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## Standing Committee on Veterans Affairs

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**Tuesday, November 27, 2007**

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**Chair**

**Mr. Rob Anders**

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•(1105)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** Good morning, ladies and gentlemen.

I think Monsieur Perron will be happy this morning; we were able to get fairly quickly one of the witnesses he suggested for our veterans affairs committee.

We appreciate the timeliness of your appearance. We're fitting people in before the new ombudsman, and I'm glad you were able to accommodate.

This morning we're continuing our study of the veterans independence program.

We have Jenifer Migneault and her spouse, Claude Rainville.

The way it generally works here at committee is that our witnesses have about 20 minutes to give their presentation. You can split that up if you want. You can have one person talk. You can do as you wish.

We are in the midst of the health care review, so you can do as you wish, but the question we're really trying to address is where does the cut-off line come in terms of the veterans independence program? There are some people who want to be included now. How far do we expand the services, and who makes the new cut-off, in a sense? They're going to be expanded, but it's a question of to what extent.

So there you go. That's the nature of the question we're examining.

After that, committee members have a chance to ask questions, which is all predetermined by all sorts of crazy negotiations.

The floor is yours.

**Mrs. Jenifer Migneault (As an Individual):** Thank you, Mr. President.

First of all, I was told that I had ten minutes, so I'm ready for ten minutes. I'll present it in French, if you don't mind.

[Translation]

Thank you, Mr. Chairman.

I would also like to thank the members of this committee for having allowed us to come and testify before you today.

[English]

I am sure that you will understand that I'm a little nervous being here, so I will try the best I can to explain our situation to you.

[Translation]

It is with great interest that we have been following the work of the committee and it is a privilege to be able to contribute to furthering a cause that has profoundly affected our respective lives, as well as the lives of our four children.

My husband, Sergeant Claude Rainville, retired from the Canadian Armed Forces in December 1998, at the age of 37, after 20 years of loyal services. As a traffic technician, he spent most of his career aboard a Hercules C-130. He participated in a large number of missions, including 17 months in Haiti and in Damascus. He also participated in the Gulf war, the Iran-Iraq war, the Rwanda mission, etc.

In July of this year, he received a diagnosis of post-traumatic stress disorder from the Ste. Anne's Centre. Since then, he has been undergoing intensive treatment and taking medication.

It was a real challenge for him to be here today. The past years have been difficult and demanding, but today, we finally understand why. I would also like to inform you that he is willing to answer your questions, but that he is still very vulnerable. It is for this reason that, if he should be unable to answer questions due to an emotional reaction, he would like to have me answer on his behalf, Mr. Chairman.

First, I would like to briefly explain why he was not diagnosed until nine years after having received an honourable discharge from the Canadian Armed Forces.

First, in 2005, a burnout forced him to stop working yet again. In despair, he sought to return to the Canadian Armed Forces.

Second, in February 2006, he learned that he had been refused due to a severe depression, diagnosed before he left the forces in 1998. Only then did we read the content of his military medical file and realize that a major error had been committed. When he was discharged, he was assigned the rating 4(a), indicating that he was in perfect health and that there were no restrictions on his returning to the Canadian Forces. However, the physician who examined him upon his discharge had indicated that he suffered from severe depression.

Therefore, in March 2007, on the recommendation of his brother, who is also a former serviceman, my spouse contacted Veterans Affairs Canada in order to obtain psychological assistance, because he no longer knew where to turn. I should mention that in the years following his discharge, he consulted a number of health professionals because he needed help returning to the civilian world and dealing with his many problems.

At the outset, I have no opinion to offer on the programs provided by Veterans Affairs Canada, because we are still awaiting answers. Far be it from me to criticize the current system, but I feel that the program access could, in some respects, be better adapted to the needs of the clients. Allow me to explain.

When my husband first contacted VAC, in March 2007, he clearly requested help, and this was a last resort. He was then asked about the nature of the physical and psychological problems he was experiencing. The pension officer's assistant explained that she would send him some forms and that all he had to do was fill them out and return them with the medical opinions required by mid-July. She also explained that he would be contacted in order to schedule a psychiatric assessment with the Ste. Anne's Centre.

Up until then, the process seemed relatively simple to me, but my spouse was convinced that Veterans Affairs Canada was in cahoots with the Canadian Armed Forces and that they would do everything in their power to harm him.

