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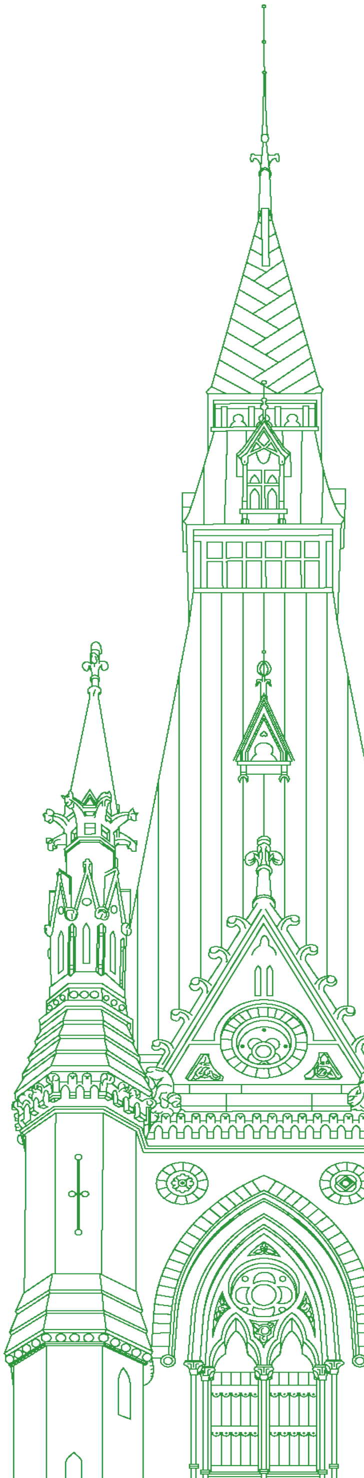

Chair: Mr. Bryan May

Standing Committee on Veterans Affairs

Wednesday, April 21, 2021

● (1535)

[*English*]

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

Welcome to meeting number 20 of the House of Commons Standing Committee on Veterans Affairs.

Today the meeting is again taking place in the hybrid format.

I've been made aware that there may be a vote today regarding a subamendment to the budget. I'm told the bells could start to ring at 5:15 for a period of 30 minutes and that the vote would be held at approximately 5:45 today.

When the bells start ringing, we'll have 15 minutes left to the meeting, theoretically. I will be interrupting the proceedings at that time to seek unanimous consent to continue to sit during the bells until our normal end time of 5:30. This should give us plenty of time to get prepared for the vote. I wanted to make sure that everyone understood that was coming.

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

Welcome to all the witnesses who have taken the time to join us today. I will introduce all of you and then we'll get right into the opening remarks.

Appearing as individuals, we have Mr. Glynne Hines and Dr. Greg Passey. From the Association du Royal 22e Régiment, we have Richard Gauthier. From The Perley and Rideau Veterans' Health Centre, we have Mary Boutette, chief operating officer. Coming back to us again—thank you for taking the time to join us again after technical challenges—we have Mary Bart, chair of Caregiving Matters.

Again, thank you to all the witnesses. You will each have five minutes for your opening remarks.

We'll start off with Mr. Hines.

The next five minutes are all yours.

Major-General (Retired) Glynne Hines (As an Individual): Thank you, Mr. Chair.

Mr. Chair, members of this committee, and fellow panel members, good afternoon. I'd like to thank you for the invitation to appear today.

Before I get into the substance of deliberations, I'll give a brief background of myself. I am a veteran of 41 years' service of the Canadian Armed Forces, in the regular and the reserve forces, having served in the army, the navy and the air force. When I retired in 2012, I remained in Brussels, where I was the civilian director of NATO's intelligence-sharing enterprise.

None of this has anything to do with veteran mental health care. However, since that time I've been involved with supporting and advocating on behalf of veterans and their families in a variety of capacities, with my emphasis being on veteran and family mental wellness.

I understand the focus of your committee right now in this session is on the supports and services to veterans' caregivers and families, and that today you wish to focus on three elements: the impact of the caregiver recognition allowance since its introduction; the relevance and possible means of enabling family members to get VAC services on their own behalf; and to reflect more generally on the support offered by VAC to family members, particularly when it comes to veteran health that requires ongoing care.

Starting with the caregiver recognition benefit, I just want to correct a statement that was made in my invitation, which referred to something called a “caregiver recognition allowance”. It's actually the caregiver recognition benefit, and this nuance is important. It's not an allowance per se, but it's a $1,000-per-month benefit to recognize, and not compensate, the contribution of a family caregiver to the care and recovery of our most severely disabled veterans based on their disability, not necessarily based on the impact on the family. It does not replace income or earnings lost by these family caregivers; it merely recognizes that they have a role to play in caring for the veteran.

As I indicated previously, in my advocacy role my emphasis is on veteran mental health. I'm particularly interested in the caregiver recognition benefit as it applies to veterans with a diagnosed mental health condition.

Since raising this issue of equitability—that is, the equitability between a veteran with a mental health condition and a veteran with a physical disability—I have focused on some data from VAC. It indicates that approximately 70% of the applicants for the caregiver recognition benefit are in receipt of disability benefits for a mental health condition, and that 81% of those eligible for that benefit actually have an approved disability entitlement for mental health conditions. So, in fact, it does appear that the award of the caregiver recognition benefit is equitable for veterans struggling with mental health conditions as it is for those with physical disabilities.

When we talk about enabling families to obtain VAC services on their own behalf, I think we could take a lesson from our allies in Australia. In Canada, there are very few supports and services provided to family members, and there are no supports and services provided to family members on their own right from VAC. Family members will only get support from VAC if it is directly related to the veteran's condition and recovery. This means that the family's need for support must be directly related to the member's condition and treatment. Thus, if a veteran himself or herself does not have an awarded condition, a family member who may be suffering as a result of the member's service is not able to access VAC support for themselves, and this is especially important when we're dealing with family mental health. The veteran may choose not to apply for a disability award or to seek help, for whatever their own personal reason is, but that doesn't mean that his or her dependants aren't adversely impacted by the veteran's service, or that they don't need help.

Consider for a moment the teenager who has moved with their parents every few years while growing up. A parent is deployed every few years, school has been disrupted, the teen starts struggling with their own mental health. They don't have access to mental health care, because they're always moving, and they go on a rather lengthy provincial waiting list to get care. They don't have access to VAC services because their veteran parent doesn't have an awarded condition, so they suffer without help, even though their condition may well be attributed to the veteran's service.

● (1540)

We used to say that members joined the Canadian Armed Forces, but their families were drafted. I chose to join. My wife and my kids didn't choose to join, but they have been subject to all the career implications and the lifestyle implications as a result of my service. Unfortunately, in retirement or after release, this continues, whereby the dependants are struggling sometimes with conditions that their veteran parent has, but they don't have access to services and support.

The care and support needed are often in the area of mental health, and it's a discipline that is stigmatized, making access even more difficult for spouses and children. Veterans and their families face a unique experience during a military career and transitioning to civilian life, and it is very difficult for them to get the care they need while they're on lengthy provincial waiting lists, especially for mental health conditions.

Military life can involve significant challenges, not the least of which is exposure to life-and-death situations. For many veterans, military service and operational deployments can lead to a strong sense of identity and belonging. For clinicians working with veterans, demonstrating an understanding of the military experience enhances the therapeutic alliance so they can get effective treatment.

The Chair: I'm sorry to interrupt, Mr. Hines. We're well past time, so I'm just wondering if you could conclude your statements.

Thank you.

Mr. Glynne Hines: I certainly will.

The Australian situation is one that we would welcome, whereby veterans' family members can get access to care through Veterans Affairs in their own right, without having to rely on the provincial system, which often has a very lengthy wait time and doesn't have clinicians who are trained in the veteran lifestyle.

My apologies for going over.

● (1545)

The Chair: That's okay, Mr. Hines. That's my job. I'm the official chief interrupter of this meeting. I apologize to you and to everyone I may need to cut off.

Up next, we have Dr. Passey for five minutes, please.

Do we have Dr. Passey? Did we lose him? I don't see him on the screen.

Mr. Clerk, do you know if he's still with us?

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): He just dropped off.

The Chair: Thanks, Cathay, I didn't see him drop off.

We'll reach out to him, Mr. Clerk, via the technical staff to see if we can get him back. In the meantime, we will stay calm and carry on.

Up next is Mr. Gauthier for five minutes.

[*Translation*]

Mr. Richard Gauthier (Association du Royal 22e Régiment): Good afternoon, everyone.

I would like to thank you for inviting me to discuss a very important topic for veterans and caregivers across Canada.

My name is Richard Gauthier. I served for 16 years in the Royal 22nd Regiment.

I founded a veterans group in June 2019 despite the pandemic. There are 1,200 members on my Facebook page, and 400 of them are very active. I can say that 98% of those who follow me on my Facebook page are people who served in Afghanistan, Bosnia, Rwanda, Haiti, Germany, the Cold War, Cyprus and so on. So the data and testimony I have collected are straight from the source.

