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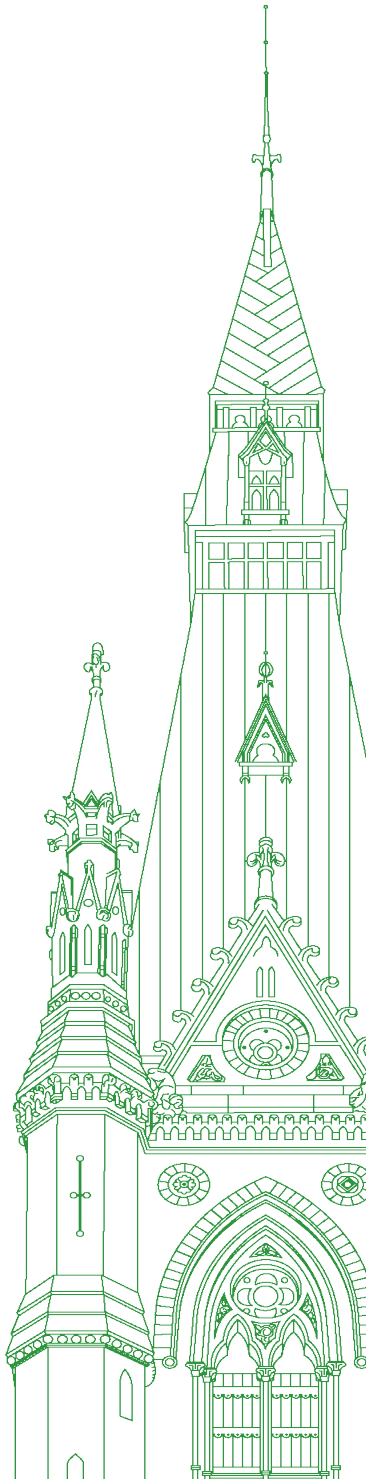

Chair: Mr. Bryan May

Standing Committee on Veterans Affairs

Wednesday, February 17, 2021

● (1755)

[*English*]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call this meeting to order.

Welcome to meeting number 13 of the House of Commons Standing Committee on Veterans Affairs.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, 2020, the committee is beginning its study on supports and services to veterans' caregivers and families.

Welcome to all of the witnesses who have taken time to join us today.

From the Department of Veterans Affairs, we have Mr. Steven Harris, assistant deputy minister, service delivery; Mitch Freeman, director general, services delivery and program management; and Crystal Garrett-Baird, director general, policy and research.

Also, from the Office of the Veterans Ombudsman, we have Colonel Jardine, veterans ombudsman. Joining the colonel is Duane Schippers, strategic review and analysis, director and legal advisory.

Welcome to all of you, and thank you so much for your patience, and thank you for accommodating our sometimes very crazy schedule.

Without further ado, I will turn it over to Mr. Harris, who will start off with his five-minute opening remarks.

Again I will just remind people that once Mr. Harris has finished, we will go into the first rounds of questions, and at about the halfway mark, we will switch over to Colonel Jardine.

Mr. Harris, the first five minutes are all yours.

Mr. Steven Harris (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): Good afternoon, Mr. Chair—or good evening, almost, now—and members of the committee. Thank you for the invitation to be with you today.

[*Translation*]

Good evening.

Mr. Chair and committee members, I'm happy to be here today.

[*English*]

It's been almost a year since the COVID pandemic started in the Canadian context, and it has greatly affected all of our daily lives. The effect has been felt by those we serve, our veterans and their families, members of the Canadian Armed Forces and the RCMP, and by those in the department in how we are organized to deliver much-needed programs and services.

As I reflect back over the last year, I'm proud of the innovation, flexibility and resilience of veterans and the organizations that are dedicated to supporting them.

[*Translation*]

With the pandemic still a priority concern for all of us, Veterans Affairs Canada has adapted, and will continue to adapt, to support the needs of our veterans and their families.

[*English*]

Before I speak to you about some of these changes, I want to take this opportunity to provide the committee with a brief update on the wait-times initiative plan that was submitted to ACVA in June 2020, and to thank the committee for its report “Clearing the Jam”. Since the minister's last appearance in November, we have hired more than 350 additional staff from across the country to strengthen our capacity to make more, and more timely, decisions for veterans on their disability benefit applications. These staff are now trained and are making decisions, and this will be one way that we will reduce wait times for veterans.

[*Translation*]

In addition, I want to note that, since March 23, 2020, the start of the pandemic, Veterans Affairs Canada has issued nearly $1 billion in new disability benefits to veterans.

[*English*]

Over the last few years, we have expanded the programs and services that contribute to the well-being of veterans and their families. We are making sure that these programs are available to the veterans who want and need them.

Newer programs like the education and training benefit provide veterans with funding for post-secondary education, training, or shorter courses like workshops or seminars, while career transitions services assist veterans by providing individualized support for job search skills and career counselling. Finally, the veterans emergency fund is there to help when veterans are facing a financial crisis or emergency, and is available to veterans whether they have a service-related disability or not.

Faced with a prolonged pandemic environment, we know, our most vulnerable veterans are at risk, and so we have made more than 18,000 calls to check on them. We have reached out to connect with our case-managed veterans, those with health-related issues, those who live in remote areas and those at risk of homelessness. We are currently reaching out to all of our women veterans. In all cases, we can use these opportunities to make adjustments to programs and services based on the needs of these veterans.

Of course, COVID has had a significant impact on long-term care facilities. As VAC supports about 4,000 veterans in long-term care facilities across the country, we are working with long-term care homes and family members to make sure our veterans are safe. In some cases, we are ensuring that veterans have the supports they need if they want to bring their family member home. We've also been paying for personal protective equipment for veterans who receive face-to-face treatment, and we've waived the need for prescription renewals during the pandemic and extended our telehealth coverage.

[*Translation*]

Given that COVID-19 has had a negative financial impact on some veterans, we've changed the veterans emergency fund to cover costs related to COVID-19 and allowed for a maximum funding of $10,000. All these measures are in place to ensure that veterans can continue to receive the help and support that they need.

[*English*]

These examples of programs and services are important, but we also recognize the need to highlight the impact that mental health can have on our ability to take care of ourselves. That is why Veterans Affairs Canada offers a range of supports to mental health services for our veterans and their families.

With access to over 12,000 mental health professionals across the country, the VAC assistance service, which is available 24-7 to veterans and their families, and with 11 operational stress injury clinics and satellite service sites, there are multiple ways to access support and treatment. In the COVID environment, many of these services can be provided virtually, allowing all veterans, even those who live in remote areas, to be able to continue to access safe support and treatment.

Recognizing the critical role of families in supporting our veterans, Veterans Affairs provides a benefit to caregivers of veterans with serious disabilities and expanded the veteran family program to the 32 military family resource centres across Canada. This program is there to help veterans and their families transition to post-military life and connect them with community resources.

● (1800)

[*Translation*]

There's still much research to be done on mental health and post-traumatic stress disorder, or PTSD. The centre of excellence on PTSD and related mental health conditions is funded by Veterans Affairs Canada and is doing some excellent research on the impact of COVID-19 on the mental health of veterans, the mental health of veterans' families, peer support and types of treatment for post-traumatic stress disorder, to name a few.

[*English*]

More and more, veterans and their families are coming to us and finding services and supports they need. We continue to adjust as new information becomes available.

[*Translation*]

We've given our employees the necessary tools and support to work from home so that they can support our veterans and their families. We'll work together to have a positive impact on the well-being of veterans and their families.

[*English*]

Thank you very much, Mr. Chair.

The Chair: Thank you very much.

As I said, we're going to go right into questions.

First up we have MP Wagantall for six minutes, please.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Chair.

I do thank you, Mr. Harris, for your comments, and as well, Mr. Freeman and Ms. Garrett-Baird, for being here today.

This is a really important issue to me in my communications with our veterans and their families. What I hear over and over again is: “We were told when we signed up that we had no need to worry, that our families—our spouses and our children—would be a high priority within the armed forces and as veterans.”

