the eye and said, “In the eyes of the government, the only good vet is a dead vet.” So now you know: it isn't only the new veterans telling you that it's broken. Poor treatment of veterans isn't new, nor is it unique to Canada, but it still isn't right. It has to stop.

The men and women of our military take great pride in their career and are willing to sacrifice their lives for the protection of our freedoms and our way of life. They do this with full gusto, believing right to their core that the government has their backs and their families' backs if they are injured. It's quite the shock when they realize that isn't the case. They're not adequately providing support and help to the injured veterans, and these veterans have to claw, fight, and beg for any benefit they may receive, or Veterans Affairs offloads the entire burden on the caregiver. It's unbelievable the burden that is, as Jenny will probably tell you too.

Dealing with VAC is a trigger for me; it's a trigger for my husband; and I bet it's a trigger for Jenny and her husband too. The very fact that the caregiver is given no support or education like wound care, surgical packing, or proper lifting techniques—now you're starting to give it, but it's much too late.

I see that you've had quite the journey. I've been watching some of the past meetings. I think you realize just how desperate veterans are and that things aren't quite hunky-dory. When you hear from the witnesses, particularly from the powers that be, I think you need to realize that sometimes the figures and quotes are somewhat sanitized, and you need to do the digging to find out what the real truth of the matter is.

I loved it that some of you guys went and tried to do some of the forms, or tried to access the VAC website. In the rural area, we cannot access the VAC website. We cannot access the Blue Cross website. The Legions are no good to us. Yet, every time I hear your meetings, you're talking about how wonderful the Legion is and what a help they are, or how these websites are wonderful. Well, if we can't access it, it's not much good.

The unfortunate truth is that we have absolutely no more time for study, committees, re-evaluation, and consultation. In Saskatchewan, times are beyond desperate. They're desperate. We have no psychiatrists for our veterans.

We were blessed with two of the top doctors in their fields, psychiatrist Dr. Greg Passey and psychologist Dr. Susan Brock, and now they're gone. Both doctors tried so hard to find replacements, but mental health professionals are so few and far between, and they understand the administrative burden that VAC puts on them, and they know how tough it is to deal with veterans with PTSD.

We don't have a psychiatrist for veterans in Saskatchewan. We haven't had one since November, so some of these veterans have missed five to ten sessions, and we all know a veteran who's one or two sessions away from a crisis. We need help here. I've phoned the federal government, I've phoned the provincial government, and I've phoned the Colleges of Physicians and Surgeons. The federal government blames the provincial government, and the provincial government blames the federal government. Meanwhile, the veterans here are desperate.

Please, can you do something? Set up an OSI clinic or something here. You've set up these beautiful centres in places that already have practitioners. Why wouldn't you set one up where we have none? You would answer all our prayers. We have, what, two bases here? We have RCMP training, and that would be a lot.... Also, there are all the RCMP people who serve in Saskatchewan. T.C. Douglas would be rolling in his grave if he knew what health care and mental health care are like in his beloved province of Saskatchewan.

The other problem with getting practitioners in Saskatchewan is that the government tends to pay about two-thirds of what the rest of the country pays, so it's not like our Saskatchewan weather is going to make them come here. We need to at least be on a fair and level playing field, and VAC insists on paying provincial rates. I think that needs to be studied and looked at, because once again we are sitting here with no practitioners.

I have another couple of comments that I'd really like to get in.

A lot of veterans have been losing programs and benefits. The sad part is that not one veteran who has lost a program can understand why. I believe that if you're going to do something as devastating as removing the ELB or the rehab program, you need to have a face-to-face with that veteran and his family so he understands why you're taking away his benefits. Every single one of these people who have complained about losing benefits still to this day does not understand why they cut the benefit. I understand that there's a two-letter process and it's 60 days, but if they don't hear from them, they just cut them off. We need more face-to-face contact with Veterans Affairs.

Veterans Affairs has been setting up to be more distant. When you walk into a Veterans Affairs office, it's a horrible feeling. It's not welcoming. It's closed. It's almost a lockdown on the doors. Nobody feels like going into Veterans Affairs, because the whole environment doesn't feel very welcoming.

We need more one-on-one direct contact with veterans. You could go into their homes like you used to do; I don't know if you still do. You need to be able to see what environment they're in and what kind of state the family is in. They're probably not going to tell you until they start trusting you, and unfortunately there just isn't much VAC credibility with veterans. The flaws are so structural that I almost wonder if it's worth throwing all these good ideas and good money after bad. Maybe they should be blown up and started from scratch, and maybe we should even change the name, because “VAC” is such a trigger for everybody.

This is major work that needs to be done. I imagine that it's a huge job you're looking at, but please listen to the veterans and the caregivers. The caregivers are doing the bulk of the work and getting no resources. I'm sorry, but $7,000 a year does not replace a $60,000-a-year career. If my husband dies before me, do I have to live in poverty? All my best earning years are gone because I'm at home taking care of my husband, and gladly so, because he's much healthier for it.

How much time do I have left?

● (1150)

The Chair: You have another minute.

Ms. Carla Murray: The other thing is pot. I'm sorry, but there's a reason why the cost of pot and the number of veterans is increasing. It's really simple: it works.

The reason more veterans are using it is that veterans talk. It works. My husband was on 31 pills a day. That's 900 pills a month. He is off 600 pills now and is trying to get off another 180, and that is directly caused by using marijuana properly and medically. Please, you need to not screw this up. It is saving a lot of lives. I mean, work with us, educate us, help us with this, help us with access, and help us learn how to use it properly, but please don't restrict our access. I watched it work for my husband. It's a miracle.

That's really all I can touch on now. Thank you so much.

● (1155)

The Chair: Great. Thank you. We'll come back for some questions after the next witness.

Jenny, you have the floor. Thank you for coming today.

Ms. Jenny Migneault (As an Individual): Thank you so much.

I have to tell you, Mr. Chair, that I forgot my notes once again. It's the story of my life. I will count on you to let me know when my time is up, because I have so much to tell you all.

First of all, thank you very much. You may remember me as the vet's spouse who ran after Mr. Fantino two years ago, in fact 23 months ago, not even two years. Here I am as a result of the system.

Very briefly, I'd like you to please acknowledge the fact that my ex-husband is sitting here. He's the one who has allowed me for the past two years to talk so openly about our challenges whether they are social, work-related, or sex-life related. Please ask me about the challenges; ask me anything you want to know about, but please, most of all, know that this man gave me the permission to talk openly.