The reason why I founded a group was precisely to get people out of isolation and depression. The procedures often take far too long, which leads to some quite serious problems. A soldier is a person who wants to give and serve. That's why I have established an annual calendar of events. For example, on February 21, 2020, in collaboration with the City of Montreal, we served 350 hot meals and donated warm clothing to homeless people in the City of Montreal. The 400 very active members of my group participated in this event, which was a great success. We will be repeating it annually.

By the way, my group is not a biker gang. It is a registered nonprofit organization (NPO). You can visit the veteransr22er.com website if you want to find out about the mission and fundamental purpose of my group.

I surveyed the group on the topic at hand, namely caregivers. Let me list the points mentioned to me and then I will give you my suggestions on the issue.

The eligibility criteria are too narrow. The file processing is too slow, the procedure takes really too long and it doesn't make sense. That's what the ombudsman told me. In addition, there is a lack of staff to respond to requests in French. Perhaps this aspect should also be fixed because it is not right for the procedure to take 36 or 48 months when we are told that it will take between 12 and 16 weeks. The system really must be changed in order to process files more quickly. You will understand what I mean when I make my recommendations.

The allowance amounts are not high enough. Caregivers must have direct access. The lack of French-speaking staff to process the files should be addressed. I don't know how long the wait times are for anglophones, so I won't speak for them.

Following the points I have just listed, here are my recommendations. I suggest that a committee solely for caregivers be set up to go more directly to the source. Individuals would register with their representatives in the area and the information would be sent directly to the committee. The committee should be composed of a general practitioner, a psychologist, a senior administrative officer and a social worker. This would allow the committee members to understand the case more quickly and to provide a response within 30 days of approving the request.

It would be important to provide documentation to caregivers and veterans with a letter of explanation and a pamphlet outlining all their rights. A website should be created with videos of health care professionals giving advice to help caregivers do a good job.

There should be a 1-800 hotline to provide support and a safety net for caregivers. Veterans may suffer from some quite serious psychological problems and the caregiver role can be very demanding. At some point, they may be struggling and a help line needs to be set up for them. It could also be used to lift their spirits and provide access to a psychologist.

The $1,000 per month is not enough. Being a caregiver is an incredible amount of work. I suggest that the amount be increased from $1,000 to $1,500, and that it be tax free.

● (1550)

I can give you an example. The spouse of a member in my group decided to work only three days a week to help her spouse. Her annual salary was $84,000, which has now dropped to $51,000. This person, who decided to help a veteran who served his country, is now losing $33,000 a year. The $1,000 is absolutely inadequate. We can say that it is not to compensate the person, but those are the facts.

Veterans who qualify for the caregiver recognition benefit could be added to a priority list for a service dog or animal to help them deal with boredom. Boredom kills these people the most. It is important to address that.

The selection criteria should be broadened a little. The spouse is often the caregiver. We must not forget that many veterans are single, sometimes because their spouses and children left them as the situation was a little too hard to bear.

In my opinion, the closest people to a veteran are the family members. So the father and mother could be included. If a young veteran is 30 years old and his mother and father are 50 or 55, one of them could become his caregiver. It could also be an uncle or an aunt. A close friend could also be eligible for this program.

[*English*]

The Chair: I'm sorry to interrupt, but again we're over time. Could you wrap up your opening statement, please?

[*Translation*]

Mr. Richard Gauthier: Okay. I am almost finished.

I noticed that the eligibility criteria refer a lot to hygiene, food and the selection criteria, but make no mention of post-traumatic stress disorder (PTSD), as was discussed earlier. PTSD should also be considered. It must not be forgotten.

I also want to thank all those who have served their country.

Thank you very much for your attention.

[*English*]

The Chair: Thank you so much, Mr. Gauthier.

We have Dr. Passey back.

Do we need to do a sound check, Mr. Clerk?

Apparently our sound check is good, Dr. Passey, so the next five minutes are yours. Please go ahead.

Dr. Greg Passey (Psychiatrist, As an Individual): Thank you very much for this opportunity to address the committee.

My background is that I'm a veteran. I served 22 years in the Canadian military as a doctor, and later as a psychiatrist. I'm an expert internationally and nationally in post-traumatic stress disorder. I currently have about 133 veterans on my caseload in Vancouver. I've assessed and treated hundreds of veterans, as well as serving members in Saskatchewan, Alberta and British Columbia. As such, I've had a lot of experience dealing with VAC offices and have a long clinical and corporate history with them. I've served on two separate veterans affairs committees that are listed in my paper that I've given to you.

From the late 1990s until about 2010, the PTSD claims that I put forward were typically awarded within six weeks. There has been a significant degradation of VAC service and an increase in denial decisions, starting about six years ago, especially in the year prior to the 2015 election, when funds were cut to VAC. Even since that time, VAC decisions and Veterans Review and Appeal Board decisions now can take as long as 18 months. Of even greater concern to me is the increased level of denial of claims, up to and including the last level of appeal at the Veterans Review and Appeal Board.

In regard to the caregiver allowance, I've listed seven different items in my speaking notes: one, lack of adequate VAC resources to provide timely service, decisions and support to veterans; two, inconsistent application of the eligibility criteria, resulting in some applications being approved and others with the same level of disability being denied; three, lack of flexibility when applying the eligibility criteria, with a seeming bias against mental health diagnoses and disability, especially in our young veterans; four, overly restrictive eligibility criteria; five, excessive time to review the application, and the appeal system is likewise slow and inconsistent; six, lack of any VAC quality assurance program, first recommended by the VAC-Canadian Armed Forces advisory council in 2000, and to date, nothing has been done in regard to this; and seven, lack of any ability for veterans or their family members to give appropriate feedback to VAC in their interactions.

I've given you two separate examples of veterans, and I'm going to quickly run through one.

Regarding veteran A, I stated in July 2018 that the veteran should not be left alone at home for more than a few hours. Despite this, the caregiver allowance was not awarded.

In November of that year, I stated that the veteran actually had significant deficits meeting the majority of the ADLs listed in the denial letter. He had problems with his balance and fell easily. He might not be able to get up by himself. He was unable to shave himself partly because of osteoarthritis in his fingers and because he typically will cut himself, so his wife had to shave him. He had to be reminded to shower. He couldn't wash his lower limbs because of restricted flexibility. He often wouldn't eat or remember to eat even when it's premade. He had difficulties outside the house on uneven ground and had fallen easily a number of times. His wife did not like to leave him alone for any significant amount of time because she did not feel that he was safe on his own. He could leave the stove on and start a fire because he would forget when he's trying to cook.

At that time, again, I stated he was incapable of safely staying by himself for more than a few hours, and I recommended caregiver recognition benefits. Again, it was denied.

I noted on April 23, 2019, that the veteran had fallen on more than one occasion and had not been able to get back up by himself. This put him at considerable risk for his physical safety, especially if it occurred outside. Again, my opinion was that he was no longer safe to be left alone, and his wife likewise confirmed this. Again, it was denied.

Finally, in January 2020, he revealed to me that he had felt suicidal after VAC rejected any increase in his PTSD award and rejected the caregiver allowance. He made a serious attempt at suicide, and by pure luck, he didn't hit the tree square on; otherwise he would have died.

In March, I noted that he had fallen at the end of January, fractured his left elbow, had a hairline fracture by his right ear and left eye, and he had no memory of the event.

● (1555)

He remained quite angry at the VAC, because of all the denials of various claims. He basically remains home alone a lot. Finally, after over two years, this veteran was awarded the caregiver allowance, despite all my letters and only after fracturing his elbow and having two skull fractures in January 2020.

This is one of many denials. He's an older veteran from the 1960s and 1970s. The other veteran is younger. His wife has written a letter that you can read.

There are ongoing problems with the entitlements and decisions within Veterans Affairs. We need to find ways to correct this. It cannot go on like this. We're losing too many people, and we're not tracking all the suicides.

Thank you.

The Chair: Thank you very much, Dr. Passey.

Up next, we have Ms. Boutette.

The next five minutes are all yours.

Ms. Mary Boutette (Chief Operating Officer, The Perley and Rideau Veterans' Health Centre): Thank you very much for the opportunity to make a representation this afternoon.

I'm the chief operating officer of The Perley and Rideau Veterans' Health Centre. We support over 250 older veterans, their caregivers and families, both in long-term care and in supportive living apartments.

Monday evening as I was leaving work, I had the opportunity to speak with the daughter of a veteran who was admitted to our long-term care home two weeks ago. The daughter had been supporting her parent, who has Alzheimer's disease, at home for several years. The daughter shared that she had failed her mother, first, by letting her fall while at home, and then in hospital as she deteriorated due to lack of physical and social activity. She was crying. The daughter was struggling with her mother's transition to long-term care, and the profound change this meant for her day-to-day life as a caregiver. Her caregiving role had not ceased, but was profoundly changed, aligned with her mother's transition.

Her story is but one of countless examples of families and loved ones who are caring for older veterans. How can we ensure these families and caregivers receive the support and services required to optimize their quality of life, and also that of the veteran whom they care for?

Families and caregivers are essential to the physical and psychosocial health of veterans. Indeed, they've often been described as the strength behind the uniform. This is true not only when an active member transitions to civilian life due to illness or injury, but also as veterans age and their capacity declines.

The needs of veterans and their caregivers are intrinsically linked. To support the veteran, one must support the caregiver. To support the caregiver, one must support the veteran.