At the time, I would like to point out, we had begun a battle—and I do not use the word lightly—with the Canadian Armed Forces in order to have the error made in 1998 officially recognized and to change the grounds for the discharge that had been assigned at the time. I will spare you the details, but believe me, I could say a great deal to the national defence committee on this topic.

In short, my spouse was extremely wary with regard to Veterans Affairs Canada, due to his psychological state, but also because he was not familiar with this organization. Indeed, shortly after his first contact with VAC, we received a plethora of forms to fill out: applications for a disability pension, applications for rehabilitation, etc.

• (1110)

I can't remember how we were put into contact with a resource person from the OSISS, who scheduled a meeting with us to give us some tips on how to fill out the forms associated with my husband's physical and psychological problems, and to briefly inform us of what we would have to do next.

I have had experience managing a local grants program, and as part of this project I had to help communities fill out applications for provincial and federal grants. During the meeting, it was clear that the person was not acting on behalf of Veterans Affairs, and I quickly realized the amount of work in store for me.

I therefore filled out all the forms, one for each of my husband's problems. I spent hours asking my husband questions, searching through his military files and his photos and trying to get him to talk about his painful experiences. It was as painful for him as it was for me, and I felt powerless in the face of so much suffering. But the result appeared satisfactory, because my husband's pension officer told him that it was only the second time that he had seen such a complete file and that he would be able to send the files to Charlottetown for analysis without making any changes. With a few exceptions, each of the applications was between 10 and 20 pages long.

It is difficult for me to believe that Veterans Affairs leaves it up to the clients to fill out such forms, without providing any real support. I realize today that any assistance we receive depends on these very

documents, along with the medical opinions. It is thus clear to me that there are inadequate services in this regard.

The pension officer's assistant did tell us that we could contact her as needed, but she probably would not have spent hours on the phone with us, asking my husband about the links between his current problems and his military service, or trying to evaluate the impact of these problems on his quality of life. She would probably not have taken the time to look at his photos along with him in order to tell him which one would best support his application.

Contacting the people responsible for the file is not easy either. Often, we cannot even leave a voicemail message. After asking us the reason for our call, the person who answers at the call centre in New Brunswick, or some place, tells us that she will leave a message for the person responsible and that we will be contacted later. Sometimes—and this is something that I have experienced—the message is given to the wrong person. Neither are we told if someone else is available to answer our questions. Nothing. When the client is already emotionally fragile, this does nothing to help him.

In September of this year, I tried to contact one Mr. Goyer, the boss of my husband's pension officer, in order to tell him about the situation. I explained to his secretary that the services were inadequate and I even went so far as to offer my services if ever a pilot project was developed. I knew full well that this would probably not make a difference, but at least I felt that I had done my civic duty.

A few weeks later, a coordinator, whose name I no longer recall, contacted me in order to convince me that the process was efficient. However, I maintain my position that it is not.

In any case, thanks to the psychiatric assessment required, my husband was taken on by the Ste. Anne's Centre and now receives services there. We can only commend the professionalism, dedication and efficiency of this extraordinary team. During his first consultations, my husband was so emotionally fragile that I am sincerely convinced that without the assistance given by the members of this team, he would not be with us here today.

There is still a long way to go, but already my husband is doing better.

• (1115)

The team at St. Anne's Centre has become a lifesaver, both from a psychological standpoint—of course—and from an administrative standpoint. That takes me to another point involving the clarification and coordination of roles played by all parties who work on cases.

Health care providers at St. Anne's Centre can see the seriousness of my spouse's condition. As well as they can, they try to work with Veterans Affairs Canada to accelerate the process of examining files and allocating financial aid, focusing particularly on the pension officer and advisor for the sector.

At present, services are poorly assigned and coordinated. Let me give you a tangible example. My spouse withdrew from professional activity on July 23rd of this year. I should point out that, even though he was officially working, for years I had been doing over 70% of his work in addition to my own. We had no other option, because his military pension and my salary were not enough to support our family. Thus, after he stopped work as ordered by St. Anne's Centre, the social worker who dealt with my spouse informed VAC officers of the fact, so that he could quickly receive benefits under the assistance program. In July, I myself sent an email to my spouse's pension officer to tell him that he had stopped working. Here is what the officer said to my spouse, and I quote:

[*English*]

"We won't let you down, Mr. Rainville." Since then, no news.

[*Translation*]

Now, four months later, my spouse has exhausted his 15 weeks of employment insurance sickness benefits, and is not entitled to private-sector insurance because his mental health problems are not directly work-related, and he has had other periods during which he stopped working. To date, we still do not know what kind of assistance he could actually be entitled to.