Second of all, now as his separated wife, I am homeless, and because of him I can eat during the month. It's not the case for all women, for all spouses, for all caregivers, or even for all veterans when they end a relationship. I want you to acknowledge that most of the time, one of them becomes very vulnerable. I am it.

I ran after Mr. Fantino 23 months ago. A year ago I testified before the same committee, right here, where I expressed the fact that the caregiver relief benefit didn't make sense at all. In June 2015 I expressed the same thing before the Senate subcommittee, the fact that the caregiver relief benefit didn't make sense. Here I am, in May 2016, and I am now homeless.

I want to make sure you understand that it's the advocacy that killed me. Three things would have saved our marriage. The first one is everything related to the help and support that was promised to my husband. How can a man who spent 5,000 hours in a CC-130 Hercules...?

I'm sorry, but I will switch to French from English, because I'm exhausted. I hope you're ready.

[*Translation*]

My ex-husband has 5,000 flight hours to his credit. In 2007, Veterans Affairs Canada acknowledged that his tinnitus could be related to his military service. Two years later, Veterans Affairs Canada gave him hearing aids that were not covered under his pension, and there is nothing about this in his file.

For eight years, my former husband has fought to get recognition that his deafness is also related to his service. If the tinnitus is recognized, why is the deafness not? I do not understand it. The problem is that my ex-husband suffers not only from tinnitus, but also from deafness. The tinnitus maskers also mask his deafness. He cannot hear anything. Veterans Affairs Canada has to acknowledge the fact that his deafness is also associated with his service. That way, he can get care and devices that will improve his quality of life. This brings me to the quality of life issue. As long as this man is suffering, I am going to support him, as a family member.

If medical cannabis had been available before, that is the second thing that could have saved our marriage.

[*English*]

Medical cannabis, as Carla just mentioned, would have saved our marriage. Do you know why? All the pills he was taking—for sleeping, or to give him energy, or to wake him up, or to calm him down before we would attend family meetings—made him completely numb all the time. Do you know what it did? It prevented him from having positive social experiences. Don't forget that PTSD is a process. It's all about maturity.

Now, here's the thing. The third thing that would have saved my marriage is if this country would have recognized the service that I myself gave to my country. This is exactly why I want to talk to you today. I have so much to tell you, but I have one mission today, and that is to tell you that the battle about families is all about identity and dignity. Let me tell you what it's like.

● (1200)

The identity part is all about the core of the policies where I'm not recognized. Do you understand what that means? As much as for the Canadian Armed Forces as with Veterans Affairs Canada, if my husband cannot access services only because I'm there.... Remember, I had four kids at home, a full-time job, a big house to run, and I was told by a case manager that my husband couldn't have VIP service. Do you know why? Because I was there. “You can do it, Madam Migneault:” that's exactly what I was told.

This is the identity part: you have to recognize me in those policies. The dignity is about quality of life, and it has three aspects: support, education, and recognition.

The support is really all that comes with me, my own background. I would like to remind you that if I had been a military spouse, I would have come from the JPSU. If you're a serving member and you need services, chances are, if you have a wife, you won't get those services.

Do you want to know what the impacts are on my life as a caregiver? Just think about it. The burden is on me. No matter what, I have to deal with the situation, and I come with my own baggage. I need support to teach me how to protect myself from the collateral damage. I am that collateral damage, as we speak.

I need education to know how to support my husband, to help him, to be the ally who will make him want to get better. This is the input I can bring. Most people think about education as having to do with the therapeutic side of things. I do agree. But do you know what? For years I'm the one who gave my husband a massage. He has a cracked backbone. He would rather receive a massage from his wife than from a stranger, and he felt like I was doing a better job. Well, this is probably true, but if I had been trained to massage him correctly, more efficiently, I would have lost less energy in trying to help him. That's the point—I need education.

I cannot talk on behalf of everybody. My purpose is really to bring the voices from down to up. I cannot tell you what education should be. If you ask me, knowing that many live with, for instance, domestic violence, I would be the one promoting the teaching of self-defence, if needed. Education can be that large. It also means we have to deal with the reality, the reality of the ugliness of the darkness.

Then there's recognition. Let's be honest, we're talking about money. The more you want to help me through my husband, I'd like to remind you that the more you are making me dependent on him. That's the point. The recognition is really about the money. First of all, I had to quit my job in order to stay with my husband eight years ago. Eight years ago I was 35 years old, and I'd like to remind you that I testified, in November 2007, before this same committee. Read it. I was 35 years old, and we had three children at home back then. You'll see who I was and see who I am today.

I cannot work 40 hours a week now. I am transitioning. Understand me: I became a military spouse myself, living 24 hours a day with someone with PTSD. If you don't still believe that transfer PTSD is a reality, come back to earth. Now, the family needs an independent voice. Do you know why? Because in a marriage, my needs are not the same as my husband's. Give me an independent voice, acknowledge where I am, my needs, and let's work on an action plan.

Thank you.

The Chair: You still have one minute.

Ms. Jenny Migneault: Let's work on an action plan. I believe this is doable. Right now there is nothing for spouses like me—nothing. I am told to go back to civilian resources. Where are they?

● (1205)

The Chair: Thank you.

Mr. Kitchen.

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

Thank you very much to both of you for being here today, and for bearing with us as we get through this. Thank you for your talks and your information, which have been very much helpful.

I have a whole bunch of questions. We're trying to fill in some gaps as quickly as we can.

My first question deals with something that both of you expressed, and that's spouses who've given up their careers. The reality is that you both have given up your careers in order to care for your husband, in order to be caregivers. I'm wondering if you could just quickly give some suggestions on what your needs for support would be. We heard a couple of them today.

Oftentimes I don't think people think about the issue that when we're dealing with PTSD, sometimes situations happen where things become violent. How do you defend yourself? How do you protect yourself? What resources do you have in your communities? One in Saskatchewan, one in Ontario or Quebec; we don't know, because they've changed.

Do you have suggestions maybe about supplies? I think we heard a bit about education. You mentioned it a little bit as well. Could you quickly give us a bit more information on that?

I'll start with Carla.

Ms. Carla Murray: Hi, Robert. Thank you.

In terms of education, it's things like mental health first aid, which even all VAC employees have, wound care, and proper lifting techniques. It's really obvious stuff, Robert.