In August 2017, the Office of the Veterans Ombudsman published its report “Continuum of Care: A Journey from Home to Long Term Care”. The report clearly articulated the need to ensure that aging veterans and their caregivers receive appropriate support across their life-course trajectory. The recommended changes were designed to help reduce complexity and enhance benefits and services to those who need them, when and where they are needed, while ensuring that eligibility was not tied to the veteran's status or location of residence. Benefits and services should be flexible enough to move and adapt seamlessly with the veteran as the needs and care settings change.

Required improvements to services and supports for veterans, their caregivers and families can be grouped into three broad themes: close the gap, enhance outreach and reduce complexity.

With regard to closing the gap, Veterans Affairs has a long tradition of supporting priority access to long-term care for veterans of World War I, World War II and the Korean War. Additionally, the department needs to support veterans and their caregivers to remain in the community as long as possible through the veterans independence program. This program provides annual funding to eligible veterans to help cover the cost of home care services, and it is an excellent support for those with limited needs who are capable of independently navigating a wide variety of service providers.

Unfortunately, there's often inadequate support for veterans and their caregivers as their needs change and remaining at home is no longer an option. The burden of care falls to families. Accessing long-term care is challenging, particularly so for those who served following the Korean War. It's not just access; it's about quality care.

Veterans Affairs must shift its focus to the continuum of care, aligned with the diverse life-course trajectories of veterans. Families and caregivers should have confidence in access to quality services based on need, whether that be in the community, a supportive or assisted living environment or long-term care. This should include support for caregivers when veterans are unable to perform instrumental activities of daily living, such as household management and child care.

In terms of enhancing outreach, as veterans age, family and caregivers age with them. Navigating health and support services is challenging for the most privileged among us, but it is particularly difficult for those with declining cognitive capacity and for those who aren't comfortable with technology. It's too easy for veterans and caregivers to fall through the cracks.

It's essential that Veterans Affairs enhance its outreach programs and communications. This can be accomplished through systematic and planned reassessment of veterans at risk and by partnering with established veterans service organizations to ensure awareness and organization of appropriate supports.

● (1600)

The veterans health care regulations are notoriously complex, with benefit eligibility often tied to type of service. In addition, federal supports and services are often layered upon provincial and municipal programs. Care is frequently fragmented, and negotiating and managing services on behalf of the veteran can be overwhelming and exhausting.

Access to a continuum of care and support must be as seamless as possible, ideally with a single point of entry. Eligibility criteria should be clear and equitable—that is to say, based on physical and psychosocial needs rather than type of service.

In conclusion, it's important to note that very little research has been conducted that examines the trajectories of older veterans and their families. A deeper understanding of the journey lived by older Canadian veterans, their families and caregivers would enable the development of more tailored supports and services.

Thank you for the opportunity to make representation on behalf of veterans, their families and caregivers.

● (1605)

The Chair: Thank you very much.

Up next, we have Ms. Bart.

The next five minutes are yours.

Ms. Mary Bart (Chair, Caregiving Matters): Thank you so much. I'm so glad to have the opportunity to meet with all of you.

My goal today is very simple. I would like to tell you a little bit about myself, our charity, what I have learned about caregiving, and a special assignment I did around caregiving for veterans. That's my goal today.

I am the founder of our registered Canadian charity. We have been established since 2008. We're different. We're an Internet-based charity. Most of our work is done online through video and podcast.

For the last 12 years or so, I have been a regular contributor to a Canadian magazine called Caregiver Solutions.

Here are a few fundamentals about caregiving. I'm sure you've heard or experienced some of them, but I think it's important to note what the life of a caregiver is.

No one ever wants to be a caregiver. It's not like we wake up one day and say, “Gosh, I can hardly wait to be a caregiver; that's what I've waited my whole life to do.” It doesn't happen that way. It starts gradually. Our efforts increase as the health of our care recipients declines.

Our job is so varied. We have only two hands, but really, every caregiver needs eight hands. We should all be octopuses; our lives would be a lot easier.

Our jobs are often horrendous 24-7. Often we do a lot of physical lifting. We help with hygiene care and feeding. We help with shopping. We are the taxi service. We go to medical appointments. We deal with the care recipient's frustrations, whatever they are. We deal with our own frustrations. We also have legal and financial responsibilities. Sometimes we pay bills and sometimes we are named in the legal documents for power of attorney. Often, when our loved one dies, we have another job, which is executor of the estate.

We do the whole gamut of everything that needs to be done for our care recipient. Many of us do it 24-7. We give up our jobs. We give up getting promotions.

It is a pretty tough job to be a caregiver. I always say that when I took care of my mom and dad for 10 years—my dad had cancer and my mom had dementia—truly, many days I was honoured to do what I did. Equally so, many days I went out of my mind. You have to know that's the life of a caregiver.

I'd like to share some experiences on the positive and the negative sides of being a caregiver. There are four that instantly come to mind on the positive side: joy, feeling honoured to help, feeling valued and feeling appreciated.

On the negative side, I must tell you that my chart is much longer than four items. We often feel out of control, stressed and burned out. Our number one issue is guilt. Caregivers deal with guilt every day for every reason. We have resentment. We could have anger. We are exhausted. We lose sleep. We lose income and promotions. We often spend our own money and are not compensated. We can be awfully isolated, which is a horrible place to be as a caregiver. We lose relationships, either with friends or spouses. We have poor health. I can tell you that no caregiver I have ever met is in better physical and mental shape once they become a caregiver. It's just the opposite. We are often overwhelmed and we often lose hope.

In my role in terms of helping this magazine and contributing, I was asked a few years ago to write a series of articles about caregiving to Canadian veterans. I found that to be a very interesting topic. My dad and most of my aunts and uncles.... Actually, my uncle lives at the Perley, as did my aunt until she died, so there's a great connection there. I was very interested to look at this topic of caregiving for the magazine that I write for.

I'd like to share with you now my thoughts on what I learned as I did that research.

Obviously, everything I've mentioned about caregiving is a given, but I would put it down to what I would call the “three Rs” of caregiving to veterans. I'll explain them, but they are retribution, repercussions and resilience.

Retribution is the first one.

● (1610)

As I did my research, I was astounded at how difficult it was to find people who wanted to talk to me. It was the hardest thing I've ever done in terms of research for this magazine. Veterans and their caregivers, I found, are afraid to speak out. They are afraid to be cut off, refused help or blacklisted. I often heard, “I'd love to talk to you, but my wife won't let me because Veterans Affairs is the evil empire.” Okay, that's pretty...speaking of a culture of distrust. Veterans and caregivers live in fear. That's my first “R”.

The second one is repercussions.

Am I over?

The Chair: I'm really sorry. I let you go for another minute or so. If you could conclude.... It sounds like you have quite a bit left in your opening statement.

Ms. Mary Bart: No, I have two slides.

The Chair: That's perfect. Go ahead.

Ms. Mary Bart: I'll go fast.

The repercussions are what happens when the caregiver has a bad experience with Veterans Affairs. Obviously, it comes back to bite the caregiver. They are less likely to want to give care. They're more likely to be abusive, and they'll want to run away and escape, because it's all on their shoulders and they take the brunt of the frustration that the vet feels through the dealings with caregivers.

This comes to my final one, which is resilience. When caregivers are dealt the repercussions, their resilience is weakened. They are less likely to want to be caregivers. Their spirit is broken. They may be physically abused and what they often really want to do is run away and hide.

I say to you, as you write policies and programs, to be mindful of what I'm calling the retribution and repercussions, and that you're impacting the resilience of caregivers.

Thank you.

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

Thank you to all the witnesses for their opening remarks.

Up first for our questions is MP Brassard. You have six minutes, please.

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

Thank you, everyone, for taking the time to be with us this afternoon on this very important study.

Dr. Passey, thank you again for being here. You've been here many times, and I'm not sure that you've seen actual effects of some of your testimony come to light, because not much has changed, not much does change, and I think you'll agree with me on that.

One of the things I found interesting was that, when you were talking about caregivers and veterans, you went through the criteria, and if I didn't know any better, Dr. Passey, I would have thought you were talking about Max Gaboriault. I don't know if you know Max or know of him; he's been to this committee. In fact, he was invited to this meeting but didn't get a chance this time around. He has spoken publicly about his situation, that he's 115% disabled and has been rejected five times for his caregiver allowance.

You talked about seven different things, and I was only able to write down six of them, but you said at the end of it that it comes back to entitlements and decisions. You also said there is inconsistent application, lack of flexibility, often dealing with mental health, and that it's overly restrictive.

I'm just wondering, based on your experience with veterans like Max—whom I know you haven't dealt with, but in similar situations—how have you been able to overcome some of the problems you've seen for those veterans who have applied—many times, in the case of Max—but have been rejected by VAC?

Dr. Greg Passey: It's difficult. Talking about resilience getting worn down, I've been doing this a long time and to be honest, I feel worn down by Veterans Affairs. Initially, they were very good, but now they're obstructionist; they're restrictive. We have lay people typically overruling medical specialists and stuff. The reality.... The only thing that keeps me going is my loyalty to my fellow brothers and sisters veterans. I would have quit a long time ago. I have multiple examples, multiple denials, and then you get to the second level...last time, it's over with, end. I found out that if you wait about six months or a year, you can start the whole process all over again.