However, I have to say today that I have some deep concerns that I'm relaying to you, especially on behalf of spouses I've communicated with, having had a town hall with the Caregivers' Brigade recently and discussing this very issue around the caregiver benefit.

One of the first comments was that it was changed it to “caregiver recognition benefit”, but many of them feel that the recognition is still not there. One of the main reasons is that the focus is entirely on physical, visible injuries. Those who suffer with mental injuries may have physical injuries as well, but they don't impact their ability to function in the way that their PTSD or operational stress injuries do. They do not qualify as caregivers for this benefit.

Do you not see that as a huge incongruency when we talk about taking care of veterans' families, Mr. Harris?

Mr. Steven Harris: Thanks very much for the comment and for the feedback you're receiving and your ongoing work to speak with veterans and their families.

I think that when we made the transition from the family caregiver benefit to the caregiver recognition benefit, it was in response to input we received from veterans, in fact. Part of the challenge when it was in place before was that the FCRB, the previous benefit, went to the veteran instead of to the actual caregiver. The change to the caregiver recognition benefit meant that the tax-free allowance that's associated with it went to—

Mrs. Cathay Wagantall: Excuse me, sir. I'm not arguing with how it's provided. That's all very clear, but things on paper don't necessarily translate into the true needs of the spouses or of the caregivers.

In this case, the focus is on physical injuries. I don't know who you spoke with, but there's this thinking that they can go out and do their yard work and that's good for them if they have mental health injuries. However, these are people with serious issues that trigger them and that can be involved in things like that, like the smell of gas or oil, or backfires, or noise levels and this type of thing. The expectation is that they can function in ways that those who have physical disabilities can't, yet it's not true.

The ombudsman, since 2016, has indicated that this should be a change, and that these caregivers should receive the same recognition that those who are supplying that care—the armed forces and Veterans Affairs—say they will give to our veterans' families. However, they don't qualify.

What is your perspective on whether or not that should be re-addressed? The impression I get is definitely that this is a huge incongruency within the program.

● (1805)

Mr. Steven Harris: The answer to the question is that the caregiver recognition benefit was designed for the most seriously disabled veterans and to recognize the role of families or caregivers involved in supporting them.

Mrs. Cathay Wagantall: What is the definition of “most severely disabled”? Is there a definition?

Mr. Steven Harris: There's a particular definition, although I'll turn to my colleague, Crystal, to provide that. It's assessed against a series of activities of daily living, which recognize the severity or the impact of either physical or mental health disabilities on the individual veteran and, as a result, on the supports that are required from the caregiver.

Crystal, I don't know if you wanted to add something on that one.

Ms. Crystal Garrett-Baird (Director General, Policy and Research, Department of Veterans Affairs): As Mr. Harris indicated, the benefit is focused on those with the most serious service-related physical and/or mental health disabilities. When we look at the criteria as set out in the regulations we follow, there is reference, of course, to veterans being unable to carry out most activities of daily living.

However, other criteria that are set out there include individuals who would be institutionalized—be it hospitalized or in a care facility—if not for their caregiver.

Another criterion relates to—

Mrs. Cathay Wagantall: Ms. Garrett-Baird, I appreciate what you're saying. I do, but the truth of the matter is that there isn't an equal access to this caregiver benefit for those who have more mental challenges than physical ones. The truth of the matter is that many of them cannot function on a day-to-day basis. They can put their pants on. They can have a shower on their own, but they need assistance to get to that point, or they cascade down so badly in response to something that they literally can't function at all. It's up and down. It's constant.

I would like to hear that there is a realization that in circumstances where an individual has physical disabilities, possibly.... I would imagine that most of them have some, but there is not a true focus on dealing with the mental health issues that caregivers have to deal with in their spouses and, as a result, that they often suffer too, as do the children. This benefit has been challenged many times.

Can you not indicate that truly we need to take a far better look at how we implement this particular program? When you say “most disabled”, how do you define that?

The Chair: We're actually over time, but I'll allow a very brief answer.

Ms. Crystal Garrett-Baird: We recognize that caregiving can be stressful and burdensome and can negatively impact the mental health and well-being of our caregivers. When we look at the criteria, we are applying them to individuals with physical and mental health conditions.

Thank you.

The Chair: Thank you.

MP Fillmore is next, for six minutes, please.

Mr. Andy Fillmore (Halifax, Lib.): Thank you, Chair.

Thank you very much to Mr. Harris and to your team there, for being with us tonight and for all of your work.

I wanted to ask you about the veteran and family well-being fund, the veterans emergency fund and funds like them.

I wonder if you could describe for committee members some of the success stories you've seen on the ground. I was going to ask you for specific examples of organizations, but maybe we can avoid specific names and just get to what the money is doing and how it's helping. What are some of the successes you've seen through that funding and some of the limitations we should be looking at?

Mr. Steven Harris: I'll ask Crystal to answer with respect to the veterans and family well-being fund, and we may come back on the veterans emergency fund later.

Ms. Crystal Garrett-Baird: The creation of the veterans family and well-being fund was announced as part of budget 2017. It provides $3 million annually in grants and contributions for organizations to conduct research and implement initiatives and projects that support the well-being of veterans and their families.

This fund has enabled us to have strong collaboration and support innovation. It's a strategic approach that gives us capacity to find innovative ways to enhance our support to veterans' health and well-being while preventing duplication in service and program delivery.

When we look right now, this fund is available to non-profit charities, research and educational institutions, indigenous organizations and in some cases for-profit organizations, if they meet the criteria. The program is working, and we have some really good success stories both specifically for veterans, but also for family members and caregivers.

I'll just touch quickly on one organization that has been a recipient. It is supporting women veterans, soon-to-be veterans and our spouses of veterans where they gather to prepare for the next chapter of their lives, which is leaving the military. The funding that has been provided to this organization has supported multiple workshops that have allowed these participants to map their future and how they access services and to develop a network of mentors. So it's very much a collaborative approach.

Another wonderful success story is related to veterans where they are being impacted positively in the community and supporting survivors of disasters. This organization has exceeded every target set and has gone well beyond expectations, reaching a greater number of veterans because of their ability to provide meaningful opportunities to continue to serve communities and provide high-quality training initiatives that upskill the abilities and skills of the veteran population.

Through this, this group has been able to have deployment-ready capacity to support disasters, increase the volunteer capacity, increase the number of veterans engaged, and give veterans a sense of community and purpose to give back.

I'll just touch on one final one as well. It is related to an organization that works with grief experts, veterans and their families to develop a series of online psychoeducational learning modules that are tailored to the unique grief experience of Canadian veterans, former RCMP members and their families. These modules supported through the fund assist veterans to understand and work through grief, stress, occupational stress and the support for their families with that.

We've had 43 projects that are part of the fund to date, many of them being very successful in supporting key populations such as our homeless veterans and our families and caregivers. We've recently completed a call as well for applications and we're in the process of evaluating them to support even more organizations.

● (1810)

Mr. Andy Fillmore: Thanks for that.

Chair, if there's time it would be nice to hear a little about the veterans emergency fund and how it specifically lands on the ground and what programs it's helping.

The Chair: You have just under a minute and a half.

Mr. Steven Harris: Mitch, do you want to go ahead and answer that?

Mr. Mitch Freeman (Director General, Services Delivery and Program Management, Department of Veterans Affairs): Certainly, thank you.

What a wonderful question about the boots on the ground with respect to the veterans emergency fund. This fund is set up to deal with those unforeseen crisis situations that a veteran, a spouse or their family may find themselves in.

As a really clear example, in the dead of winter, a furnace was in distress and needed to be repaired. The veteran was not capable of fixing it because of their own financial situation. The veterans emergency fund was able to deal with that situation, both repair that furnace and make sure that the family was looked after.

Another example would be going to veterans who find themselves needing shelter. We are able to put them up in a hotel while we then work with them to find other services, be it provided by Veterans Affairs, other provincial services or other community services in their particular region.

Mr. Andy Fillmore: Thank you for that.

Chair, are we out of time?

The Chair: You have about 15 seconds.