Dealing with PTSD, I wish I knew back then what I know now. Life would have gone so much easier. It's simple things, like the fact that someone with PTSD has trouble filling out forms. If they'd told me that at the beginning, think of how many fewer domestics I'd have had. I mean, I was getting so frustrated trying to get him to fill out the forms. It was integral understanding that he couldn't, and I'm amazed that VAC hasn't figured that out yet.

I had VAC make a special phone call to me, to tell me that since my husband was no longer going to be seeing Dr. Brock, I could no longer go to the office. They would not pay for the travel. I said, “Yes, I realize it's only my husband who counts for you.” Every person who's taking care of a person with PTSD should have regular psychological appointments. You need to come from a place of stability.

The two best things are these. First, you need to talk to your veteran's psychiatrist. There are two pills. I'm not making a prescription recommendation, but they work: clonazepam and propranolol. If your husband's having a psychotic episode, you need to know that and have them handy. You also need to have an escape plan, for both you and your kids, that your veteran will never guess. This is just survival. This is just pure, simple survival of a veteran's caregiver.

Mr. Robert Kitchen: Thank you.

Jenny.

Ms. Jenny Migneault: Acknowledge the reality, okay? If someone arrives with a diagnosis, could you all just take it for granted that you already have someone impacted? The whole family is already impacted.

We need a package the moment they have the diagnosis. In my case, I don't see why I had to wait five months in order to receive permission from Veterans Affairs Canada to see a psychologist. We should have a package to begin with. You have a diagnosis? Go. Have the family, including the children and spouse, go to a psychologist. That would be a great start.

I would also be a strong promoter of having some kind of education where you train me and where you pay me. Compensate me. The moment I stay at home, I become dependent. You know what? I have a husband who wants me to stay at home. I should have a choice, but he wants me to stay at home. He tells me, “We can manage it financially. Stay with me. You will be all right.” This is what he wants, and this is what he's promising me. It's the same thing that Veterans Affairs is promising him, to take care of him. The problem is that the system doesn't take care of him. He cannot take care of me properly to begin with.

Mr. Robert Kitchen: It's crossed my mind a couple of times that when we're talking about families, and we're seeing unfortunate situations where there are breakups, what are we left with in terms of the families? I'm talking not only about spouses but about children. Oftentimes the children who watch what might go on in their homes will feel stress from it as they grow up, and later might run away from home or whatever the situation may be. How do we deal with that?

Perhaps you wouldn't mind commenting on that, Jenny first.

● (1210)

Ms. Jenny Migneault: Prevention.

Mr. Robert Kitchen: Thank you.

Carla?

Ms. Carla Murray: Can you remind me of the question, please?

Mr. Robert Kitchen: We are talking about dealing with families and children and—

Ms. Carla Murray: Oh, yes, children; thank you, and thank you for bringing that up.

It's one of my pet worries, children of divorced parents. When a serving member and their spouse divorce, the serving member has to sign off on the child's psychological visits. I think they get a regular 20 or something, but some of these children are really damaged, and they need their own number. They need their own relationship with Veterans Affairs. That damage isn't going to stop with the divorce; that damage that the child is suffering after the fact will go on the rest of his life. DND should be directly responsible for that, and that should be taken care of.

Even divorced women, from dealing with PTSD.... I mean, look at Jenny and me; we're broken...or maybe not broken, but there's no doubt we're changed individuals.

But yes, children need their own number.

Mr. Robert Kitchen: Thank you.

The Chair: Thank you.

Mr. Fraser, you have six minutes.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair.

To both Ms. Migneault and Ms. Murray, I want to thank you very much for your appearance here today and for your evidence, which we are going to take very seriously. We hear you.

I also want to say thank you for your service to our country, because it is important to recognize—as you, Ms. Migneault, said in particular—that you have served our country too. We need to recognize that.

I would like to turn to you, Ms. Migneault, for a moment. You mentioned, with regard to family support, that it makes sense for you to have an independent voice, for your voice to be heard. I take it that you mean looking, in a holistic approach, at the entire family structure and making sure that your voice is heard. I wonder if you could elaborate a little on what you mean by “independent voice”, and how you see that working with the current structure we have.

Ms. Jenny Migneault: I will be honest with you. My answer will be sort of political.

Just remember that last August, families were promised $100 million a year. Do you all remember that, in August? I remember. I was there, at the press conference. Now everybody seems to have forgotten about it.

I say that politically speaking, since caregivers and families are not top priority—which I respect, of course, because we all have to wait our turn, it seems—right now would be a great time and an opportunity to become the world leader when it comes to caregiving. Right now we could think about it collectively, with the right voices.

An independent voice means that you recognize me, not as being a serving member or a wounded veteran. An independent voice means that you believe in me and what I can bring to the well-being of my veteran and my family. I thank Carla for reminding us of the impact on children. It is generations that are suffering.

An independent voice means that you recognize me for what I can bring, and for who I am, and my potential, instead of watching me go down slowly—just as you see with me.

Mr. Colin Fraser: Thank you for that.

Building on that, you mentioned that maybe one of the ways you can have an independent voice is through recognizing that having education for the spouse would be an important way to allow you to reach your potential and also contribute to assisting your spouse. You mentioned therapeutic—that you could have done massages for your husband—or other means of education. I am wondering if you think that education should be left wide open. Should it be described in such a way that it actually physically assists the veteran, or should it be wide open?

Ms. Jenny Migneault: If you help me, you help my husband, and if you help my husband, you help me. Again, I cannot speak on behalf of everybody, but I believe people should have a choice. Yes, education could be oriented in a therapeutic way for my husband, but it could also be for me—whatever suits me that will allow me to survive and maintain a quality of life.

I don't know if everybody would agree, but if, for instance, I want to learn genealogy, because for me it is important—it makes me feel happy and allows me to stay at home—maybe this could be considered. The more I'm happy, the more he's happy. And the more I'm happy, the more I contribute to my society and the less I am a burden to you all, financially and psychologically.

● (1215)

Mr. Colin Fraser: Just to be clear, is there anything you are aware of right now that would allow a spouse to access any educational services, or is it just for the veteran?

Ms. Jenny Migneault: It's for the veteran. Everything is through the veteran, and if he doesn't have that....

With education, we're talking about going back to school?

Mr. Colin Fraser: Yes.

Ms. Jenny Migneault: This is not what I'm talking about. I don't want to go back to school three years in a row.

Mr. Colin Fraser: Okay. Thank you very much.