It's very wearing, not only on the caregiver and the veteran, but also on the professionals who are advocating for the veterans for these entitlements. It's perseverance. It's the only thing I can do. I just can't walk away.

● (1615)

Mr. John Brassard: Oftentimes when a veteran is dealing with mental or physical injuries, occupational stress injuries or mental health, they just can't take it anymore, can they? If you're exhausted, I can't imagine how exhausted veterans and their families are in going through this process time and time again, as is the case with Max. Finally you just throw your hands up, and he told us that this week in a separate message system. He said, “I don't know what to do anymore.” Is that the kind of thing you hear often?

Dr. Greg Passey: Yes. I deal almost exclusively with post-traumatic stress disorder, and about 49% of people with PTSD think about suicide; 19% actually act on it.

I've been very fortunate. I think it's partly the therapeutic relationship and the bond I have as a fellow veteran. In all my years—in June I'll have been a doctor for 41 years—I've never lost a patient to suicide, but the example I gave you would have been my first, and I didn't know about it. That's telling me that not only are they getting worn down, but they're now starting to not reach out, because had he reached out, I could have done something about that.

It's a really dire scenario. We're not tracking the suicides when our veterans leave the military. To be honest, every one of my veterans—and I mean every one—develops anxiety when they get a letter or an email from VAC, because the vast majority have had negative interactions.

There's a reason why there's bulletproof glass in the VAC offices now, and that shouldn't be there; it should be a supportive environment.

Mr. John Brassard: I know I have only one minute left, Dr. Passey, but I want to profoundly thank you, because I know that you have a tremendous amount of respect within the veterans community because of your advocacy for them and the work that you do to try to assist them.

I started by saying that you've been here many times in front of this committee. How frustrated are you that you never see changes happening?

Dr. Greg Passey: I can't even put it into words. I'm the tip of the iceberg, though, compared to my veterans. I mean, they're living it; I'm having to deal with it, so it's different.

It's so easy to correct. It just takes some political will, and we need to get some of the VAC senior bureaucrats out of the way, because they seem to be the resistance.

Mr. John Brassard: That's a common theme that we've been hearing. We had Mr. Bruyea last week, and he and others are saying the exact same thing.

Thank you, Dr. Passey. I really appreciate your time.

Dr. Greg Passey: Thank you.

The Chair: Thank you.

Next is MP Fillmore for six minutes, please.

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

I give tremendous thanks to the witnesses today for coming and sharing their wisdom and their experiences.

I'd like to focus on the caregiver recognition benefit. You've each shared in your own way your role, and Ms. Bart really painted a picture of what it means to be a caregiver.

We heard earlier on this committee from many caregivers and veteran supporters, but I'm thinking in particular today of Lieutenant-Commander Gerry White, who's here in Halifax, a veteran of the army and of the RCMP. He described to this committee that his wife was his support through his release and his reintegration into civilian life. She supports him through his contacts in his tireless devotion to helping veterans in this community, and she supported him even for his appearance at this committee, which was a tremendous burden for him, draining for him, but he did it anyway.

Thank you for adding to the committee's understanding of that burden. I want to say that there's joy as well, as Ms. Bart mentioned, that comes from being a caregiver, but clearly it's hard work.

We see from the stats that the caregiver benefit was received by a little over 1,100 people this year, and if I just take that number—it's not very scientific—and divide it per capita across the country, it means that about 30 people in Nova Scotia will draw that benefit. Well, there are thousands of veterans just in Halifax, so obviously it's not reaching as far as we would all like it to.

I really want to ask for your vision, your dream, for what this benefit could be, and I guess specifically what changes you might recommend. Mr. Gauthier recommended something very specific: increase it to $1,500, tax-free, but if you could help the committee understand what we can take away from this to make that benefit reach more people, I think we'd all be very grateful.

Each of you has this experience, and I'm sure you have things to say. Let's just get into it.

● (1620)

[*Translation*]

Mr. Richard Gauthier: A $1,000 benefit is simply not enough, given the task at hand. As Ms. Bart said earlier, it's a huge burden. The amount should be increased to $1,500.

We must not forget the suffering of the spouses of military members who were called to serve on missions. Today, they have the moral and physical responsibility for their veteran spouses. If you do the math correctly, it seems to me that there is a shortfall.

The way to award these amounts is very simple. You have already set up tables with the benefit amounts based on disability. Once a veteran reaches a certain percentage, the amount should be automatic. I have reached a disability threshold of almost 100% but I do not have access to this benefit. It seems to me that, as you pass each disability threshold, it should be automatic.

That's the problem with Veterans Affairs Canada: when veterans reach a threshold or a percentage of mental or physical disability, they have to guess what they are entitled to. It's not supposed to be like that. As soon as they reach a 70% disability threshold, they should look at the table and see how much they are entitled to. If they reach the 100% disability threshold, it should become automatic. That's what needs to be in place to speed up the process.

I have lost a number of friends. They have committed suicide. That's why I'm bringing this up today.

[*English*]

Mr. Andy Fillmore: All right. Thank you.

[*Translation*]

Mr. Richard Gauthier: Thank you very much, Mr. Fillmore.

[*English*]

Mr. Andy Fillmore: We have maybe a couple of minutes left, Chair, but I think Dr. Passey has something more to say.

Dr. Greg Passey: I just wanted to quickly address the whole issue of criteria. It seems that Veterans Affairs has gone towards the disability tax credit criteria. They've made it very difficult for individuals to actually be eligible for the criteria.

It's interesting. In the U.S. they have what's called the shut-in allowance. For anyone who has difficulty in being able to get out of the house and shop and do all those sorts of things, they actually have an award for that, which is somewhat similar to our caregiver allowance.

I think we need to relook at the criteria and make them a little more flexible and a little more appliable for our veterans. They've served. They've suffered. The caregivers suffered while they were serving, and the members suffer as well, when they retire and become veterans. We have to look at the criteria for sure.

Thank you.

Mr. Andy Fillmore: Thank you, Dr. Passey.

I think we have a minute left, Mr. Hines, if you want to add your piece.

Thank you.

MGen (Ret'd) Glynne Hines: Thanks very much, Mr. Chair.

In the end, I think we have to be clear on what this benefit is about. Is it a token, a $1,000 token, to somebody who is having to carry on with the care and support of the veteran? Is it to really compensate them for the time, the difficulty, the loss of employment and the loss of income associated with being a full-time or near full-time caregiver to a veteran?

If it's the latter, we are failing miserably to do that. We have people working 20 hours a day at their day jobs and the caregiver responsibilities they've taken on, or they're giving up their income, their earning ability, so that they can carry on with that moral and lifelong responsibility they've taken on in being married to or supporting a veteran. So—

● (1625)

The Chair: Thank you very much. I'm sorry. That's time.

Up next is MP Desilets for six minutes, please.

[*Translation*]

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

Good afternoon, everyone.

I want to thank all our guests for taking part in this process.

Mr. Gauthier, my first question is for you.

First, it's an honour for me to speak to a member of the Royal 22nd Regiment. I recently had the pleasure of commemorating the Royal 22nd Regiment's participation in the Battle of Vimy Ridge, one of the many battlefields where the regiment distinguished itself.

We had the opportunity last week to speak to Minister MacAulay in person at a committee meeting last Monday. He confirmed the inequity in the quality and timeliness of services in French at Veterans Affairs Canada compared to the services provided in English.

In your years of experience in providing assistance and support to veterans, have you seen a difference in the quality of services? If so, in your opinion, has it had an impact? We're talking about assistance for veterans, but their families are also affected. Does the fact that they aren't receiving the services that they need have an impact?

Mr. Richard Gauthier: The French-language services are insufficient. The ombudsman told me that there was a lack of French-speaking staff. He has been telling me this for 22 years. The department has missed the boat. You asked me whether there has been an impact. There has certainly been an impact, because people are dying by suicide. I started this group for exactly that reason. So far, in the 20 months since I started my group, I've saved four people from suicide. People often reach this point because of the slowness of the services, which they have spent too long waiting for.

I can confirm that there has been an impact. Based on my own experience, I can confirm that the process is very slow. It took 36 months to hear back from the department about my application for an allowance to have a caregiver in the home. That's unbelievable, 36 months is just crazy. In fact, the process took even longer because I didn't know what procedure to follow. It took a total of seven years for my application to ultimately be denied, even though I had documents showing my eligibility. In addition, the lawyer, Mr. Bastarache, was outraged at the decision and the length of the process. I'm not the only one saying this. Many, many veterans are in this situation.

There's an urgent need to hire French-speaking staff. I've been told the same thing for over 20 years. The staff at the ombudsman's office told me this last month. I don't know how things are going on the English side. However, we have English-speaking friends who work in other professions. They say that the process is much faster in English. Some francophones speak English very well and make their requests in English, because the process isn't fast enough in French.

The case managers have too much power. It's unbelievable. They discourage people. I'm speaking from personal experience, based on the accounts gathered in my group. In the Quebec City offices, and also a little bit in Montreal, these managers don't encourage veterans to assert their rights. The case managers advise people not to submit applications. The managers tell people that their applications will be denied. I think that the job descriptions should be reviewed from the bottom up.