Mr. Andy Fillmore: While we go through this evening and hear from you I think the members of the committee would also like to hear where the challenges are. So while it's important to hear how the successes are going and where the programs are working, we'd also like to hear a little about where extra help or changes might be required.

I'll just leave that thought for the rest of the testimony.

Thank you.

The Chair: Thank you.

Up next we have MP Desilets.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Thank you, Mr. Chair.

Good evening. I want to thank all our guests.

I'm happy to see you again, Mr. Harris.

My first question is very simple. In the department, do you feel supported by the Prime Minister when it comes to your desires, requests and demands for veterans?

● (1815)

Mr. Steven Harris: Thank you for your question. I'm happy to see you again as well.

In the department, the priorities for supporting veterans and their families constitute a significant investment. This investment may involve the workforce or the creation of new programs and services to assist the veteran community and the organizations that provide support to veterans.

I'll give you two examples. First, we're experiencing delays when it comes to providing decisions to veterans. Clearly, we want to reduce their wait times. We could use additional workers or human resources to help us do that. I can tell you that, since the summer, we've hired an additional 350 people for this purpose.

Second, we spoke about the veterans emergency fund. We realized that we lacked a program that could help veterans in crisis who needed immediate financial assistance. We created the veterans emergency fund, which enables us to provide immediate assistance to veterans in need.

Mr. Luc Desilets: I understand completely. Thank you.

I'll ask the question differently. In 2018, at a town hall meeting in Edmonton, the Prime Minister clearly said the following about veterans groups: "...they're asking for more than we are able to give right now." That's what I'm getting at.

Do you think that what's being provided to veterans is enough, that veterans are asking for too much, or that we, in the committee, are asking too much of our veterans?

Mr. Steven Harris: The answer, I believe, is that I can't speak for the Prime Minister.

However, I can say that the department is working closely with organizations across the country to provide services to veterans. This means providing the services that the veterans need or helping organizations that are providing support during the COVID-19 pandemic. I believe that we're working closely with all the veterans organizations to ensure that the organizations can access and use the existing programs and services. I think that these organizations are strong and varied enough to provide support.

Mr. Luc Desilets: Okay.

We're obviously all very concerned about what veterans suffering from post-traumatic stress are going through. Today's news reports have reminded us of a nightmare situation that occurred in 2017, when Mr. Desmond killed three members of his family. This matter comes to mind. We're still wondering whether veterans are receiving the help that they need. We all understand that we can't save everyone. We can't save the entire planet.

I'll move on to my next question. We know the importance and urgency of responding to cases of post-traumatic stress. New mental health guidelines concern family members of veterans. The ombudsman expressed some dissatisfaction in this area. There are fewer services, and access is difficult.

The ombudsman issued a guideline. It doesn't appear to have been followed or there doesn't seem to be a willingness to follow it. Why?

Mr. Steven Harris: I know that I must answer quickly, and your question has several components.

Measures are in place to support the mental health of families. There are programs for veterans, but there are also other initiatives, such as clinics for post-traumatic stress disorder and the telephone service to help family members. There isn't only one way to obtain mental health support.

● (1820)

Mr. Luc Desilets: Were the 18,000 calls simply courtesy calls?

Mr. Steven Harris: They weren't courtesy calls.

[*English*]

The Chair: Respond very briefly. You're actually over time, sir.

[*Translation*]

Mr. Steven Harris: The calls were made to find out how the veterans were faring during the COVID-19 pandemic and to determine whether they needed more support.

Mr. Luc Desilets: Thank you, Mr. Harris.

[*English*]

The Chair: Now we go over to MP Blaney, for six minutes.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Chair, and thank you to all the witnesses who are here today. It's always good to see you.

I just wanted to follow up on something Ms. Wagantall talked about as well, which is the really important aspect of definitions. I think a lot of veterans and family members are confused about VAC services and benefits because of a lack of clarity around definitions.

For example, take caregiver and family. In some places, this topic is titled "caregivers and family" implying that there are potentially two separate topic areas, but in other parts of the document, there is a reference specifically to family caregivers, implying that all caregivers are family members. I hope VAC understands that's not the case.

There are also other places that talk about spouses and then family as if they are meant to be interchangeable items.

I'm just wondering, first of all, could your office please send to the committee the definition, the official VAC definition, of "family" and of "caregiver"?

Mr. Steven Harris: First, Mr. Chair, if I may just ask, I'm not sure which document the committee member is referring to, but we'd be happy to share the—

Ms. Rachel Blaney: The OVO report.

Mr. Steven Harris: We'd be happy to share information back on the definition of "caregiver" and "family" to the committee member.

Ms. Rachel Blaney: Thank you so much.

Can you be a non-family caregiver, for example, a roommate or a neighbour?

Mr. Steven Harris: Is this a question specifically with respect to the caregiver recognition benefit or any other programs or services?

Ms. Rachel Blaney: Any program that is about providing supports for caregivers. I think it's really important that we define what a caregiver is. Can a caregiver be a non-family caregiver, for example, a roommate or a neighbour?

Mr. Steven Harris: Absolutely, the caregiver can be whoever is providing that care to the veteran. That's why, in part, the change was made to ensure that the payment was going to go to the caregiver who's involved. There are some definitions with respect to exactly who can be a caregiver with respect to age and other things, but it could be a non-family member, certainly.

Ms. Rachel Blaney: Okay. If you have a family member who doesn't live with the veteran but maybe provides mental health support throughout the day, for example, a parent who lives in a different city who is still supporting their single but mentally challenged adult veteran, like somebody who's really struggling, can that person also be categorized as a caregiver?

Mr. Steven Harris: Crystal, do you want to talk about the specifics of that?

Ms. Crystal Garrett-Baird: Sure, and I believe it will be beneficial as well when we send the formal definitions of caregiver and family members. That will certainly assist.

As Mr. Harris indicated, when we changed the name of the benefit to caregiver recognition benefit, it was done to ensure that we recognize those informal caregivers. Those are individuals who provide support, and of course in looking at that we do apply the criteria as set out in the regulations and at what kind of supports are being provided by the caregiver to the veteran. So it's a case-by-case analysis based on the information that's presented.

Ms. Rachel Blaney: Okay. If it's a case-by-case analysis, how do you make sure there's consistency? How do veterans know if they're receiving the same supports as other veterans, or the caregivers in this case?

Mr. Steven Harris: I think if I may, part of what we do is a continual review of the program and the way in which it's applied and set out criteria.

You may be aware that recently our audit and evaluation area completed an evaluation of the caregiver recognition benefit having to do with the regular review of new programs coming into effect. They've made a number of recommendations having to do with ensuring that there is consistency in application in terms of the guidelines. We're working to respond to the recommendations that were made with respect to that particular evaluation, which includes I think what you're identifying here, to ensure that from coast to coast in individual circumstances there's a consistent lens being applied to the decision-making around it in terms of the assessment, and ultimately, the decision on the benefit itself.

● (1825)

Ms. Rachel Blaney: Thank you.

I'll go back to the OVO report, which made this recommendation:

> That VAC conduct and publish a Gender Based Analysis+ of the accessibility to mental health treatment benefits and services to family members, including spouses, former spouses, survivors and dependent children, to determine if there are barriers which make it difficult for certain groups to access the mental health care they need.

Of course, I think that's a great recommendation. I'm just a little bit curious about why this is listed as a recommendation. Is VAC not mandated already to do a GBA+ analysis for all of these types of issues?

Mr. Steven Harris: My first response is that you'll have to ask the ombudsperson herself why she decided to put it in or included it as a recommendation.

With respect to our obligation to look at everything from a GBA+ lens, we do that on a regular basis. Crystal and her policy team, and Mitch and his service delivery team, continue to look at the application and the way in which programs—all of them, not just the caregiver recognition benefit—are actually managed. Some of them are new. We learn as we go forward through that and we make adjustments from that period of time. Some of them are part of regular reviews. We look at those kinds of things, and we are mandated to look at all of those things, as we go forward with respect to the way in which the policy and the programs are run.