Carla, I would like to turn to you for a moment. I really appreciate the evidence you gave. You mentioned something that's of interest to me in particular, because I come from a rural area in Nova Scotia. You talked about not having access to the website or My VAC. I take from that you mean the access to broadband services or high-speed Internet in order to access those. Is that the barrier?

Ms. Carla Murray: They call this high-speed, but it's basic high-speed. It's 1.4 on a really good day, and I mean a really good day, or maybe at 3 o'clock in the morning.

I find that both Blue Cross and My VAC websites just don't work. They don't open, they don't process, and they time out. Even ParlVU, I managed to get it working the past few days, but it's a real struggle. You guys are basing so many of your programs on this Internet stuff. It's really impacting us hard. We don't have any services as it is, so we really could use the help. Stop relying so much on that, that and the Legion. You are just leaving us totally out here in the west, because neither one is any good to us out here.

Mr. Colin Fraser: In terms of a veteran's loss of benefits, and you mentioned the ELB in particular, it seemed to me you were describing that there was not an adequate rationale given.

The Chair: Mr. Fraser, we're down to 20 seconds.

Mr. Colin Fraser: Okay.

Do you see a change in how many case managers there are? Would that help in order to actually have them coming and meeting you face to face?

Ms. Carla Murray: You absolutely have to have the face-to-face. Veterans are not going to like it, and I know they're not, but I've been doing this for 13 years. I was the one who was doing it and taking care of my husband before anything was offered. I call it the dark days. I learned everything by myself. But yes—

The Chair: I apologize. We have run out of time, so we'll have to come back in the second round.

Ms. Mathyssen.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much, Mr. Chair.

Thank you to Carla and Jenny. You have given us a number of important insights, and I thank you for your courage in coming forward.

One of the things that has come through for me is the sense that caregivers are regarded as the package that comes along with the veteran—that you are for free—and there's a sense of downloading the responsibilities of Veterans Affairs onto you. It would seem that you have paid a terrible price for that in terms of your own health and what you are compelled to manage.

The new government has made a great big noise about increasing the number of case workers at VAC. Is that enough? Is that going to be the magic bullet that they seem to think it is?

[*Translation*]

Ms. Jenny Migneault: I think there is no overall solution that can address all of that. That said, I believe efforts are being made. Can the result be felt completely, from one end of the country to the other? I doubt it. It may still be too soon to say, but one thing is for sure: adding more case managers, by itself, is not going to change the situation. There is still an entire system that makes no sense.

[*English*]

VRAB is a great example of the nonsense.

Ms. Irene Mathyssen: Okay.

On respite care, I wonder, Carla, if you could speak to this, as well as Jenny—

Ms. Carla Murray: I'm sorry, I just want to point out that Jenny and I are both saying that VAC is structurally broken. You don't understand how far that breakage has gone. They're getting worse now because they're doing a disconnect, so they are not connecting with veterans directly.

Yes, the case managers, if they actually do the face-to-face with veterans...and please, dear God, research that—taking away benefits and not seeing the veteran face to face when they lose that benefit—because every single one who has talked to me about losing benefits still does not understand.

● (1220)

Ms. Irene Mathyssen: I want to come back to respite care. It seems to me that is very important to a family living with stress, caring for someone with incredible needs. What kind of access do you have to respite care, and if you have access, is it enough? Does it work? What needs to happen there?

Ms. Jenny Migneault: I'm going to talk to you from my perspective of being homeless. When I left, I was told that I could call the Legion, for instance.

Can I take 20 seconds of your time to please acknowledge the fact there is a profound disconnect between what you hear from the executive committee and what's happening on the ground?

Thank you, Carla; you do agree with me.

Let me tell you something. I cannot wait for this country to have those people who still are refusing to tell you how much they earn a year. I can't wait for you to have them right in front of you and to ask the real questions, to stop the circus.

They are telling me that I'm supposed to get help from the poppy fund.

[*Translation*]

It's an open secret.

[*English*]

It's not true that it's going that much to the families. Some Legions are doing great. Some people are truly devoted to helping us. But what they are telling you from the executive committee is a big zero. Please stop giving them a voice when it comes to families, because they don't know what they are talking about. That's how serious this is.

Ms. Irene Mathyssen: Thank you.

I have one last question. Very clearly, you've been long-term caregivers of a veteran's family. We're coming up with recommendations that we want this government to follow through on.

What would be your most important recommendation for this committee, for the minister, and for the government? What's number one?

Ms. Carla Murray: That you have no credibility. Start from scratch. Blow it up. Change the name. Change everything. You're asking employees who have been doing the same delay-and-deny culture for 10 years. You can't expect them to change. They're not going to change.

Our veterans are suffering. Make it veteran-centric, where VAC has to prove those injuries aren't service-related. VAC needs to do the paperwork, and then the paperwork would get suddenly simpler. You need to create a system where if somebody needs a wheelchair, all of a sudden there is this pop-up box that says, “Okay, you need a wheelchair. Do you need winter tires? Do you have any accessibility? What do you need?” Automatically it would come up. Everything would be on a system, so that if anything consequential comes up, it wouldn't be as much of a fight.

Let's get VAC back to doing their own paperwork. That by far will make everything simpler and take a lot of stress off of veterans.

Blow it up from the base. That's my vote.

Ms. Jenny Migneault: I totally respect what Carla says.

For my part, I would like to say that, as a member of the family advisory committee, one of my top priorities would be to give the family a voice. First of all, please, no more caregiver relief benefit... which was developed as a political reaction to save the image. Now please make it work. I still believe that the $2.5 million is okay for that measure, but I'd like to remind you, just quickly, that the caregiver relief benefit was meant for my husband, not for me. It was meant for him, to have the services that I provide to him, when I'm gone to have a rest. It does not make sense with PTSD. It's only a beautiful little plaster. It's not for me. It's not compensation. It's for him, to help.

The Chair: Thank you.

Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): I would like to thank both of you ladies for being here today. Your testimony is very powerful for us.

As we set out as a committee, we had decided we wanted to do this service delivery study, because we wanted to talk to you about what your experiences have been, rather than talking at higher levels about what it was intended to do.

Having said that, I'd like to drill down a bit. One of the things we're hearing about is the transition period. I'd like to hear from both of you as to what your experiences were. Explain to us when this went off the rails. We're prepared to hear what you have to say. We certainly understand, but let's back it up to the beginning, wherever one of you like to start.

● (1225)

Ms. Carla Murray: Go ahead, Jenny.

Ms. Jenny Migneault: It went off the rail the moment I met him, because he was coming to me wounded from the Canadian Armed Forces.