There should be a direct help line for people, especially family caregivers and people working in the health care field, such as Ms. Boutette. These people can't go through all the administrative levels to resolve an issue. It doesn't make sense, as Ms. Boutette explained earlier. It's important to go directly to the source.

If a veteran goes through all the levels and still hasn't received a response 16 months later, the veteran may have already died by suicide. Several of my friends have died by suicide, including one who jumped off a bridge, because it takes too long to receive services given the lack of francophone resources. It's absolutely appalling to see this. That's why I invested my money to save my friends. I'll never leave a colleague on a battlefield. I won't let them die alone. That's why I stepped in and started this group.

I would like the support of Veterans Affairs Canada to ensure that the department speeds up the process for accessing services.

Thank you, Mr. Desilets.

● (1630)

Mr. Luc Desilets: Thank you for your comments, Mr. Gauthier.

Mr. Passey, is it possible to make a connection between a veteran's level of distress and the slowness of the services, whether this stems from a lack of French-speaking staff or other causes?

Do you think that these two things are correlated?

[*English*]

The Chair: Please give a brief response.

Dr. Greg Passey: Yes. I absolutely agree with that. The longer this takes, the more stress it creates for the veteran and family members—absolutely. I would add that this is not only a benefit for the caregivers. You have to realize that if the caregivers aren't there and veterans end up in long-term care facilities, just think about the cost that is per month and how much we're actually saving by having them stay in their own homes.

The lack of resources in Veterans Affairs and unnecessary denials are creating huge stress and suicidal potential in our veterans. Absolutely.

The Chair: Thank you very much.

Up next is MP Blaney, please, for six minutes.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Mr. Chair.

Thank you to all the folks who are here testifying.

If I could speak with you first, Dr. Passey.... First of all, I don't have a copy of the brief. I'm assuming that it's going through translation, but I just want to make sure that we do get that at some point.

One of the things that you talked about was how long the claims are taking to be approved. What I've heard from multiple veterans is that it's starting to feel to them like they're applying to insurance where they're being forced to prove in great detail repetitively, again and again, what the challenges are and what they're facing. It doesn't feel like a service provision where you go and say, “I served the country. Here I am on this side. What can we do to make my life work with all of the challenges that I have?”

Of course, we hear from both caregivers and veterans that they're often retelling their stories again and again, how frustrating that is because it feels like no one on the other side knows, and how it is retraumatizing, especially for some folks, some of the veterans who have huge psychological issues. This can mean a couple of weeks of the caregiver's having to give a higher level of support.

I'm just wondering if you could talk about that and the impact that it has—because it is a study on caregivers. What is the impact on the caregivers, and how does that impact, in turn, the veteran?

Dr. Greg Passey: That's a good question.

Let me just say that there are some very good individuals with Veterans Affairs. I have to say that. I've had that experience. I've also had experiences with people that have been terrible. A lack of a quality assurance program and a lack of the ability for the veterans to be able to provide feedback means that the system will never ever change.

It's a huge issue for all our veterans. Trust is a huge issue for all of our veterans. The idea that their word is being disbelieved or the fact that they're having to provide excessive evidence to support their position, again, creates a lot of angst, a lot of anxiety and a lot of irritability. This can come out as verbal aggression, etc. About 49% or 50% of people, our veterans with PTSD, will lose their relationship as a result of their symptomatology, the stress that's there constantly. The stress that's put on the caregiver.... Imagine feeling responsible for the person you love so much but not having the power to change anything. It's the absolute worst position to be in—huge responsibility and no power to change it.

The thing is that Veterans Affairs exists because our veterans have served the country. We're actually the employers of Veterans Affairs, but we're not seen that way. We're seen as being dependent. We're disempowered, and the delays and unnecessary denials are having a very tragic effect on family members, caregivers and the veterans themselves. We're going to lose a lot of people if it doesn't change.

● (1635)

Ms. Rachel Blaney: Thank you, Dr. Passey.

I'm going to come back to you again, and I want to thank you for acknowledging the great workers who are in VAC. I agree with you; there are amazing workers. I think one of the biggest challenges is that they're being put into a box where it is like these outputs are more important than the human connection, and that does concern me.

My next question to you is really.... First of all, I just want to acknowledge that the vast majority of caregivers are women, and women's work continues to be undervalued again and again in our system. I think that when we look at $1,000 a month for women who often have given up big chunks of their careers because they believe in the service that their partner provided, we need to acknowledge that and understand how we're valuing that.

My bigger concern on this issue is that caregivers, families and loved ones are being asked to treat and manage PTSD with no training and no support. I think about listening to them talk about modifying all this behaviour and trying to create a safe space in a world that is often very triggering.

I'm just wondering what the impact on the family is. You talked about how many partnerships are ending because of this. What is the impact on the family, and how does the lack of knowledge affect that? What are the tools that would be more supportive to caregivers?

Dr. Greg Passey: You can actually develop what's called vicarious PTSD as a result of being exposed over long periods of time to individuals who have untreated PTSD and are very symptomatic. Family members, that can be the kids, that can be the caregivers, etc., can actually develop their own mental health issues. There's no way around that.

I know when I was still working at the B.C. Operational Stress Injury Clinic, we had a group program that attempted to address this. We had the spouses come in, and we tried to give them some tools and stuff, but it's difficult to understand and treat this disorder when you're a professional. As a layperson watching a loved one go through this, it can be quite devastating, because you personalize what's occurring and you think that it's your fault that your partner is blowing up or whatever, and it typically has nothing to do with you. It's because they've been triggered. We need better education. We need better resources available for family members and, particularly, the caregivers.

In caregiving at this level, professionals have difficulty with it, and we're expecting amateurs, lay people, to do this. I think the caregiver allowance.... If it's $4,000 a month for someone to be in a long-term care facility and we're only paying a caregiver $1,000, I think that's crazy. They need better support financially, emotionally and professionally to do this type of support.

Ms. Rachel Blaney: Thank you.

The Chair: Thank you.

Up next, we have MP Wagantall, for five minutes please.

Mrs. Cathay Wagantall: Thank you, Chair.

Thank you all for being here today. What you contribute to the possibilities, I'll say, for veterans is huge and it means a great deal to hear from all of you.

Dr. Passey, I know you somewhat from those I hear from who have had your services. Especially, as you mentioned, in Saskatchewan, Alberta and British Columbia, out west, you have made a huge impact on veterans' lives. I really appreciate the fact that you say “my veterans”. That's ownership. That's passion, and I hear that from people who served the way you're serving.

Sometimes I think you'd like to retire. Have you retired? I don't think...no. You talked about the frustration of lay people overruling medical specialists, so I interpret from what you talked about in your experiences with denial that the lay people overruling are VAC, and the medical experts and specialists are people like yourself who can diagnose and say this is what this individual needs. Is that fair?

● (1640)

Dr. Greg Passey: That's absolutely correct. It's not only on the caregiver allowance, but I've seen and I've been overruled with regard to a diagnosis of PTSD, the origin of the PTSD, and we've gone all the way up right through VRAB. In one case, we went to the court two times, and the court told VRAB to change their decision, and we had to go there twice before finally the lay decision was overruled and the professional diagnosis was accepted. This happens all the time in Veterans Affairs—

Mrs. Cathay Wagantall: Which only increases that level of sanctuary trauma and PTSD exacerbation I would think. Is that correct?

Dr. Greg Passey: Absolutely. It's devastating every time a veteran's turned down, because they've walked the walk, they've lived the life and they know what is true. Every time it's denied, it feels like they're being told that they're lying.

Mrs. Cathay Wagantall: Right.

Dr. Greg Passey: And—

Mrs. Cathay Wagantall: I'm sorry, I don't mean to interrupt, but I have so many questions.

On that note, we look at what it costs and the dollars that we hear are constantly being shovelled into VAC to help with all of these needs, yet it seems it's going into a sinkhole somewhere. When you talk about PTSD and with the little bit of experience I have in listening to members who suffer....

Does anyone go over anywhere and serve in the military where.... First of all, there's the anticipation of the potential for a scenario that would be very frightening to me, but I know you prepare for it. Then there's actually being there in theatre and actually experience a crisis. I sometimes think that Canadians think you only get PTSD if you have some kind of single horrific experience, when it's the culmination of service. Wouldn't you say? You've been in the service for 22 years.

Dr. Greg Passey: It can be both. You can have one fairly significant traumatic event, or it can be an accumulation of a number of smaller events.

In my experience, the soldiers, the men and women who develop PTSD in theatre—it doesn't have to be in theatre; it can be in Canada—are able to continue doing their jobs. Their problem is when they come home. Particularly, they have problems when they have to interact with their family and friends and stuff. That's where it really shows up.

I've sent people back on tours with PTSD and they've done okay. The problem is when they get back home.

Mrs. Cathay Wagantall: I have one minute left.

I can't help but think about that commercial you see on TV about getting the right tires and everything. They call it the “Midas touch”. It just touches something and it turns to gold.