Ms. Rachel Blaney: I'm sure I'll have to follow up on this in this next section, but can you tell me how GBA+ is being implemented? What kind of training is happening? Who's getting the training?

Mr. Steven Harris: I might ask Crystal if she wants to chime in here.

The Chair: Be very brief, please, because that's time.

Ms. Rachel Blaney: Thank you, Chair.

Ms. Crystal Garrett-Baird: There is training being provided within the department. We're also working quite closely with our colleagues at WAGE, who are supporting us with some training and some new tools.

To Mr. Harris's point as well, as part of any new policy, program or service, there is a GBA+ analysis done. That's continuously reviewed and adjusted as our programs evolve.

Thank you.

The Chair: Thank you.

MP Brassard, you have five minutes. Please go ahead.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair.

It's good to see you again, Steve. In your briefing, you said there were about 4,000 veterans in long-term care facilities across the country and you're working to keep them safe. In the context of COVID, how many of those veterans and their families have been vaccinated against COVID-19?

Mr. Steven Harris: I wouldn't have the specific figures to respond to the question of how many of those veterans have been vaccinated, at this point. As the committee member would be aware, provincial governments across the country are in the midst of deciding exactly how the vaccinations are being rolled out.

I am happy to report that long-term care facilities are priorities in almost every jurisdiction I've seen. We do know of a number of facilities across the country where vaccinations are well under way or actually completed for veterans.

Mr. John Brassard: Frankly, I'm kind of surprised you wouldn't know those numbers, given the fact that they are under VAC care.

Curiously, when I go through the National Advisory Committee on Immunization, not once in their plan are veterans mentioned, yet the veterans administration in the United States has taken the responsibility of vaccinating their veterans, particularly because they're elderly and have comorbidities that put them at greater risk. How come VAC didn't initiate, through its own initiative, a vaccination program for veterans in this country? Why is it not a priority in the centre for immunization?

Mr. Steven Harris: I think the answer to the question is that the systems are actually quite different. In the health care system in the U.S., as you've referred to with respect to veterans, the veterans administration actually runs the hospitals and runs a lot of the facilities where veterans are being supported through long-term care facilities. That's not the case here, where provincial jurisdiction and provincial health care regulations are in place.

We do regularly speak with all of these facilities, particularly where we have a significant population of veterans, but also all of the other facilities where veterans are located, to ensure that their care is being well supported and to see if there is anything else we can do.

Mitch, did you want to add something there?

● (1830)

Mr. John Brassard: Just be brief, Mitch, if you can. I want to go in another direction here.

Mr. Mitch Freeman: Certainly.

I would simply say that we are working closely with all of the facilities for these 4,000 veterans, on a day-to-day point of view, monitoring for vaccinations. It is certainly a priority of ours to make sure they have everything we can offer. We do monitor it very closely. We're quite happy that long-term care facilities are at the top of the list and are being done first.

Mr. John Brassard: I want to talk now, Steve, about Sean Bruyea. The veterans ombudsman came out with a report just before Christmas. Since we are talking about caregiver allowances for veterans, you're probably aware of the case.

The veterans ombudsman talked about it being “vengeful” and “retaliatory”. The minister's office said that decision was made by senior bureaucrats. My question to you is, why would Bruyea be cut off and are there any other veterans in a situation similar to Bruyea's whose benefits are continuing right now?

Mr. Steven Harris: Thanks again for the question.

As you would appreciate, we cannot speak to the situations of individual veterans with respect to the way in which benefits are administered. I'd be happy to take any questions with respect to general issues on a program that would be of interest to you.

Mr. John Brassard: My question is, then, why would his benefit be cut off when he had been receiving it? The minister said that it was the bureaucracy—VAC—that made that decision. Why would that be done?

Mr. Steven Harris: I think that in general when we look at whether benefits are in place or when they may be removed, they're applied against the context of the situation that they're found in. In other words, circumstances and situations could change for individual veterans, and their access and eligibility of veterans may also change as they go through a process of rehabilitation, treatment or any number of other things. Situations are re-evaluated. People are able to access additional benefits.

Some benefits do not become relevant for some individual veterans over time, and that may be the case where individual veterans find themselves in different circumstances as a result of improvements, changes or what have you, but I couldn't speak to an individual case in this instance.

Mr. John Brassard: For my last question, broadly across society we're seeing issues come up as a result of COVID. I would expect that caseloads are going to increase, particularly in the area of mental health. How prepared is the department to deal with what is anticipated to be an influx of even more cases?

The Chair: Could we have a very quick answer, please?

Mr. Steven Harris: Quickly on this, what I'd say is that there are a number of different ways in which we can approach and support veterans in mental health. Case management is one. The opportunity for veterans to participate through the occupational stress injury clinics is another.

Over the course of the last year, the transition for the occupational stress injury clinics has been quite good in being able to move to that virtual support and platform quite quickly to continue to support people through a very difficult pandemic.

The Chair: Thank you very much.

Now, for five minutes, we have MP Amos, please.

Mr. William Amos (Pontiac, Lib.): Thank you, Mr. Chair.

[*Translation*]

Ms. Garrett-Baird and Mr. Harris, thank you for your contribution and for being here today.

I want to ask about the military family resource centres. A few years ago, our government invested approximately $147 million to increase the number of military service centres—I believe that there are 32.

How was the money invested? What improvements have been made? I'm not very familiar with these centres and I don't know whether there are any differences among them. I want to know more about the centres.

Mr. Steven Harris: Thank you for your question.

I'll start responding, and then I'll ask Mr. Freeman to provide additional information.

The purpose of the family resource centres is to meet the specific needs of medically released Canadian Forces members and their families. We've established 32 military family resource centres, where coordinators support not only veterans, but also their families during the transition period. They can visit these centres in person or contact the centres by phone, an increasingly crucial option in the pandemic period.

They can also access online resources for help with their transition to civilian life. The information line is available 24 hours a day, seven days a week. The coordinators can help veterans because they're aware of the veterans' specific needs. The coordinators refer family members to information and resources in the community to help make the veterans' transition easier.

● (1835)

[*English*]

With that I might ask Mitch if he would add a little bit more about the veteran family program if that's okay.

Mr. Mitch Freeman: Thank you, Steven.

I would simply add a little bit more detail around the military family resource centres, noting that they are managed by a group of volunteers at a board-of-director level who look at the community resources and assess the local needs. Therefore, all of these 32 locations offer what is needed in their community, things such as specialized transition programs around financial education assistance, employment and relocation services, a program called “Couples Overcoming PTSD Every Day”, a program for the caregiver, enhanced information and referral services, and, as Mr. Harris noted, the family information line, and also training around mental health first aid.

I would also highlight that in the fiscal year of 2019–20 nearly 3,000 individuals accessed the veteran family program, which provided nearly 9,000 interactions with veterans, as Mr. Harris noted, medically released and their families. As noted, there are 32 locations across the country. Veterans Affairs provides funding for this program as managed by our colleagues at the Canadian Forces Morale and Welfare Services.

Thank you.

[*Translation*]

Mr. William Amos: Thank you for your responses, Mr. Freeman and Mr. Harris.

I want to come back to this topic. I now understand what types of programs and services are available.

[*English*]

Chair, are you signalling me to stop?

The Chair: Yes. You can have a final comment but you're out of time.

Mr. William Amos: I'll leave it there.

[*Translation*]

Thank you.

[*English*]

The Chair: Now we go to MP Desilets for two and a half minutes.

Go ahead, please.

[*Translation*]

Mr. Luc Desilets: Thank you, Mr. Chair.

Mr. Harris, you referred again earlier to the 18,000 calls. Did an automated telephone system make those calls, or did individuals call those people?

Mr. Steven Harris: Case managers and other departmental staff made all the calls.

Mr. Luc Desilets: Okay. That's good.

Are we to understand that staff recruitment is proceeding quite well? Are there fewer difficulties than a year ago?

Mr. Steven Harris: The simple answer is that, even during the pandemic, we were able to hire over 350 people, as a result of a truly tremendous team effort at Veterans Affairs.

Mr. Luc Desilets: Yes, that's true. Hear, hear!