Even though he cannot, he is still considering going back to work in January to help us make ends meet, not because he is able to work but because my salary alone is not enough to support the family. Fortunately, we are well organized—in October of last year, my spouse's sector advisor asked him to return a rehabilitation form that she was unable to find. We managed to send her the copy that we had digitized in April.

Yesterday, we learned that rehabilitation assistance was pending. Since my spouse has no pension number and since that service is also pending the psychiatric evaluation from St. Anne's Centre, a document that we had already sent to other VAC services, he himself had to contact his social worker to ensure that his examination and report could be faxed that very morning.

Would there be some way of assigning a file manager to a given client, a file manager who could receive, coordinate and route information that concerns and directly affects the client to all the departments and sectors that need them? Once again, that lack of coordination simply delays the process and increases my spouse's anxiety, as well as my own.

Lastly, I would like to point out that, since 2000, all the health care professionals my spouse has met outside the Forces—be it his family physician, two psychiatrists and a psychologist, among others, have entered in his records, either as part of an official assessment or in his file, that he suffers from post-traumatic stress syndrome. However, nobody has referred or directed him to St. Anne's Centre, or at least informed him of its existence. If only one of those health care professionals had mentioned the hospital, these last few years would have been far better for our entire family. Is this because the hospital is not well enough known? I have no answer to that question.

I would like to say that living with someone who has post-traumatic stress syndrome has impacts and repercussions on all members of the family. Without blowing my own trumpet, however,

I believe I have succeeded in minimizing the damage. I am 35 years old, and sometimes I feel 70. I would really have appreciated the help provided by St. Anne's Centre for Claude, for us all and for our children before this summer.

Thank you, Mr. Chairman.

• (1120)

[*English*]

**The Chair:** Thank you very much.

I sometimes feel like I'm 70, too.

**An hon. member:** You look it!

**The Chair:** Oh, oh, the graciousness of our committee members...!

That was very touching testimony. I have some questions of my own....

Mr. St. Denis.

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapusking, Lib.):** I just have a point of order, if I may.

Gilles had asked me for our indulgence—I think the witness is a constituent of his—to go ahead of us. I don't think my colleagues would mind if Gilles went first.

So just switch the order for a moment, and then continue afterwards.

**The Chair:** That's fine. I was just going to say that I'm also curious about the topic, but I'm going to defer to the committee, of course.

Monsieur Perron.

[*Translation*]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Thank you, Mr. Chairman.

Brent, thank you for giving me your time.

First of all, I would like to ask you for permission to call you Jenifer and Claude. You can call me dad or grandpa, whatever you like.

**Mrs. Jenifer Migneault:** Of course. It is just that, since I was born in Hull, my first name is pronounced the English way.

**Mr. Gilles-A. Perron:** Forgive me, Jenifer.

First of all, thank you for being here, particularly you, Claude, who have made a tremendous effort. I met you a few weeks ago in Granby, when I was touring the Canadian Legions in Quebec, and I know that it has been difficult.

I will be open with you. You have summarized your story, and I believe you. Your performance this morning was faultless. I know your problems fairly well. I know Claude's problems fairly well, because I have been interested in his case. They are the same problems that Gilles Gingras, one of your friends from the Granby region, in Saint-Jean, has. For three years now, he has been waiting for a response from Veterans Affairs Canada. He has been waiting for someone to call him to talk about his case. He has been calling the department for three years.

There are two things you did not mention this morning, Jenifer, two things about which I would like some details. I would like to hear about the direct and indirect repercussions this has had on your family, on your four children. I know that this brings you to tears, but...

And has Claude—this is a question he will be able to answer—tried to kill himself or thought about suicide in the nine years that it has taken to deal with your case?

Please answer this as you like. Please feel comfortable here.

• (1125)

**Mrs. Jenifer Migneault:** The first question is about the impact of the situation on the family. We could talk about it a long time, Mr. Perron.

Let's talk about the spouse—that's me. In fact, I cannot remember how long it has been since I have spent an entire week without waking up in the night, because of nightmares. Sometimes it is one nightmare a night, but sometimes it is two or even three.

**Mr. Gilles-A. Perron:** Are the nightmares yours?

**Mrs. Jenifer Migneault:** I sleep beside Claude. But he is very agitated in his sleep. He has nightmares, he wakes up in a panic, and a sweat, and tries to catch his breath. I know that he is having a nightmare. I remember his nightmares, though he does not. I can tell you what he dreams about, and he dreams a lot.