If you look at the stresses and the costs and the complications of this entire situation, wouldn't it be best, like you say, to give the Midas touch here and say thank you, not to send them to VRAB three and four times but to simply deal with those conditions?

What percentage of our entire armed forces are we talking about here, and why do we not do that? What is the barrier to doing the right thing?

The Chair: Could we have a brief response, please?

Dr. Greg Passey: That's a difficult “brief”.

With the research I showed that we did in Yugoslavia, we were running at 12% to 15% with PTSD. Out of Afghanistan, it was running at about 5% to 7% initially. It can go higher than that.

The benefit of the doubt used to be given to the veteran. It is no longer being given to the veteran. Like I say, lay people have these little diagrams, and if you don't fit in this box, then you're denied. That's a problem. This could be dealt with very easily with adequate resources and better training of those resources.

Have a little empathy—seriously. As a civilian, you'll never understand what it's like to serve in the military. Have a little empathy and realize that these people are struggling.

● (1645)

The Chair: Thank you.

MP Casey, you have five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Thank you very much, Mr. Chair.

Welcome to all of our witnesses.

I'm not sure whether you are aware, but there was a federal budget handed down yesterday that included some substantial new investments that should benefit veterans and their families. I'm going to ask some specific questions in connection with those investments to get your reaction and perhaps your advice on them.

To recap—this comes to a point that was discussed by our panel today—there's $140 million dedicated to cover mental health treatment costs for veterans with PTSD, depression and anxiety while they sit in the backlog. While they're waiting for their claims to be approved, there's a $140-million envelope to treat them.

There was an additional $15-million injection into the the veteran well-being fund to support the veterans through COVID-19 recovery, including homelessness, employment retraining and health challenges. There was $236 million dedicated, between Veterans Affairs and Department of National Defence, to expanding work to eliminate gender-based violence and sexual violence.

I'd first like to bring our female witnesses into this discussion. I want to start with you, Ms. Boutette, because of your background in housing and wraparound services.

In addition to what I just mentioned, there was $45 million for a pilot project to reduce veterans homelessness through rent supplements and wraparound services, such as counselling, addictions and finding a job.

Given that you work in this area, what advice would you have for the government in putting this pilot together? Secondly, what is the impact on a veteran's family when there are wraparound services and housing supports?

Ms. Mary Boutette: That's an excellent question. Thank you.

I'll start with the last part of your question around supports for families when a veteran is struggling with homelessness. One of the real challenges is that veterans who are in that position are often cut off from their families. Often they do not have that close relationship. That becomes very difficult.

When we start to think about advice for government about dealing with veteran homelessness, so many of these issues as well are tied to mental health, PTSD and substance abuse. I think we really need to approach it with that lens and work with established organizations and agencies that are on the ground already doing work in that area, certainly experts in mental health and substance abuse almost first and foremost.

There's also very good evidence to show that providing stable housing for individuals, first and foremost, is a good place of stability and foundation for dealing with other mental health challenges and other supports that might be helpful. First, people need a roof over their heads.

I think several of the witnesses this afternoon have spoken to the importance of working with people who understand their reality, who are with them and certainly who share their lived experience. That can't be underestimated in this situation.

Mr. Sean Casey: Thank you.

Ms. Bart, welcome back. I'd like to talk to you a little about the veteran well-being fund from your perspective as a caregiver, an authority and an author in that domain.

With the COVID recovery, undoubtedly there has been additional pressures on caregivers. The veteran well-being fund is there specifically to address those challenges. There's a $15-million injection into the fund in the budget.

What advice would you have for the government with respect to that envelope of funds that was committed to yesterday?

● (1650)

The Chair: May we have a brief answer, please?

Ms. Mary Bart: My comment on the budget would be that it's not enough; make it more. It's not going to solve all the problems. Yes, it will help. If the system were easier.... I love this expression: People don't care how much you know, they want to know how much you care. Make the system stronger. Put more money into it. Find the money. These people are worth it.

If I were a caregiver now to a veteran receiving a thousand dollars a month, and I was truly doing 24-7 care, I would be insulted. Is that all I'm worth?

The Chair: Thank you.

MP Desilets, you have two and a half minutes, please.

[*Translation*]

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

My question is for Mr. Gauthier and Mr. Passey.

I gather that the current definition of “family caregiver” doesn't take into account the extent of the assistance provided to the veteran, but rather the severity of the veteran's situation. Please correct me if I'm wrong.

If a veteran is suffering from severe post-traumatic stress disorder, for example, but can still bathe, dress, and feed themselves, their caregiver or caregivers won't be recognized as such. That's my interpretation of the situation. I would like you to briefly confirm whether this is your interpretation as well. If so, I find this definition very harsh and restrictive. I obviously disagree with it. I feel that it minimizes the severity of the mental health issues that plague veterans.

Mr. Gauthier, what changes should be made to this definition to make it more inclusive for caregivers and families?

Mr. Richard Gauthier: These criteria seem to have been established with Korean War or World War II veterans in mind. For the new generation of veterans, the major issue is post-traumatic stress disorder, or PTSD. Yet this issue is never talked about enough, nor is it sufficiently considered in the decision-making process. Perhaps it's time to look at some studies and to take PTSD seriously. This disorder is as devastating as any physical injury, such as a severed leg.

This is what I'm seeing when I learn about PTSD. Some men with this disorder ask for help, but sometimes case managers deny them help outright. As a result, the men end up losing their minds and even dying by suicide. Men with PTSD are no longer independent. They can't leave their homes, they're afraid and they're alone.

One of my warrant officers died by suicide as a result of PTSD. His family had abandoned him because of his condition. He didn't receive any counselling. However, if he had received counselling, he wouldn't have died by suicide when his family abandoned him. That's why a family caregiver is extremely important. PTSD must be taken into account when it comes to dealing with members of the new generation of veterans.

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: Thank you very much.

I'm sorry, Luc, for the interruption, but you're well past your time. Two and half minutes go by fast.

Up next, for two and a half minutes, is MP Blaney, please.

Ms. Rachel Blaney: Thank you, Chair.

Dr. Passey, I'm going to come back to you for one more question, and then I have another one to follow. If I interrupt, I apologize in advance.

I really appreciate what you said about vicarious PTSD, and one thing really struck me. You said, “we're not tracking all the suicides,” and I immediately thought of the caregivers and the pressure there must be on those families. They literally feel like their job is to keep veterans alive. I can't even imagine that day in and day out.

I'm wondering if you have any testimony that would help us understand what a caregiver experiences when they are literally trying to keep a person alive.

● (1655)

Dr. Greg Passey: Professionally, that's exactly what I've been trying to do over these last many decades. It's difficult because sometimes you will lose your sense of hope. Again, I come back to the idea of having a huge responsibility but not having the power to implement the changes. It is absolutely horrible to have to deal with the scenario where your veteran is semi-stable and then Veterans Affairs comes in with a denial or whatever. Then everything blows up again.

The pressure on the caregiver is also part of what causes relationships to end. These people are not superheroes. They are providing services that are equivalent to a superhero's, but they don't have that resilience. Sometimes the circumstances just blow through their resilience.

All I can say is that it's hard, whether you're a professional like me or a caregiver. It's difficult to have to deal with this day in and day out, never knowing from minute to minute if there's going to be a huge blow-up of whatever.

Ms. Rachel Blaney: I have about 10 seconds.

Ms. Boutette, you talked about the technology barrier and how hard that is for so many veterans and their caregivers. I'm wondering if you could speak to what it is. Is it just for aging veterans and their caregivers, or is it for a broader realm?

The Chair: She hasn't given you any time to answer that, but I will give you the opportunity for a very brief answer.

Ms. Mary Boutette: This is really an acute issue for older veterans and their spouses, but it would not be foreign to younger veterans as well, particularly in the group we're talking about. If you have difficulty sitting in front of a screen for any length of time and that's triggering for you, good luck.

The Chair: Thank you.

Up next, for five minutes, is MP Doherty, please.

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

I want to say thank you to our witnesses, our guests, here today.

Where to start? The freedom that we enjoy isn't free. It comes at a very real cost, and a cost to our veterans and their families.

Mr. Passey, Mr. Gauthier, Mr. Hines, Ms. Bart and Ms. Boutette, I feel the weight of the responsibility of being a legislator, of somebody who has dealt with veterans and first responders who are struggling with mental injury—PTSD, OSI, whatever we want to call it. In the passage of my Bill C-211 in June of 2018, I thought that we were on the road for hope, that we were going to actually make a difference and develop a national framework to provide help for our first responders and our veterans and those who serve and their families from coast to coast.

I have sat with those who have given up, sadly. I've dealt with that. Our office has dealt with that, so I feel the weight that you feel every day.

I also take offence to some of my colleagues who sit and listen to Mr. Bruyea's testimony, for example, or yours today, and say, yes, but let's talk about the things that are going right, and dismiss it.

The budget was released on Monday. The government acknowledged that veterans, sadly, could wait up to two years to receive mental health care while waiting for their disability benefit application to be confirmed. This is unacceptable. The budget also did not include a plan to address the backlog at Veterans Affairs, nor did it include a plan to support caregivers and the families of veterans. I find this all unacceptable. I apologize profusely to those who are here today. I think better is needed.