I have another question for you.

Ste. Anne's Hospital has a special clinic, called the OSI clinic, which deals with operational stress injuries.

Given the situation over the past year, has the allocated budget been increased? This clinic provides services to families.

Mr. Steven Harris: All clinics of this nature provide services to families. This isn't exclusive to Ste. Anne's Hospital. The clinics can be found across the country and they all provide services to families. We're in constant contact with each of these clinics to ensure that they have what they need to provide the services.

● (1840)

Mr. Luc Desilets: The budgets have been maintained. There haven't necessarily been any increases.

Mr. Steven Harris: I'm not aware of any changes to the budgets, but there certainly haven't been any cuts.

Mr. Luc Desilets: Perfect.

Thank you, Mr. Harris.

[*English*]

The Chair: We go to MP Blaney for two and a half minutes.

Go ahead, please.

Ms. Rachel Blaney: Thank you so much, Chair.

I'm going back to the OVO report again. The paper mentions in several places the government-funded operational stress injury social support program and its peer-support programs specifically for spouses of those with operational stress injuries. Again, this is really talking about caregivers. Is this program also open to caregivers who are not spouses?

Mr. Steven Harris: I'd have to come back on that one specifically. I'm not sure that it is open to caregivers, but it may be open to caregivers, given that it's based on the recommendations of professionals who engage in a multidisciplinary approach for supporting the veteran. I'd have to check on the exact caregiver definition you've brought here. I do know they bring in a number of different people to be able to help support the veteran as part of the treatment.

Ms. Rachel Blaney: I also note that an operational stress injury is defined by the OSISS program as, "...any persistent psychological difficulty resulting from operations in the military. Those operational duties can include training incidents, domestic operations and international operations."

Can you clarify whether or not VAC considers persistent psychological difficulties resulting from military sexual trauma during operations an OSI? For example, can a spouse of an impacted military sexual trauma veteran call up OSISS for peer support or not?

Mr. Steven Harris: I'd be happy to come back to you on the very specific nature of that question to make sure I give you the appropriate response.

Ms. Rachel Blaney: Okay.

I would also add that I would like to hear if there are any alternative services VAC provides to those spouses for this unique military form of trauma. It is concerning to me that we don't have that really clearly, so I'm looking forward to hearing about that.

I think when we look at the reality, we are struggling to get women into the military. We're seeing women on the other side, when they become veterans, really struggling. We know that women after 10 years.... We're seeing women veterans becoming more and more challenged, especially around homelessness. We know that veterans who are single are more often than not women.

I'm very concerned that they're not getting the supports they need, so could you get that information? I think that if we want to attract women into the military, we'd better treat them well when they are veterans.

Thank you.

Mr. Steven Harris: We most certainly will. I know that through the veterans and family well-being fund, we have been providing funding to a variety of organizations that are both conducting research and looking to develop these kinds of programming to be able to support the unique needs of women veterans in these kinds of circumstances as well.

The Chair: That's excellent.

I'm sorry to step in; it's my job. I'm a professional interrupter.

That brings us to the halfway mark of this meeting. I want to thank all three of you for joining us.

I want to ask Colonel Jardine to join us.

If you are ready, Colonel, the next five minutes are all yours for opening remarks.

[*Translation*]

Col (Ret'd) Nishika Jardine (Veterans Ombudsman, Office of the Veterans Ombudsman): Thank you.

Good evening, Mr. Chair and committee members.

Thank you for this invitation to speak with you. As you know, I was appointed to the veterans ombudsman position this past November. I'm appearing before you today for the first time. I'm joined by my colleague, Duane Schippers.

I'm honoured to share our latest study and our report on mental health treatment benefits for family members of veterans.

[*English*]

The foundational principle for our study is the understanding that, when a military member serves, their family also serves. As a result, we believe that family members of veterans deserve access to funded mental health treatment when their own need is connected to military service. This is something that does not currently exist for those family members not participating in a veteran's treatment plan.

● (1845)

[*Translation*]

This issue isn't new to us. We first recommended in 2016 that Veterans Affairs Canada fund mental health treatment for the family members of veterans in their own right and independent of the veterans' needs.

In the fall and winter of 2019-20, our office received a number of complaints regarding this issue. In February 2020, we launched an in-depth study to bolster our earlier recommendation.

[*English*]

We published our findings on January 19, 2021. We found a growing body of Canadian research regarding the impact of service on families. Military families are known to be incredibly resilient, but the evidence speaks to the reality that military service carries with it unique stressors that can impact a spouse's or child's mental health. Frequent postings, long and multiple absences of the military member and the inherent risk of their illness, injury or death are key factors in the mental health and well-being of military families.

The minister, in his response to our report, acknowledged the impact that military service has on the well-being of both veterans and their family members. Currently, the department provides limited individual mental health treatment to spouses and children, but only when the family member's treatment is directly connected to achieving a positive outcome for the veteran.

This policy ultimately has the effect of creating both inequity and a disservice to those veterans' spouses and children who are essentially barred from accessing funded treatment in their own right simply because their veteran doesn't need or isn't in treatment.

[*Translation*]

From our perspective as an advocate for fairness, family members—meaning spouses, former spouses and children—who are experiencing mental health issues as a direct result of being part of a military family should have independent access to their own mental health treatment benefits.

Let me share some of the stories that we were given permission to relate.

[*English*]

One spouse told us she was not asking for charity. She was asking to get the help she needs to support a man who's already given up too much in the service of his country.

A disabled veteran shared with us that her young children essentially had to take care of her when she came home broken and as a result they had mental health issues of their own. She related how her youngest daughter, who is under the age of 12, has become afraid of being alone. Her daughter needs treatment but she simply cannot afford to pay for it.

Another spouse shared how her veteran spouse suffers from PTSD, which is made so much worse when his episodes cause severe distress to his children. They desperately need professional and age-appropriate treatment to help them make sense of their father's condition, and this is simply beyond her scope as a mother.

The bottom line is that there is a gap in the way the department is meeting its obligation to veterans' families. We have made three recommendations.

First and foremost, that family members including spouses, former spouses, survivors and dependent children have access to federal government-funded mental health treatment when the mental health illness is related to the conditions of military service experienced by the family member. This should be independent of the veteran's treatment plan and regardless of whether the veteran is engaging in treatment.

Second, that the department conduct and publish the gender-based analysis of its policies and regulations for mental health support to veterans' families.

Finally, that the department continue to demonstrate flexibility in meeting the individual mental health needs of family members.

[*Translation*]

In summary, we believe that this is an important fairness matter in need of both attention and action. We're hopeful that, by publishing our findings, we'll see progress on this issue that recognizes the cost of service that some family members are paying. Your interest in keeping the conversation going is very important to me, as the veterans ombudsman, and to my office.

Thank you again for your invitation to share our report with you.

[*English*]

The Chair: Thank you so much, Colonel, for those incredibly heartfelt comments. We do very much appreciate hearing your perspective to start us on this study.

Up first for questions for six minutes we have MP Doherty.

● (1850)

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Chair.

Colonel, I appreciate your heartfelt comments. Since my first day of being elected I've been a tireless champion for those who serve our community and for those who serve our country. The passage of my Bill C-211 and our subsequent work has been both a blessing but also a curse, I feel, because our office has been inundated with messages such as yours. So I really appreciate your testimony today.

Colonel, in your opinion, should mental injury be seen in parity with physical injury?

Col (Ret'd) Nishika Jardine: Absolutely, injury is injury. I think we all understand that it doesn't matter whether it's physical or psychological. Our society has grown to understand that these injuries must be treated exactly the same way.

Mr. Todd Doherty: Your report, in part, was born out of the public backlash to the fact that convicted killer Christopher Garnier who murdered off-duty police officer Catherine Campbell received mental health services for PTSD that he claimed he got out of murdering Catherine Campbell. Do you feel that convicted killers or Chris Garnier should have been receiving those benefits?

Col (Ret'd) Nishika Jardine: As the veterans ombudsman, it's not my place to speak about any particular case.