He does not get enough sleep, he has difficulty in maintaining some kind of balance within the family. There is an effort to try to have a normal family life, but we cannot deny that there is some kind of dysfunction within a family where someone has post-traumatic stress syndrome. And when there are children in the family, they experience the repercussions directly, be it because of alcoholism, anxiety attacks, aggression, or other things that come along with all that.

As I said in my testimony, my spouse has managed to keep working all these years. But over the last nine years, he has held twelve jobs and has stopped work three times. There is always financial uncertainty, and there is always the issue of whether he can work, will leave, or will be fired.

The repercussions on the spouse are dreadful. I feel under terrible pressure when I tell myself that I mustn't crack—because if I crack all the family will go under. If I crack, there will no longer be a filter between what my spouse says or does, or other people's attitudes towards him. I don't blame my spouse—and I want to be very clear on that. He is a victim. If there is no filter, it's the children who will suffer.

I consider myself lucky because I am strong. I have enough strength to have succeeded in controlling some of the drift and in minimizing its impact. I am lucky, Mr. Perron, but I know others who are less lucky. There are divorces, there is lack of understanding, there are children who no longer speak to us or don't want anything to do with us any longer. That is how things are. I know friends of my husband, who were in the forces as well, who are in the same situation we are and are socially isolated.

There are many people around us who did not know what was happening with my husband before July. I no longer have any contact with my family. Our friends were no longer coming over. We were completely isolated, because people didn't understand what was happening, and that led to frustration between my husband and myself. When someone would come over and would react, then I would respond. It isn't pleasant having people over like that.

When you don't know what you are dealing with, there is even less understanding. Since July, at least we have a diagnosis. So we can read about PTSD and understand all kinds of things. But before we had the diagnosis, we were working in the dark, wondering when we were going to pack it in and get a divorce. But we are still very attached to each other. I know my husband, and I can't let him down. I refuse to give up on him, but I won't hide the fact that I have thought about it.

• (1130)

[*English*]

Mr. Chair, I would like to ask my husband if he feels comfortable answering the next question.

No, he has asked me to speak on his behalf.

[*Translation*]

Yes, there have been periods during which he did think about suicide. As I said earlier, if it had not been for Ste. Anne's Centre—and I am really not trying to make you pity me—I would be a widow today. That is how low we had got. He has had periods of feeling suicidal, along with alcoholism and drug abuse. That is what happens as soon as there is rejection.

Now, I would like to talk to you about periods of rejection, because rejection does not just come from the wife or family, but also from the workplace. My husband went into the Canadian Armed Forces at the age of 17, and came out when he was 37.

During all the years in which we were having problems, after he left the army, I would say: "Darling, it's just because you are having trouble adapting to civilian life." But during all that time, we were trying to determine why his jobs did not make him happy, why everything was always unsatisfying, why he always had those highs and lows, very low lows. Every time they happened and he realized he had to quit because he did not feel right, that was rejection. He was told that he was useless, good for nothing, and worthless to society.

In 2005, when he said he would like to go back into the armed forces, it is because he thought that during the entire time he was in the army, in the air force, he was somebody, he was successful, he had a rank, promotions and privileges. He felt like a man. After he left the army, he no longer felt like a man.

Since he has been in treatment at the Ste. Anne's Centre, I have occasionally called his case manager, in tears. I said that we were getting to a point where responses just were not the same, that I was worried, and I asked her to do something. I sent her what amounted to a call for help.

Yes, there have been periods where my husband felt suicidal, and at one point I was really afraid that he might do it.

**Mr. Gilles-A. Perron:** Thank you.

[*English*]

**The Chair:** Thank you.

We have timed rotations for all the different parties.

We'll now go to Mr. Russell from the Liberal Party, if he wishes.

**Mr. Todd Russell (Labrador, Lib.):** Thank you, Mr. Chair, and good morning to both of you.

I certainly want to thank you for sharing in a very honest and open way what is no doubt a very troublesome time—and that's putting it mildly. I certainly sense the hurt, a little bit of anger, and frustration in your voice.

I come from Labrador, which has a strong military history, or at least parts of it have a strong military history. In a certain part of Labrador that I go to—"the Straits", we call it—I can't go into a household where there is not a picture of somebody in one or the other of the branches of the armed forces. I talk to family members, and even in those short conversations sometimes there is a sense of urgency, a sense of stress, associated with their sons or daughters being in the armed forces and serving in various campaigns. Many of them have gone to Afghanistan.