I'd like to remind you, the JPSU has an 18-month delay. Do you know what that means?

Mrs. Alaina Lockhart: Please explain.

Ms. Jenny Migneault: It means they are coming already wounded from a system that is already abandoning them. Whose burden will it be, do you think? It's yours. Everybody's closing their eyes on everybody's responsibility, first of all.

Of course, it derailed from the moment he was wounded. He didn't know it. He didn't acknowledge it. For me, he was already experiencing nightmares, and I was already receiving...you know... to begin with.

Ms. Carla Murray: The one thing I can say about going off the rails is that my husband had two major injuries in service. One was in Goose Bay, Labrador, and we were abandoned then, really abandoned. I have horrific stories to tell you about that. We finally got him better after unbelievable stories, and he continued on with his career. His PTSD finally got to be too much for him. Once again we were abandoned.

Even signing out, he could not do the paperwork to do his sign-out. We missed his life insurance, and we can never get it now. I'm doing his paperwork. I don't understand all that “JFQ7936”. It was a stack this big, and I'm not exaggerating. I was responsible for it. I'm clueless, and these guys that I'm dealing with are not happy that it's me doing it. There was no help. The case manager thing was a joke back then.

Steve's boss told his psychiatrist exactly what was going to happen, his whole care team. His boss got up and said, “He will be released by this date. I don't give a goddam what you say.” That was it. The psychiatrist was shocked.

You can't name a part of Veterans Affairs that I can't tell you a nightmare story about that we personally went through. Every single —

Mrs. Alaina Lockhart: Sorry; I find it interesting that you've both mentioned.... We look for this big solution, but both of you have mentioned the paperwork and how that's your first introduction to Veterans Affairs, as I understand it. There's a stack of paperwork without a person to go with it. Is that fair to say?

Ms. Carla Murray: Yes, totally.

Ms. Jenny Migneault: Let's talk about the quality of life form. Can your husband do grocery shopping? Yes. Yes, with help. No. Well, is it his PTSD? Is it his backbone? Is it his knees? The forms are ridiculous. You know what? We never know what to answer, because all of a sudden we're going to say the worst thing. What can I say? Am I considered his help if I say that he needs me to grocery shopping?

The ridiculousness is at every level. You are right about the fact that there's no one magical solution, because the problem is everywhere at every single layer of the system, from the psychologist who treats him, from Veterans Affairs Canada. In our case, for years my husband told them that he was using marijuana and he recognized that it was helping him, yet for years psychologists and psychiatrists of Veterans Affairs Canada from Ste. Anne's Hospital told him that he was a guilty man for using marijuana. All this time Veterans Affairs was actually offering it.

Mrs. Alaina Lockhart: Thank you.

Ms. Jenny Migneault: Very quickly, what it meant in our lives was that my 15-year-old son used to go in the street to buy the marijuana for his step-father. This is the result.

The Chair: One minute left.

Mrs. Alaina Lockhart: I just want to—

Ms. Carla Murray: The paperwork is insane. The simple solution is to get VAC to do their own paperwork. Make them sit down with a veteran. Then we still get the face-to-face that I want, and they do the paperwork. You'll be amazed how quickly it will be simplified.

Mrs. Alaina Lockhart: I think that's a very good recommendation. Thank you.

The Chair: Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

This is quite a day. My own personal approach to political things is the integrity of the family unit. You can work anything out with a family. So our take-away as a committee, from the meeting that we've had with you today, is pretty interesting. Number one would be blow it up and start all over from scratch with a blank piece of paper. I'm not discounting that.

I think an immediately useful thing would be the notion of a family package, because I'm not sure exactly whether there has been a package, so-called, designed with input from a broad range of experiences such as we've heard from Jenny and Carla.

What would you say to the notion of the family package? Give me a general idea of what you would like the government to come forward with. It will help us deliver the service if we know what we're actually delivering from the point of view of the needs of the family.

Could you speak to that, Jenny?

● (1230)

Ms. Jenny Migneault: It's all about the support, education, and recognition. This should be the package, if you ask me.

Mr. Bob Bratina: Education is really a powerful one, too, because we tend to think that it's kind of a retraining education so you can learn how to weld, but you spoke of other kinds of education.

Ms. Jenny Migneault: You talk about education, but I'd like to talk a little bit about the importance of support.

Mr. Bob Bratina: Okay.

Ms. Jenny Migneault: As I said, I come with my own baggage, my own person, my own experience. You can give me education on the effects of a pill, but if....

I'll give you a perfect example. I'm sorry, but it's a personal one. My husband received a new prescription every six weeks. Every six weeks a new pill was added.

At one point, a new pill is introduced and no more sexual activity is possible for him. Of course, you could tell me, “Jenny, there's this pill, blah, blah, blah,” but if Jenny still believes he doesn't love her anymore...because at that point, the relationship is bad. The notion of love is gone. If I don't have the support to see him through the correct eyes, then let me tell you something: I will become his worst enemy, no matter how you will try to invest in him. I will destroy your therapeutic efforts that you're investing in him. I really can do that as a spouse.

Mr. Bob Bratina: Let me come back to the notion of the Legion and the shortcomings of the Legion. We've heard people from many veterans groups. So what's the point of the shortcomings? What doesn't happen that should happen?

Ms. Carla Murray: There are veterans in crisis near me who aren't actually members of the Legion. When we approached the Legion to get help for them, they looked me in the face and told me the poppy fund is not for veterans; it's for the community. I know of all these veterans in huge need but the poppy fund will not release funds for them. The baseball clubs gets funds, and Fort McMurray gets them. My father was a World War II vet, and the Legion was a part of my life, but I have made all my dear friends take down that little Legion sticker that says “Legions Support Veterans”.

When the Cirillo funeral was going on, I was in my hometown of Weyburn, and I pulled into the Legion because I wanted to watch the funeral, of course. They were in there watching the Communithon. They would not change the channel. And that was the Legion. There are no veterans left; there's no support; and there's nothing to attract the new veterans to the new Legion.

They're doing nothing. I've seen them refuse to let guys photocopy their VAC paperwork. I've seen them refuse entry. The small Legions we have are useless.

Mr. Bob Bratina: Thank you both personally for your contribution today. You've given us a lot to think about.

The Chair: You have a few minutes left.

Mr. Bob Bratina: I'm fine.

The Chair: Okay.

Mr. Clarke.