What I would say is that what we are looking for and what we have pointed out in our report is that there is a gap for family members who, as part of a military family, have suffered some mental health issues, and they should have the right to access and the right to government-funded mental health treatment in their own right.

Mr. Todd Doherty: If a wife or a husband is with a veteran for a significant portion of time and then leaves the marriage but still suffers from the mental abuse, the physical abuse, they endured for whatever reason, do you feel that they should still be able to access Veterans Affairs' mental health services?

Col (Ret'd) Nishika Jardine: This is exactly what we're saying, Mr. Doherty. Let me be clear. We're talking about mental health issues that come as a result of being part of a military family. The connection to service is the piece that we rest our report on.

If a spouse or partner has left the marriage or left the family unit, has left her veteran or his veteran for whatever reason—and we've heard stories about abuse and that sort of thing, and the spouse feels compelled to leave and perhaps takes the children with them—they are, in fact, at that point essentially cut off from access to Veterans Affairs and to any kind of support with respect to mental health.

Mr. Todd Doherty: You say that you first made this recommendation in 2016. Why do you think it's taken so long for the government to act on that recommendation?

Col (Ret'd) Nishika Jardine: I think you'll have to address that question to Veterans Affairs.

When we made our recommendation in 2016, it was actually as a result of the work we were doing on a study around transition. The recommendation we made was, essentially, informal. Over time, and essentially over the past 24 months or so, we started to hear more complaints coming to our office, which is what led us to do our in-depth study.

Mr. Todd Doherty: Colonel, your third recommendation encourages Veterans Affairs Canada to continue demonstrating flexibility in terms of urgent mental health needs of family members and veterans. I agree with that. I think we should be doing everything in our power to reduce barriers to mental health services across the board. But we read in the report that very few families are accessing those services. Do you think it is because of the stigma or the ambiguity in terms of the legislation and policy?

● (1855)

Col (Ret'd) Nishika Jardine: I don't know about stigma or uncertainty.

What I can say is that there is no program that exists for family members whose mental health needs are distinct from those of their veteran. At the moment, Veterans Affairs and the.... I should really say it's the professionals who are treating the veteran. If a veteran is in treatment for their mental health issues and the professional who's providing that treatment determines that including their family members is to the benefit of the veteran, then the family members can be brought in for treatment, as well. And that is great. That is an excellent approach by the department.

What we're saying with the gap is it's for those family members who are not part of the veteran's treatment plan for whatever reason.

Mr. Todd Doherty: Colonel, in your opinion, is $3 million a year enough money to deal with the mental health injuries, the mental health challenges, that our veterans and their families, and our first responders, including the RCMP, are dealing with?

Col (Ret'd) Nishika Jardine: I'm afraid I can't really speak to the cost. My job as the ombudsman is to shine a light on the gaps and the barriers. I think the department is better placed to answer questions with respect to cost.

The Chair: Thank you.

Up next is MP Samson.

[*Translation*]

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

Colonel Jardine, thank you for your presentation.

Before I even talk about your presentation, I want to congratulate you on your new role. As I listened to your presentation, I sensed your passion. When a person is passionate about their role, great things happen. I want to congratulate you on this appointment and wish you continued success in this role, which is so important to our veterans and their families.

[*English*]

As I read your report, Colonel Jardine, on mental health supports for families, I found certain things quite interesting. For example, I was impressed with the scope of your study, specifically around the impact of service to family well-being.

We often talk, of course, of the effect of a veteran's illness and injury on a family, but in your report you included the impact of frequent relocation and absence from family and the effect this has on military families and children.

Maybe you could help us and share some of the unique challenges and conditions that military service has on families, which should be considered as we're working through looking at service delivery for caregivers. Keeping that in mind, maybe there is something you could bring to light here that would help us as we move forward.

[*Translation*]

Col (Ret'd) Nishika Jardine: Thank you, Mr. Samson, for your kind words and your question.

[*English*]

Certainly as military families, the movement, the postings we undergo every two to three years over a long career, mean uprooting our families to go all across the country, sometimes overseas, which breaks the bonds that children and families create in their societies and their communities. It's fairly abrupt.

There are long absences of the military member. We go on training. We go on courses. Pre-deployment training is particularly of long duration. Then when we deploy—and deployment itself is obviously for a long period of time—the risk of illness, injury or death while we're deployed has a significant impact on the well-being of the family who has been left behind.

Excuse me. I've only been retired for two years and all of this is still very fresh for me, and I apologize for my emotion here. It does mean a lot to me.

Perhaps I could ask my colleague, Mr. Schippers, who oversaw the completion of the report, to add a little bit more.

● (1900)

Mr. Duane Schippers (Strategic Review and Analysis, Director and Legal Advisor, Office of the Veterans Ombudsman): Thank you, Colonel Jardine.

We looked at studies done by other organizations, but the Canadian Paediatric Society, in particular, noted the impact on children. In terms of increased behavioural disorders, significantly in the three- to eight-year range, they increase by 19%, and stress disorders increased by 18%.

Although military families, as Colonel Jardine said, are resilient, approximately 10% of them struggle with the challenges directly related to military service—so their frequent moves, the deployments and the postings. The risk of injury and death increases when we're in an active combat type of environment. They're seeing stuff on the news and they're concerned about their family member.

Of particular concern, I think, are the adolescent military dependants who are far more likely to have admissions for injury, suicide attempts and mental health diagnoses than non-military teens.

Mr. Darrell Samson: Thank you to both of you for that answer.

I have a number of uncles and cousins who had to move on many occasions. The spouse, who would have had a good job, then had to try to find a new job while relocating, and this had some challenges.

We've brought some benefits and supports to families in that transition. Are you able to speak about that somewhat?

Col (Ret'd) Nishika Jardine: There are supports, and I believe things are improving.

I think it's probably better if the department speaks to those in particular. It's outside the scope of the work that we are doing at the moment. For me to speak about that specifically...unless Mr. Schippers could add something there

Mr. Darrell Samson: On some of the gaps you've identified, would you make some suggestions for improvements so that we could look at making that transition even easier on families?

The Chair: You have about 30 seconds.

Col (Ret'd) Nishika Jardine: Thank you.

With regard to those studies the veterans ombudsman undertakes, I believe a study was done in the past. I'm not familiar with it having been in the job for just two months, but perhaps I could have my team send that to you in writing afterwards.

Mr. Darrell Samson: Thank you.

The Chair: We go now to Député Desilets for six minutes.

Go ahead, please.

[*Translation*]

Mr. Luc Desilets: Thank you, Mr. Chair.

Good evening, Ms. Jardine. Congratulations on your appointment. We're sure that you'll be up to this major challenge.

I have a quick question for you. I hope that you'll be able to answer it.

In January, in a report, your predecessor Mr. Parent wrote that the biggest issue with the accessibility of services for veterans concerned departmental information and transparency.

What exactly do you think he meant by that?

Col (Ret'd) Nishika Jardine: I don't know what he wrote exactly. However, I can share my perspective, now that I've been in this position for almost three months.

We often receive complaints from veterans or their family members. Of course, it's hard to—

[*English*]

Sorry, but my French is not always so good.

It's hard for them sometimes to understand exactly what benefits are available and how they can access them. This is in fact one of the complaints that we receive at the ombudsman's office. We do our best to help them untangle their way through all of the information, or lack of information, or difficulty in understanding the information, absolutely.

[*Translation*]

Mr. Luc Desilets: In your opinion, is it fair to say that the department would be much more effective if there were more information and transparency?

What do you think, after observing the situation for two months?

● (1905)

Col (Ret'd) Nishika Jardine: Yes, exactly.

[*English*]

I think, from our point of view, from the ombudsman's point of view, anything that can be done to improve the clarity of information and the simplicity of information that is provided by the department to the veterans and their families would be most welcome.

[*Translation*]

Mr. Luc Desilets: I'll ask you another question.

Obviously, mental health issues have a huge impact on families. We know that the number of sessions is limited to 20 for families, which is less than the number allowed before.

What are your thoughts on this? Should the number increase?

What was the basis for the limit of 20 sessions?