I'll stop right there. I'll get off my soapbox, but I want you to know that we hear you. I hear you. We're doing everything we can. I care and I will continue to fight for you guys.

I'll just allow you guys the rest of the time to talk.

Mr. Passey, perhaps you could comment further.

● (1700)

Dr. Greg Passey: I could spend all day talking. As I said in my opening statement, in the late nineties up to probably about 2010, we had results of PTSD claims within literally six weeks. Please have the government and VAC tell me why, when you could do it back then, it now takes 18 months or longer to process claims.

Why was it so easy to get claims accepted back then? Why do we now have lay people often overruling professionals? Why? I don't understand this. My veterans don't understand this. We know it was better. What have you all done that has made it so much worse? I don't get it. It kills me. It kills me when I have to listen to a veteran crying on the phone because he's been disbelieved. What do I do with that?

I mean, that's where we're at. We've done better. VAC has done better but not anymore. I want it changed. Make it the way it was, please.

Mr. Todd Doherty: I agree.

Mr. Gauthier or Mr. Hines...?

MGen (Ret'd) Glynne Hines: Who is going?

Mr. Todd Doherty: Either one. Go ahead, Mr. Hines.

MGen (Ret'd) Glynne Hines: I will make three quick points. One thing that's in the budget is mental health treatment while awaiting care. To me, that is an admission of failure. If we cannot get people access to mental health care in a timely fashion, what more processes are we going to put in place to get somebody access through this system? We already have wait times that are unacceptable. Now we're talking about putting more money into something and having to develop another process to get it.

As far as I'm concerned, money for mental health care, absolutely, but money for interim mental health care means you've failed somewhere else. Our biggest failure is the wait times.

The Chair: Thank you.

Up next, we have MP Samson for five minutes, please.

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

Thank you very much, all of you.

To those who have served, thank you for your service, and to those who are working directly with or supporting veterans and their families, thank you. The information you are providing today is extremely important for our committee and for our government to move forward on many of these issues.

Mr. Hines, I really appreciated your comments on the family access support and on directing us to do more review around the Australian approach. I think there are a lot of good things happening there that we could benefit from.

[*Translation*]

Mr. Gauthier, I really appreciated your presentation.

Mr. Richard Gauthier: Thank you.

Mr. Darrell Samson: My colleague, Mr. Desilets, asked some questions on the matter, and you referred—

[*English*]

Mr. May, I see that you have your hand up.

The Chair: I'm sorry to interrupt. I think it's back on now, but I don't think we had translation there for a minute.

I'm sorry, Darrell. Go ahead.

Mr. Darrell Samson: I hope you're not trying to make me speak in both languages at the same time, Mr. May.

[*Translation*]

Mr. Gauthier, as Mr. Desilets said earlier, Veterans Affairs Canada reportedly confirmed several times in the past that the number of francophone employees was much lower than it should have been. In our most recent interview with employees, we were told that, of the 350 new employees, up to 33% were francophone or bilingual.

We've seen progress in the past six months. One thing that was pointed out and that I'm very pleased about is the fact that some francophone employees are processing files in English. There must be a way to structure this better so that these files can move forward.

● (1705)

[*English*]

Ms. Bart, you as well had good and very precise information about the role of a caregiver and the responsibilities and the challenges around the caregiver. It is very important information.

I'd like to speak about awareness. I think awareness is extremely important.

On mental health, Dr. Passey, you made reference to it, but I want to go back to that benefit. I know that Mr. Hines's comments may be different from yours on this point, but on the investment in the new budget to support people's mental health while they're waiting for their claim to be processed, the objective here is to try to help them from day one. How do you think this will help the many people you work with?

As you indicated in your testimony, it's taking so much time for them to get the results, and then they're not getting the results they need. I'd like to have your comments around this funding. Government doesn't dream about how it's going to do this. It's based on the testimony we've been getting. People are waiting too long, and they're not getting the treatment they need. How do you see this supporting your clients, Dr. Passey?

Dr. Greg Passey: I think it's important, because there is certainly a significant wait-list to even be engaged with a mental health professional who can provide appropriate assessment, treatment and support. That part is important.

I'll tell you, though, I'd like to see a good chunk of that money.... Rather than have it going to mental health while they're waiting for their claim, how about you redistribute it so that the claims are processed quicker? Because that is partly treatment for their mental health issues, for the stress of waiting and the sense that they may be denied. That's easily treated if you can speed up the process.

Mr. Darrell Samson: Thank you, Dr. Passey, for that information.

I'd like to share with the committee and witnesses today that we had staff here last week talking about the wait times and the backlog. They indicated that we moved the backlog in the last nine months from 23,000 to 15,000. I realize there are probably fewer applications due to COVID and whatnot, but we're seeing very big progress on that front because of the 350 new hires on top of the 148 we had prior to that.

Mr. May, am I going to get shut down on a question?

The Chair: I'm afraid so.

Thank you. That's your time.

Mr. Darrell Samson: Thank you.

The Chair: MP Davidson, you're up next for five minutes.

Mr. Scot Davidson (York—Simcoe, CPC): Thank you, Mr. Chair, and thank you to Mary, Glynne, Greg, Richard and Mary for being here today.

I would just say to my colleagues—and I think I've heard this today—that if the system isn't working and we're going backwards, shovelling a whole bunch of money at something is not going to fix the problem. I think that's what I've heard today. I listen on other calls. I keep hearing about the call centres and the red tape. Nothing is seamless. Those are all very concerning things for me.

Glynne, I have a Silver Cross mother working for me. She lost her son in 2010. Before I came on committee today, she brought me this picture of her son, Brian. We were picking out T-shirts for a ball tournament, which we're so hopeful is going to happen this summer, to raise money for veterans.

She had a breakdown when we discussed this, and she said, “Scot, I need help sometimes, and there is no help for families, for children.” It's her son who made the ultimate sacrifice for Canada, and they've been left behind.

Could you comment on the gaps that exist for the families of Canadian Forces members who have been killed in action, Glynne?

● (1710)

MGen (Ret'd) Glynne Hines: Yes. Those individuals, whether they're parents, spouses or kids, who've lost a loved one due to their military service—whether it's directly due to their military service, to a condition that developed such that they pass or to suicide—are probably some of the most affected individuals and some of the most ignored individuals, when it comes to looking after them.

If a veteran passes and has not given their spouse access to their VAC file, for example, or if a parent passes and hasn't given their child access to their VAC account, it can be a huge task just to figure out what benefits they might be entitled to. That's strictly on the benefits side.

When it comes to the whole business of getting care, I believe most of the veterans community is very dependent on the veterans organizations that exist, as opposed to VAC. I know Mr. Gauthier could speak to that, from his work with the Van Doos. There are so many groups that have been set up to basically fill the gap between what the partner, spouse, child or parent is experiencing and their dealings with VAC.

Mr. Scot Davidson: I appreciate that, Glynne.

It breaks my heart that so many people are being missed. The government will pat itself on the back and say they've decreased the backlog from 21,000 to 15,000. The bottom line is, though, that there are still 15,000 people left behind in the backlog. That is a real number and those are real lives.

I'm not sure who else brought this up. What are the barriers here in Canada to implementing the Australian system of supporting family members of veterans?

MGen (Ret'd) Glynne Hines: Given the Australian model is something that I raised, I would say that the only barrier to doing that would be the willingness to do it. If you have the will, I believe it is within the power of the government—within the power of the department—to do that.

Mr. Scot Davidson: Thanks, Glynne.

As both Marys alluded, this committee has the power to make change. That's what Canadians expect us to do. I have to say, as a new member of Parliament, I get so frustrated when I think things just won't change. We have the same reports, the same conversations and even the witnesses we have on here. We're going backwards. That's not what Canadians want to see. That's not what our veterans deserve.

I thank you so much for your testimony today.

The Chair: Thank you very much.

We will go to MP Fillmore for five minutes, please.

Mr. Andy Fillmore: Thanks very much for that, Chair.

I'm focused on the participation rates of various programs. I don't really want to do this, but Mr. Doherty raised a point here. Of course this is heartbreaking work that we're all engaged with and we can never do enough. We want to go faster, but even as Dr. Passey pointed out, the problems that we face today stem from cuts made before the 2015 election. This is not what I want to be talking about here. Those cuts were compounded by a 90% increase in uptake of veterans programs. That uptake happened because we were offering better and more programs. We are earnestly doing our best to rebuild what was broken by the previous government and to keep up with the demand created by the work that we've done to provide more services. You're helping us to do that.

I'm sorry I had to go there for a moment. I would like to turn now to participation in some of these programs. For example, on the VAC assistance service telephone line, we understand that participation rates by family members are very low. I think that's held out as one of the programs through which we are trying to help caregivers and family members—even children as I understand it—in veteran households.

If any witness has experience with the assistance service telephone line, would you have any feedback for us on why the numbers are low, why uptake is low and what we might do better with that phone line? I'll just leave that wide open for anybody who has had that experience.

● (1715)

[*Translation*]

Mr. Gauthier, you have the floor.

Mr. Richard Gauthier: The issue is that the entitlements aren't explained properly and that it takes too long to access the benefits. As soon as a military member deals with Veterans Affairs Canada, they should be given a document explaining all the details of the program.