[*Translation*]

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

[*English*]

Madam Migneault and Madam Murray, thank you very much for being here.

I'm just brainstorming on my question, so I'll try to figure it out. For six months I've been thinking a lot about all the issues for veterans. Last week I think I started to understand something, and what you said today corresponds to this vision that came into my mind. You talked about stopping the circus, blowing it up, and starting from scratch, and then talking about the real issues.

What I've been seeing since the beginning is that there's the stakeholders group and there's the veterans. There are two things.

Also, in terms of what the ministry does, there are also two things, the financial benefits and the services. I think since the new charter of 2006, we are in a paradigm, which is to either create new benefits or increase existing benefits and allowances. That is good, and it had to be done, but it seems to me that this is kind of the circus, because even if it was done under the previous Conservative government—and I was wondering why, when we have all these new benefits, veterans still say we did nothing—I now see this new government following our path and just doing the easy stuff, which is to have new benefits and increase allowances.

I want to talk about the real issue, which might not be the real issue, but I'm trying to find out now.

Madam Murray, you talked about structural flaws in the ministry. I'm wondering if maybe it's not flaws but it's the structural culture of this ministry. I have a straightforward question, because veterans have been talking to me about this. Are you aware of non-official rules that the ministry is imposing on its case managers? I'll listen to you first, please, Madam Murray.

● (1235)

Ms. Carla Murray: Thank you, because I just phoned Veterans Affairs about that very question. Of course they admit to nothing, but I know that at one time they used to rotate the case managers and the client service workers so you couldn't work with the same person for more than six months. They will not admit to that, it's not on the regs, and apparently they don't do it anymore. But I know it did exist a few years ago. I've been in this system for a lot of years. I've seen it change. It just keeps getting worse.

Think about this; it's a department whose whole reason, or part of it, is to be responsible for veterans with PTSD and they make them fill out paperwork. Do you understand how ridiculous that is, and how structurally wrong that is? I mean, my husband couldn't even write his name for the first four years he was out.

Also, with the doping up they do with all these narcotics and stuff, they get really focused to the point where they can't read, they can't logically think, they can't put things in priority. So to put that paperwork in front of them is an obstacle they can't get over. Most of us women leave because these guys are scary, and there's no support for us at Veterans Affairs. There's no help with the paperwork. It's too much for them to deal with, and I totally understand. Structurally it's broken.

Mr. Alupa Clarke: Structurally broke, or maybe structurally they want it to be that way also. That's what I want to find out, actually.

Ms. Carla Murray: We all wonder. And you're starting to sound like a veteran.

Mr. Alupa Clarke: Yes.

[*Translation*]

Ms. Migneault, you said you are in part a result of the system as it relates to financial benefits, which are sometimes inadequate. As I said earlier, they are being increased, and that is the easy thing to do, I think.

You are also a result of the system in terms of the way this service is provided and the way you are treated by the department, for example.

I would like you to talk to me about how you are a result of the system and of the way your husband, as an individual, is treated by the department.

Ms. Jenny Migneault: Listen, there are no words to describe what life is like when you only have a telephone number and you call to say that your husband is not well and needs help, but you are ignored.

[*English*]

There is nothing worse than to call someone and say my husband needs help and not be acknowledged because I'm the spouse.

In Quebec in the past six months, I believe we have more than 12 veterans who committed suicide. The pattern is all the same. They are all men in their forties, fathers of young children, and all abandoned by their wives at some point. Do you know why? The wives are trying. They're trying. When they're military, they go see the padre, they call the chain of command, they go to the MFRC, they go everywhere, they don't have a diagnosis: you're not the serving member, bye-bye.

I'm being told the same thing by Veterans Affairs. My husband saw a psychiatrist from Veterans Affairs for six years and no one ever asked me what was going on in my home. Six years: isn't that enough? I'm nothing—nothing. Don't talk about service delivery to me. I have no service to me, it's all through my husband—case managers, Veterans Affairs: my wife needs to see a psychologist, so the wife goes to see the doctor to have a prescription, the husband gives it, and then we wait. We wait and we wait: “You have 25 sessions, Mrs. Migneault”, and then bye-bye; 15 years with PTSD.

● (1240)

The Chair: Thank you.

Ms. Romanado, and you're going to split with Mr. Eyolfson.

[*Translation*]

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): I would first like to thank you, sir, and your wife as well, for your services to our country.

[*English*]

Thank you to Madam Murray as well.

As I mentioned to Madam Migneault, I decided to run for office because I am the mother of two sons currently serving, and I'll tell you, I'm terrified. I'm terrified of what's going to happen to them when they come home. I want to be completely honest with you. Listening to you today, I'm scared. We're talking about service delivery, and we're hearing that there's the system and then there's the delivery. What you're going through is a failure on our part.

I'd like to know if you would be willing to share your expertise in terms of.... We talked a little bit about the transition, but can you tell me if the service or lack thereof that you received actually did more harm than good? I'm worried that we forced you to self-medicate. We forced you into the basement by not giving you the service you needed.

I want to know what we can we be doing to help you to address that, because it seems like it's still going on.

Ms. Jenny Migneault: Our men and women of this country are victims of the decisions and the treatments they are given, first of all by the Canadian Armed Forces.

Do you want to know something? On April 5, I was invited by the 2nd Division as a privileged guest about mental health. At the end of that meeting, I was asked—and escorted—to shred my personal notes. I am an enemy of the state, being a spouse. This is exactly how we are treated, and this is exactly how you are treated also as a family member.

First of all, thank you, because I know that, from Quebec, you're not being told “thank you” very often. Thank you to your sons, and yes, you should be concerned, because the JPSU is not doing their job right now. As a mother of two sons serving, you should be concerned about what's happening with the JPSU first.

This is the result. We are the follow-up. It is ground zero over there. Acknowledge this.

Mrs. Sherry Romanado: Carla.

Ms. Carla Murray: The JPSU didn't exist in my husband's time. It was the SPHL. Being released from the forces back in what I call the “dark days”—I think he got out in 2008—was horrific. SPHL was brought out and the case managers were just kind of feeling their way. It was horrific. I had to do all his paperwork, and nobody—not a case manager, nobody—was going to help me. They almost blocked my way. It was awful.

I wish I could soothe your fears. I told my children that if they went into the military I would disown them, and I'm not joking. I'm not going to watch this again.

I'm sorry, ma'am, but I don't know what to tell you. I'm still living the nightmare. My husband still has PTSD, and I'm alone. I'm dealing with this all by myself.