Col (Ret'd) Nishika Jardine: Mr. Desilets, thank you for the question.

[*English*]

The heart of what we are saying in our report is with respect to the family members who don't have any access at all.

With regard to the sessions that you're referring to and the exact number, I would ask the department. That is all related to treatment that is part of the veterans treatment plan.

What we as the ombudsman are seeing and the gap that we are trying to shine a light on is these family members who don't have access in their own right when their treatment isn't connected to the veteran at all, but it is connected to their service because they are part of a military family. They experience all of those stressors that we spoke about just a few minutes ago.

That has an impact on them, and if their veteran isn't in treatment, then they have no access. How that access is done is up to the department to determine, but what we are saying is that this gap needs to be filled.

[*Translation*]

Mr. Luc Desilets: Your second recommendation specifically stated that "the department must conduct and publish a gender-based analysis of its policies and regulations for support."

My colleagues and I completely agree with this. We've made requests to that end.

In your opinion, what's the basis for this request?

[*English*]

Col (Ret'd) Nishika Jardine: Thank you.

This is based on the fact that we asked for their gender-based analysis report: to have a copy of it so that we could understand what they had done with respect to mental health supports for families in their own right. We did not receive that report, and therefore we put it in our recommendations. We don't know whether or how it was conducted, and we would ask to see the publication of their analysis in this area.

[*Translation*]

Mr. Luc Desilets: Thank you, Ms. Jardine.

[*English*]

The Chair: Now we'll go to MP Blaney for six minutes, please.

Ms. Rachel Blaney: Welcome, Colonel Jardine. I'm so happy to have you here today. Congratulations on this position. It is very good to see a woman in that seat. I'm very excited about this.

First of all, thank you for this report. I thought that it was very thoughtful.

In one of the recommendations, the first one, you talked about how the treatment plan "should be independent of the Veteran's treatment plan". We know that a lot of family members—children and partners—are falling through the cracks. Of course, a veteran is not going to do well if the people surrounding the veteran are really struggling because of their service.

Could you talk about what that might look like? Why do you think it's so important that it be independent of the veteran's treatment plan?

Col (Ret'd) Nishika Jardine: Ms. Blaney, thank you for your kind words.

It is so important because military service affects the families as well. If we accept that when a military member serves, their family also serves, if we accept that and we accept that therefore the family should also receive care for their part and what they've contributed to their country alongside their military member, then that is the reason why.

If they've suffered some mental health issues or illness as a result of that service, how would that look? That would be them receiving the same level and the same kind of funding from Veterans Affairs, in recognition that their mental health issues are related to their service as well, and that it is not necessary to be connected as part of their veteran's treatment plan.

It's a very simple gap to fill from our perspective. If the military member has served, the family has served, and if there are mental health issues, then let's meet that obligation to the family.

● (1910)

Ms. Rachel Blaney: Thank you. I couldn't agree more.

You did mention, of course—and I appreciate that another member already has asked a question about it—the importance of the department conducting and publishing a gender-based analysis of its policies. I know that you didn't speak to this specifically in your report, but I'm just wondering if there would be interest in the future, because I know one of the challenges is that the majority of single veterans are women. We talk about their support and their caregiver support, but really, until this work is done and it's public, we won't be able to see clearly what those gaps are.

I know that a previous ombudsperson was really focused on making sure that we start talking more about women veterans. I'm wondering if you could speak to why this GBA+ report is so important to share with the public. I know this is maybe getting to be too much, and I really respect that, but in terms of you setting your own priorities, do you see the situation of women veterans as something that you may be looking into? Because I'm seeing a growing gap.

Col (Ret'd) Nishika Jardine: Absolutely, unqualifiedly, we're in the middle of doing our strategic planning to set our priorities as we go forward in my mandate. Part of the outcome of that is to determine exactly where we're going and to use our investigative capacity and to see what areas we're going to look at. I can assure you that women veterans will absolutely be part of that.

Ms. Rachel Blaney: Thank you. I hope you will see fit to look at the caregiver supports that are out there and how veterans who are single women get those supports—that they're accessible—because I think that in this committee what we all share—and of course, you as well, in your position—is that we don't want to see veterans alone and suffering without any support or the resources to have that support.

Hopefully, this is not my last question, but we'll see. You talked about how the department needs to "continue to demonstrate flexibility in meeting the individual mental health needs of family members". What does "demonstrate flexibility" mean? One of the things that we're always challenged with whenever we're dealing with people is how to make sure there's consistency as well as enough flexibility to serve people where they're at. Could you speak to that and what you've heard in terms of your report?

Col (Ret'd) Nishika Jardine: This recommendation speaks directly to the regulatory legislative framework within which the department delivers mental health support to families.

I would like to ask my colleague, Mr. Schippers, to respond to you. As our legal counsel, he probably has a better set of words to explain it more clearly.

Mr. Duane Schippers: In it's simplest form, that recommendation is intended to encourage VAC to colour as close to the line as possible when making determinations. Sometimes if you colour a little outside the lines it's okay if the person gets the help they need. That's what that recommendation is intended to do. I think we recognize that within the existing legislative and regulatory framework, VAC is trying to do that. By rolling back the policy and putting part of the new guideline into effect in May, they've moved more in that direction, but it really requires legislative and regulatory attention to make sure that family members get this independent access to mental health treatment for service-related illness. It requires that kind of clarity. Most of the benefits are really linked to the veteran and not to the individual family member under existing legislation and regulations.

● (1915)

Ms. Rachel Blaney: Thank you.

The Chair: Sorry, I have cut that off there.

Now, for five minutes, we have MP Brassard, please.

Mr. John Brassard: Thank you, Mr. Chair.

Thank you, Colonel, for being here with us today. It's nice to meet you.

I'm going to make a statement more so than ask a question. Then I'm going to be passing some of my time off to Ms. Wagantall.

I've been watching your testimony and listening to you very closely, and I can't imagine a more difficult situation to walk into than the study that you did. I will say this. It's my opinion that the government made absolutely the right decision in hiring you, and I'll tell you why. It's not because you're from Alliston originally, which is just 20 minutes down the road, but you're showing a level of empathy and compassion that is precisely needed in order to deal with the magnitude of the situations you're going to be dealing with, with veterans and their families.

You said earlier on that you apologize for getting emotional. Never apologize for getting emotional. I can't begin to tell you how many times I've sat in this office crying with veterans, veterans who have thought about committing suicide because they're not getting access to the types of services they need. We've all shed tears. Never apologize for that.

I just want you to know that I give you the same advice I give my colleague, Todd Doherty. Make sure you take care of yourself first. Know that we are here as a committee to help you. I am here as a member of Parliament to help you because at the end of the day it's all about helping veterans and their families.

Cathay.

Mrs. Cathay Wagantall: Thank you, John.

I just wanted to echo that. Thank you, Colonel Jardine, for your service and for your personal transparency. You're going to do a wonderful job here. As for the life stories you shared today in regard to caregivers, as John said, it is overwhelming at times.

I want to just ask you a question in regard to what I'm hearing, which is that there are gaps, inconsistencies, backlogs and subjectivity in decisions that are made. I really think that a lot of times everything is too complicated, and definitions aren't clear. We hear often about the dynamics around sanctuary trauma. When I met with the Caregivers' Brigade, they used the term “the war at home”. I would like you to comment on that. That just describes to me the very issues that somehow are being missed in dealing with the needs of caregivers, spouses and children.

Col (Ret'd) Nishika Jardine: Mr. Brassard and Ms. Wagantall, thank you for your kind words.

You're absolutely right. This is the point we're trying to make, that the people who are the first responders to veterans are their families. Military service takes a toll on the veteran and their family.

We believe with this report and this study we have done that; we have demonstrated very clearly that this gap exists. There is work to be done to fill that gap. It requires some commitment to do that.

If we agree—and I can't state this more plainly—that the family serves while the veteran or a military member serves, and if we say we're going to take care of the veteran when they become ill or injured, then how can we not extend that to their families and do it in a way that recognizes who they are? They are not just part of the furniture and effects. They are individuals, children who need to grow up and who sometimes need help to make that transition into adulthood successfully to become citizens of our country. This is the heartbreaking part to those of us who understand this.