We've been talking about the Australian program for a while now, but the program in Canada is very good. The issue is always the same. There are too many steps and too many people involved before you get to the decision-maker or decision-makers. I think that setting up a 1-800 help line and preparing a good document that explains the process step by step will help support caregivers and families. This must be looked at.

Canada's program is exceptional and it provides many allowances. However, there are too many steps to access the program and too many people involved. The process must be simplified. There should be a handout that explains all the entitlements available and that includes phone numbers that caregivers can call to speak to workers, psychologists and other specialists. This is important.

Give me six months, and I'll develop a program for this. It's very easy.

[*English*]

Mr. Andy Fillmore: Thank you for that.

[*Translation*]

Mr. Richard Gauthier: Just give me six months.

[*English*]

Mr. Andy Fillmore: Simplifying complex processes is always a laudable goal. Of course, with add-ons over the years, these processes grow and become more and more complicated, so thank you for that.

Mr. Chair, is there another moment? How are we? I just wanted to ask if there was any feedback from any of the witnesses on the veteran and family well-being fund.

The Chair: Before we get an answer to that question, Andy, I'm going to pause your time. I need to step in, as I promised at the beginning of the meeting. We need to seek unanimous consent to continue the meeting as the bells for the vote have started. Are there any objections to continuing?

Seeing none, we will proceed.

There are two minutes left in your time, sir. Go ahead.

Mr. Andy Fillmore: Thank you, Mr. Chair.

The well-being fund provides subsidies for projects that support veterans and their families. If any of the witnesses have any direct testimony or experience with the fund and its efficacy, or how it might be improved, we'd be grateful to hear that.

Mr. Hines.

MGen (Ret'd) Glynne Hines: I have had some experience with the veteran and family well-being fund since it was created, having collaborated with some of the organizations that have actually made applications. Some have been successful—therefore, getting funding—and some have been unsuccessful in getting funding but have committed to resubmitting in future years when there may be more funds available.

I have not heard or experienced any negative feedback from any of the beneficiaries of these programs. They can be very small, localized programs, and they can be bigger, national programs: things like VETS Canada that look after transition and address some of the homelessness issues, or Project Trauma Support and the Mood Disorders Society of Canada that provide in-residence programs for sufferers of PTSD and that also have a research component because the research to reinforce some of these ideas and to build on them is important.

I think, personally and from what my experience has been, that the veteran and family well-being fund is an excellent investment in, many times, grassroots-level activities that benefit the greater veteran community and benefit families and caregivers.

● (1720)

Mr. Andy Fillmore: Thank you for that.

I'm glad that you mentioned VETS Canada. Both Mr. Samson and I have joined VETS Canada for their “boots on the ground” program here in Halifax, and they're doing wonderful work. Thank you for acknowledging them.

The Chair: Thank you.

Up next we have MP Desilets for two and a half minutes, please.

[*Translation*]

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

I'm listening to the discussions and I find them very informative.

In my opinion, the employees at Veterans Affairs Canada aren't the issue at all. I have no quarrel with them. I'm a former manager. Throughout my career, my job was to make decisions and choices, but more importantly, to take responsibility for the cost and the results.

I can see that Veterans Affairs Canada isn't achieving the desired results at this time. I don't think that this is about money. The money seems to be more or less there. There seems to be enough staff. There's a specific issue with respect to French. Given what we said earlier, I'll keep driving the point home, clearly. The issue, for me, is the political will, the path to take. The issue may be structural, in short.

Mr. Passey, I'd like to hear what you have to say. Based on your experience in this area, what should be done to change this? Is it necessary to start from scratch? What do you think should be done?

[*English*]

Dr. Greg Passey: When is the last time Veterans Affairs ever underwent a full-on audit as far as effectiveness, etc.? Again, back in 2000, General Dallaire, I and other members of the committee recommended a quality assurance program so that all these programs and the people who are implementing them are reviewed and recommendations are made for improvement.

Part of the problem, to be quite frank, is that Veterans Affairs ministers come and go fairly frequently. The issue with regard to changing the monolith of Veterans Affairs is actually the bureaucrats. They truly hold the power. Although this committee and the minister can suggest things, the implementation is done by the administrators. Unless there's clear will, they can outwait people. The next thing you know, you have another minister in place.

I think that's a disservice to veterans. We need some level of continuity so that there is political will that is enduring over a period of time to implement changes. A quality assurance program would go a long way to looking at all of these issues.

The Chair: Thank you very much, sir.

MP Blaney, you have two and a half minutes, please.

Ms. Rachel Blaney: Thank you, Mr. Chair.

I just want to point out that the Parliamentary Budget Officer did indicate that the best way to deal with some of these significant challenges in the backlog is to hire more people. What we keep hearing from veterans and caregivers repeatedly is that when they call, they're not getting the same person to talk to every single time, that one person they trust. When we talk about the services that are provided, if there isn't that one person you trust, who you call and say, “I need help with this,” you don't get to access those services. I just want to put that on the record.

Mr. Hines, I'm going to come to you on this: One of the other things we've heard from caregivers repeatedly is that they would like their own VAC account. They would like to be able to go on, fill out information and get the support they need for themselves and the family around them. I wonder what your thoughts are on that.

● (1725)

Mr. Glynne Hines: Absolutely. I don't need to give you a long answer.

On caregivers and family members, I would just differentiate very slightly. You can have a family member who isn't the caregiver or isn't in receipt of caregiver recognition. I believe family members, whether they're caregivers or not, should be eligible for access to VAC services in their own right.

In the comments I prepared that I didn't have time to cover, that's part of the Australian model, for family members to have access.

Ms. Rachel Blaney: Thank you so much.

I'm going to go back to Dr. Passey for my last question.

You talked about quality assurance and the fact that veterans and caregivers are not able to give that meaningful feedback. When we have members of the government asking what we could do better or what is working now, what I'm hearing from you very clearly is that if there was a clear process where there could be that quality assurance and a review of the services, that would be a good system.

What is the first step we'd need to take to see that happen?

The Chair: Please give a very brief answer.

Dr. Greg Passey: I'll be very quick.

All hospitals have to go through an accreditation program where they basically undergo a quality assurance evaluation. Veterans Affairs is in charge of funding and even providing medical treatment, assessment and so on, yet there's no quality assurance program there.

Again, back in that original committee I was on, we had a professor and that's what she did. The idea would be to hire somebody who is an expert in this and then implement a system where the department is reviewed on a regular basis, just like a hospital has to be reviewed on a regular basis in order to maintain its accreditation.

That would be a good first step, because it would give veterans, family members and caregivers an ability to provide useful feedback and hopefully to be able to implement change.

The Chair: Thank you.

Up next is MP Brassard.

Sir, we have enough time for about a two and a half minute question.

Mr. John Brassard: I'm not sure if it's going to be a question. It's more going to be a statement, Mr. Chair.

I want to thank all the witnesses for coming today and sharing, very succinctly, some of the challenges that we're facing.

I learned long ago, Mr. Chair, that a person is either accountable or they justify, and the same could be said for governments. In all the interactions that I've had in my first run as critic for Veterans Affairs, now shadow minister for Veterans Affairs, I've taken responsibility—despite the fact that I wasn't in government at the time—for what I call a generation of lies to veterans and their families by successive governments. I've done this in the past and I just did it last week in fact when we had the witnesses before us—Mr. Bruyea and others—talking about those generations of lies.

By my calculation, April 19 just passed, which means that the current Liberal government has been in power for five and a half years, yet we hear Mr. Fillmore applying blame to the previous government, not accepting any responsibility for what's gone on over the last five and a half years. We've had a majority Liberal government for four years. We've had a minority government for the last year and a half. Billions and billions of dollars have gone into Veterans Affairs Canada, yet witness after witness—including Mr. Passey today and others—have come before this committee and said that the situation in Veterans Affairs is worse today than it was five and a half years ago.

You'll have to excuse me if I take what this blame game.... I wouldn't even say it's personal, but for it's for the sake of veterans and their families. The only thing they care about is that the process is fixed. Dr. Passey hit on this, that there hasn't been that continuity. We've been through four Veterans Affairs ministers over the last five and a half years, and it's been extremely difficult to fix that process, with the political will not being there as he talked about.

Let's get into some accountability here, rather than some justification. That's exactly why I'm in this role—and I know all of you are as well. It's to make sure that we work to make the process better. Throwing money at a problem and not fixing it is not helping veterans and their families. As we've heard today, we heard last week and we hear throughout the course of our studies, the problem is getting worse. Let's work together to fix it and be accountable to Canadians and be accountable to veterans and their families.

Thank you, Mr. Chair, and I apologize to our witnesses for that, but it needed to be said.

Some hon. members: Hear, hear!

● (1730)

The Chair: Thank you, Mr. Brassard.

That does bring us to the end, and we do need to move because we have to get out to vote.

I want to thank all the witnesses who have appeared before us today.

Our next meeting is scheduled Monday, April 26, during which we will be considering the draft report on the financial health of veterans organizations. On Wednesday, April 28, we'll be starting our study on commemorations.

Thank you very much, everyone. The meeting is adjourned.

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