I have no.... I mean, now we have OSISS for families. We never did before, but now we do, and that's kind of handy, but it's three or four hours away from me. I can pick up the phone, which is nice, which I didn't have before, but my husband was having an episode the other night, and I'm sitting there and I have the two bottles of pills in front of me in case something happens. He's doing great. He's using his tools and he's doing wonderfully, but you don't know, right? Also, we're out in the middle of nowhere. Even our local hospital was closed that weekend. I'm sitting there with those two bottles of pills and watching him, and I'm thinking, “I have no one to call.” I have no psychiatrist. I have no psychologist. We're on our own.

That's been my journey the whole—I'm sorry that I can't swear—way; you know what I was going to say. I survived, and now I try to support other caregivers, but right now in Saskatchewan the veterans are in such desperate need that I advocate for them too. We have to at least get them some help, and then I'll worry about getting the caregivers help.

For me, it's not about the money, but there's a Canadian Air Force $35,000 caregiver allowance that was never offered to me when I had to quit my job and take care of husband when he was in the military. I think that $35,000.... I mean, I don't care if I get the money or not. I'm broke, and I'm never going to be able to work again anyhow, but taking care of my husband works. He's so much better because I'm home and I can intervene before things go bad, right? If he starts getting fixated on something, I distract him with something or we'll go for a walk. I'm good at this now, but this is all self-taught. I don't want women to go through that.

I approached OSISS when I was in Alberta and going through the middle of it in Cold Lake. I approached the OSISS worker there and said that I wanted to start peer support for wives. He said, quote, that “PTSD doesn't exist in the air force”, and he wouldn't even talk to me again. He is now the manager of that district—the manager of that district—so do you want to tell me that things are getting better for veterans? I can quote you in a million ways how they aren't.

I'm sorry, but these guys are blowing smoke up your butts: the Legion, the VAC, the CPAC. You have to get to the truth. I know I'm not supposed to say this, but what have I got to lose? I've been alone the whole way now.

● (1245)

Mrs. Sherry Romanado: You need to tell us this. That's the point. That's why we're doing this. I can guarantee you that there's not one person on this committee, regardless of what side of the bench they sit on, that is not supporting you in this regard. I can guarantee you that.

Ms. Carla Murray: Thank you.

Mrs. Sherry Romanado: I'm sorry that you have to keep coming back every year to tell this story because we just keep making you do this. We keep making you jump through the same hoops that we've made you do since your husband got ill. It's embarrassing.

We don't make it easy. My colleague Alupa has mentioned to me many times that we put the onus on the veteran to prove that the injury is service-related, versus the onus being on Veterans Affairs to prove that it isn't. We should be—

Ms. Carla Murray: That has to change. We are carrying the bulk of that burden. They just downloaded their whole job—the paperwork, the finding doctors. Out here we don't have physiotherapists and psychologists in the office. Are you kidding? I heard that, and I went, “Really?” We have nothing. We have a client service worker, a couple of case managers, and an administrator, and they don't like you coming in the office. They help you to the best of their ability, but they have no professionals out here to pull from, whereas you guys in Quebec and Ontario get a totally different Veterans Affairs. We get nothing.

We have to research and find every single benefit. At the beginning, I had to ask the exact right words in order for them to tell me. If I didn't put the words right, they would use it as an excuse not to tell me, for a benefit. I think Veterans might be a bit better now, but not in my experience. I've had to reapply for his rehab and TPI because an abusive case manager took it away.

The Chair: Thank you.

Mrs. Sherry Romanado: Is that my time?

The Chair: Yes, you're out of time. Sorry.

Mr. Strahl, you have five minutes, and then we'll end with Ms. Mathyssen, with three minutes.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Thank you very much for your testimony here today.

I'm a substitute member of this committee. I'm used to dealing with fisheries issues. I have to tell you that it's a little less intense over there.

I appreciate what you said. I come from Chilliwack, B.C., home of the former CFB Chilliwack, so there are a number of veterans who have come back after their service to settle in my community. I've seen a lot of difficult files.

I will just recount the story of one veteran who has a physical injury. He can't walk without a cane. He's about my age. It was a service injury, a training accident, and he too experienced that delay-and-deny culture. How much worse it must be for the unseen occupational stress injury. If they're not going to acknowledge an ankle that won't work anymore, how are they going to acknowledge mental illness? I think there really is a cultural problem there.

You both mentioned independently access to medical marijuana. I wanted to get some answers from you. The Auditor General just touched on that as well.

Jenny, you mentioned that it was working for your ex-husband, but it was seen as a bit of the dark side that he was self-medicating at the time. When you're in the JPSU you're still a serving member of the Canadian Forces, and that would preclude you, I would assume, from using marijuana of any kind. Am I correct in that?

● (1250)

Ms. Jenny Migneault: To the best of my knowledge, the Canadian Armed Forces authorizes medical marijuana, but if someone chooses to use it they cannot, for instance, drive a vehicle, etc. The Canadian Armed Forces won't pay for medical marijuana the way Veterans Affairs will.

Mr. Mark Strahl: So while you're in the JPSU, your 15-year-old is.... Do you have to get it yourself, or are you paying for it out of pocket?

Ms. Jenny Migneault: You're paying out of pocket, but you can access it through a service provider.

Mr. Mark Strahl: Okay. I've heard this as well from veterans who have come into my office, that it is the thing that's working for them.

How is it working for the veteran currently? Is Veterans Affairs starting to change their attitude on it? Obviously, there have been a number of cases. If the Auditor General has flagged it as something that's escalating, what advice do you have for Veterans Affairs, in terms of service delivery—which is what this study is here—in dealing with medical marijuana as it relates to injured veterans?

Ms. Jenny Migneault: Don't make veterans victims of another war, the pharmaceutical, because with PTSD it's working. The problem is the stigma; the accessibility, of course. And what seems to be a huge matter for Veterans Affairs is that it's not about the money...but I believe it's about the money.

Mr. Mark Strahl: Carla, do you have any comments on that?

Ms. Carla Murray: Actually, I did some work on it before I came, because this is an important issue. I will not lose the quality of life we have gained because of my husband being on medical marijuana. If I have to go out and pay for it myself and buy it off the streets, so be it, but I will not ever go without it again.

We have achieved a higher level of pain control than we've ever had. We have a higher level of quality of life than we've ever had. It has been a miracle for us. Please don't screw this up. Go and get educated.