It's heartbreaking to hear these stories, as you could tell, and we would urge the government to please take the necessary steps to fill this gap.

● (1920)

The Chair: You have about one minute, Cathay.

Mrs. Cathay Wagantall: My goodness. I didn't expect that. Thank you. I never have an extra minute left.

I'm looking forward to the opportunity to work further with you, as John has mentioned. This entire committee wants to make a difference for veterans and their families.

Thank you again for the privilege of being able to interact with you today and I look forward to more of the same.

Col (Ret'd) Nishika Jardine: The privilege is mine.

The Chair: MP Lalonde, you have five minutes, please.

[*Translation*]

Mrs. Marie-France Lalonde (Orléans, Lib.): Thank you.

Like my colleagues, I want to start by congratulating you on your appointment, Colonel Jardine.

[*English*]

From the statement and recommendations I look forward in the hope of seeing more of this great work you have done.

I also noticed from your statement that some of the stories are largely from the perspective of female caregivers who are calling on increased support and certainly more agencies to request it.

At this point are the caregivers who request assistance from your office predominantly female, and how is the experience of female primary caregivers different from the experience of male caregivers?

[*Translation*]

Col (Ret'd) Nishika Jardine: Thank you, Mrs. Lalonde.

[*English*]

There are two things in your question. Our report didn't focus on caregivers because we were focused on family members in their own right, not in their ability to be a caregiver to their veteran, but to seek and to be given access or funded treatment in their own right, based on their own mental health issues.

At the same time though, I can tell you we are working. One of our upcoming investigations—it's actually under way—is on the question of caregivers. I will ask my colleague, Mr. Schippers, to speak to that because I haven't been briefed on it up to this point.

Mr. Duane Schippers: Thank you, Colonel Jardine.

I would just say that some of the work we've done in terms of the impact of transition on our *[Technical difficulty—Editor]* we did a qualitative study about two years ago on transition that showed that the family, and particularly the spouses, are the most important factor in a successful transition of a military member from military life to the civilian life.

We're going to be looking at the caregiver recognition benefit. We've started to look at it and we'll be looking at things such as access and qualifications for access. It seems, and it shouldn't be any shock given the percentage of male Canadian Forces members versus female, that the largest proportion of caregivers tend to be female. We'll be looking at this through a GBA+ lens as well, looking at how it impacts single female veterans, looking at who the caregivers are, who the family members are and whether that is different in different forms. For example, is the indigenous definition of family a bit broader? How are indigenous veterans and their caregivers impacted? We'll be looking at the impact. We'll be looking at the needs of the veterans and we'll also be looking at the quantity of the benefit. Is the caregiver recognition benefit really sufficient? Is it really compensation or is it token recognition while the care is foisted onto the partners? Is it the caregiver's responsibility as opposed to the government's? We'll be looking at those things and we look forward to talking to the committee about that once we've completed that work.

I think MP Blaney had asked about military sexual trauma, MST, earlier, and we're also looking at access to individual counselling for survivors of military sexual trauma and what resources are being provided to veterans.

● (1925)

Mrs. Marie-France Lalonde: Thank you.

I have a minute left and I know that you told the story of a woman veteran who became disabled in her service and is now being cared for by her young children. How common are circumstances like this where the veterans may need care but may not be receiving it from a mature caregiver?

Col (Ret'd) Nishika Jardine: That's an excellent question.

I'm not certain that I would have those sorts of statistics at hand. I think it would probably be related to the incidence of how many military members or veterans are single or single parents and the circle of support that they have around them.

Perhaps, Mr. Schippers, you might have discovered more during the conduct of the study.

The Chair: Very briefly, please, because we're at time.

Mr. Duane Schippers: What I would say is that the complaints we get represent a small fraction of what we think is out there. For a veteran, they have to come to us after they've gone through an initial decision at VAC, an appeal at VAC, a second appeal at VAC, and then if they have any fight left in them, they come and see us to help them. What we see is just the tip of the iceberg of what we think is really the situation.

The Chair: Thank you very much.

You are up next for two and a half minutes, Député Desilets.

[*Translation*]

Mr. Luc Desilets: Thank you, Mr. Chair.

Ms. Jardine, mental health is one of many health care sectors. I want you to talk about the fact that we're calling for an increase in federal health transfers to the provinces.

In your opinion, is this warranted? Would it help veterans?

[*English*]

Col (Ret'd) Nishika Jardine: I am afraid I missed a little portion of your question, Mr. Desilets. Are you talking about the federal-provincial transfers with respect to health?

[*Translation*]

Mr. Luc Desilets: Yes, that's right.

We're asking that the money be transferred to the provinces, since health care falls under provincial jurisdiction.

In your opinion, could this help with the development of new projects to support veterans?

[*English*]

Col (Ret'd) Nishika Jardine: What I as the ombudsman can do is simply point out where we see the gaps. We'd leave it to the department and to the government to determine how to do those things, how to fill those gaps, and how to cost those gaps and then to determine how those things are going to be met.

I'm afraid my remit is only to point out and shine a light on the gaps and barriers.

[*Translation*]

Mr. Luc Desilets: I understand.

Delays and backlogs obviously have a significant impact on the families of our veterans.

Are you somewhat familiar with this issue? What do you think about it?

[*English*]

Col (Ret'd) Nishika Jardine: On the delays and the wait time, as you on the committee very well know—we've read your report, and thank you for all the recommendations that you made—delays in approving disability claims for veterans have an impact not only on veterans and their health but also, as we can well understand, on the health of their families, both physically and in term of their mental health, so that wait-time question is certainly a very serious one and is one that we, as the ombudsman, continue to watch closely.

[*Translation*]

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: For two and a half minutes, MP Blaney, go ahead, please.

Ms. Rachel Blaney: Thank you. It's wonderful to get to ask a few more questions.

I'm just wondering, Colonel Jardine, if during the report you heard from common-law partners of veterans on their access to or lack of access to supports for themselves as they were the caregiver or are the caregiver of the veteran.

Col (Ret'd) Nishika Jardine: My understanding of the definition of family—and Mr. Schippers will correct me if I'm wrong, I'm sure—is that when a common-law relationship is recognized in law, then it is recognized by the government and obviously by the department.

In the research that we did, we didn't find any difference between being a married spouse or a common-law spouse under law.

● (1930)

Ms. Rachel Blaney: Thank you.

Thank you so much for also mentioning the military sexual trauma, MST. This is something that concerns me greatly because the impact not only on the veteran but also on the family can be significant, and I am concerned that there are challenges with VAC with regard to military sexual trauma versus other service-related injuries and illnesses. Is that an area that your office might be looking into in the future?

It sounds as though you are, but I'd love to hear some more.

Col (Ret'd) Nishika Jardine: As I mentioned earlier, we are looking at where we're going to put our investigative capacity over the next two years or so, and we're going to prioritize that because, of course, we are limited in the resources that we have, but we have investigations under way. Certainly, from my point of view, and understanding that the team and I have yet to work our way through this, I can see women veterans...with respect to all the intersectionalities that affect women veterans, including military sexual trauma, not only for women but for men as well.

Ms. Rachel Blaney: I was going to say that. Thank you so much for saying that.

Col (Ret'd) Nishika Jardine: Yes, absolutely. The number of intersectionalities—and certainly we put everything we do through gender-based analysis, as Mr. Schippers pointed out, and we look to pull out all of those intersectionalities and look to find the gaps and the barriers in the programs and benefits that VAC is providing.

Ms. Rachel Blaney: Thank you.

The Chair: I want to thank all the witnesses.

That brings us to a close today.

Thank you very much, Colonel Jardine and Mr. Schippers, for kicking us off in the right direction with this study. We very much appreciate your time and patience as we got going a little bit late today, and also your flexibility for being able to meet at a later time.

Thank you to all my colleagues. Thank you to everyone in Ottawa who makes this possible, all the technical folks, translation and, of course, the clerks and analysts.

I adjourn today's meeting.