I mean, five grams a day is not too much. With the new system we're using, we're going to have to up him to 10 grams, because you concentrate it. That way he gets instant relief, and he doesn't really get high from it. This isn't like smoking a reefer. This is the true, medical way to properly do this.

If you want to embrace it, embrace it fully, and go and look at the proper medical way, and get us the training to do it. I had a woman come out from Petawawa and teach me, from Healing Waters Petawawa. Thank God for them. They have changed our lives.

Mr. Mark Strahl: I just have one moment left here, and I did want to ask about the supposed support systems like the Legion that aren't working. Are there any that are? You mentioned peer support that you had tried to set up. Are there groups or organizations that you as spouses have found that have helped in terms of service delivery?

Ms. Carla Murray: OSISS is invaluable. There is one OSISS woman here in Saskatchewan, and she has saved my husband's and many veterans' lives. She's amazing, but she's one woman for the whole province of Saskatchewan. She is always on the road, but they're cutting back OSISS. They're cutting back their travel; they're cutting back. They're really the only point of contact we have anymore because VAC doesn't do it anymore. OSISS is a great thing. Stop cutting them back.

The Chair: Thank you.

We move on to our last questioner. That is Ms. Mathyssen with three minutes.

Ms. Irene Mathyssen: Thank you very much.

Madam Migneault, you talked about a promise that was made last August for $100 million that seems to have been forgotten. One of the things that concerned me was the fact that mental health wasn't even mentioned in the budget. When we look at family breakdowns and suicide, it's pretty clear that there is a tremendous need for mental health support. Does it come down to the money? Is this what has been missing all along? Then I want to ask Carla about this too.

Ms. Jenny Migneault: Money is highly political, and any politics is about money. Obviously, everything has a cost. If money were not a problem, we could all agree that it would be easy for me to receive permission to go see a psychologist, and I would have 50 sessions a year. Now I have to fight for it. In this particular example, well, you have the core of it all.

● (1255)

Ms. Irene Mathyssen: Thank you.

Carla, we've heard from veterans and spouses that they don't know what services are available. Your example of a $35,000 caregiver package speaks to that.

Ms. Carla Murray: At the Canadian Air Force; it's in the Canadian Air Force books.

Ms. Irene Mathyssen: Okay—

Ms. Carla Murray: Or not the air force, sorry, it's the military books: DND.

Ms. Irene Mathyssen: Okay.

Ms. Carla Murray: I didn't know about it either.

Ms. Irene Mathyssen: Had you known that, obviously life would have been easier. You would have been able to make a better transition.

Ms. Carla Murray: It's pretty tough when you're going through living hell to worry about money too. You're dealing with a crazy husband and you're trying to keep your kids safe and happy, which is next to impossible with a raving husband. He's getting shut out from the military because he's sick, and they hate sick people. You're fighting the doctor to try to get him help, and money is the last thing you need to worry about.

Right now, I don't care about money for caregiving, but I'm sure a lot of these young vets' wives do. I don't know; you need to check with them. I'm the old girl. I can survive anything now. It would take more than money to get me down.

Ms. Irene Mathyssen: You talked about the administrative burden placed on physicians in terms of the delivery of mental health care. Is that burden actually driving psychiatrists and physicians away from being able to care for veterans?

Ms. Carla Murray: I have talked directly to practitioners, and they're telling me yes.

Ms. Irene Mathyssen: Finally, you have talked about recommendations, and we have listened very carefully. It is my hope that this time—this time—the voices of people who are so desperate are going to be heard.

Is there anything else? Is there anything that we've overlooked today that you would like to add?

Ms. Jenny Migneault: Yes, very briefly, I'd like to remind you all that a caregiver is a significant person to a wounded warrior. I'd like to remind you all also of the sacrifices of families. When you have a serving member or a veteran who is alone, the family compensates. It might be the parents, too. Don't forget that when we talk about family, we talk about widows. We also talk about the children, the parents, and the spouses. We talk about anyone who has a positive influence on someone who is suffering and who can be there, because what is essential between someone who is wounded and his caregiver is trust.

The Chair: With the permission of the committee, we could run another 15 minutes, we could end with closing statements, we could do another quick round, or we could call it a day.

I ask all of you, do you want to start with a close and give each person another 10 minutes each, and that would wrap up all our time, or give another short round of questioning? It's up to the majority of the committee. We'll close out? Okay.

We will allow you five to ten minutes each to close, although you don't have to take the whole five or ten minutes.

We will start with Carla.

Ms. Carla Murray: Somebody asked me a question about why they were announcing all these new services last year. The last government was wonderful for announcing these wonderful new services, but they were not accessible. Only about a hundred people in the whole country would qualify. It sounded great in the media, but whenever you went to access it, it was inaccessible.

As for Veterans Affairs Canada, I don't know that you can fix it. I'm really worried that you're throwing good money and good ideas after bad. You have no credibility with veterans. We don't trust you anymore. I don't trust you anymore.

You guys are the first glimmer of hope I've had. Please don't be a freight train. We really need help. In Saskatchewan we're desperate. We need it now, not in three months, not with more studies. We need it now, please.

I'm done.

The Chair: Jenny, could you give us your close, please?

Ms. Jenny Migneault: I would like you to check something. On January 25, 2016, there were two different articles about suicide in the military. One was in English in the *Ottawa Citizen*, and the other was in French in *La Presse*. I would invite you to compare those two articles. You will see that in English, we refer to the responsibilities of a system, while in French we play the violin. I can assure you that from an advocacy point of view, my reality is very different in Quebec.

I would also like to remind you about the importance of understanding our different cultures, from natives, from English Canada, from Quebec. Our needs, our challenges, are slightly different from one region to another.

Finally, I will remind you, as a representative of the families, of the importance of giving us an independent voice.

Thank you very much. Three political parties invited me today. It's symbolic of a new change. I welcome you and I thank you for it.

Please, just don't let us down. Listen to us. We know the solutions. We can help you. We want to be your allies. Now bear with us.

Thank you.

Ms. Carla Murray: That's awesome.

● (1300)

The Chair: On behalf of the committee, I want to thank you both from the bottom of my heart for the powerful statements you made today. Thank you for all you've done for our members who have served. I know you're great advocates, and I challenge you to keep your eyes on this committee. Hopefully we don't disappoint you. Thank you again.

I need a motion to adjourn.

Thank you, Ms. Lockhart.

All in favour?

Some hon. members: Agreed.

The Chair: We are adjourned.

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