I want to acknowledge that what has happened to you should never happen to a veteran, to someone who has served our country. I want to thank you, sir, and I want to thank your family for your contribution.

**Some hon. members:** Hear, hear!

**Mr. Todd Russell:** Your presentation is quite timely, because you'll read newspaper reports that many of our military are now being diagnosed with post-traumatic stress disorder. I would be very disappointed and angered myself if this is the norm—that we have conflicts between various departments, that people are put through the wringer, not just in serving, but once they come out of active duty and want to assume a certain type of normalcy and get the help they require.

You must talk to other people who are veterans. Is your experience a common experience with other veterans in a similar situation? How prevalent do you think it is, just from your own conversations and experiences? Can you maybe make one or two suggestions of how we can improve this?

We have to take it forward. We have a government that touts the military, touts veterans. We have a veterans charter. What the hell is the government doing if it's not responding to the urgent needs? This is not something we can put off. This is in many ways life and death. If the government is not responding to our veterans, then it is a shameful mark on the government and on us as a country.

I want you to share with us for a couple of minutes whether others have experienced this and maybe one or two suggestions of some way we can move this forward. We can't let it stay the status quo.

Thank you.

• (1135)

**Mrs. Jenifer Migneault:** Thank you, Mr. Russell.

[*Translation*]

Yes, I have one or two recommendations I would like to make.

We are far from being alone among the people we know. All the couples and all the families that go through this have similar profiles, if I can call it that.

In my view, the biggest problem is that people still do not know what resources are available. In the current health care system, I often feel that people do not really know much about post-traumatic stress disorder and do not really know how to deal with the experience of armed forces personnel who come to see them.

For example, I could remind Mr. Russell that my husband over the years regularly saw psychologists and psychiatrists. But nobody referred him to Ste. Anne's Centre, the place where he got help.

These veterans have to know about existing resources that are appropriate for them, and those resources have to be made available to the veterans. That is my first recommendation.

People know that I work in the Quebec health care system. Our former army friends know that I work on establishing suicide prevention networks. They call me, and I am the one who tells them that Ste. Anne's Centre is there for them. I am not an expert. And I do not want to criticize the health care professionals who are committed and have incredible workloads—it is just that I really think they are not properly equipped to recognize and treat these veterans, whose circumstances are extremely specific, at least in my corner of the world.

So, Mr. Russell, my recommendations would be to ensure that people know what resources are available, and to make those resources available.

Every two, three or four months, for example, my husband receives a kind of pension statement. It would be so easy to slip a little note in there. Two or three times a year, we get mailings on his pension. That is all I am asking. Over the past few years, I would have read it, seen it, and perhaps recognized our case there. It would at least have encouraged me to seek initial contact.

When the wheel keeps going round but nobody can help you, you end up becoming completely discouraged and wondering where to turn. That is where my husband was at when he contacted Veterans to tell them that he needed help, and that no one could help him. Nobody seemed to understand what he was experiencing, and what he had.

That is my answer.

• (1140)

[*English*]

**The Chair:** Your time is up, Mr. Russell.

**Mrs. Jenifer Migneault:** I'm sorry.

**The Chair:** No, that's okay. Witnesses are always allowed as long as they want to respond. It's members who are limited in time, not you.

**An hon. member:** He's only mean to us.

**The Chair:** That's right. I'm not mean to the witnesses, only to the committee members.

Now we're over to Mr. Stoffer, with the NDP, for five minutes.

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

First of all, I want to thank the two of you for your courage in being here. It's a remarkable thing. In my experience, people with PTSD, a lot of them, like to withdraw.

We had a meeting here prior to the last session at which we had several individuals, with families and wives, who had PTSD. They collectively told their stories, including a gentleman who has PTSD who works at an OSISS centre. I thought that was probably the best meeting I've ever had, as an MP, in terms of hearing their stories and making recommendations to go forward.

Does your husband collect assistance, such as long-term disability payments?

[*Translation*]

**Mrs. Jenifer Migneault:** No.

[*English*]

**Mr. Peter Stoffer:** Has he applied?

**Mr. Claude Rainville (As an Individual):** I just got the papers.

**Mr. Peter Stoffer:** You have just received the papers. Okay.

You are probably aware that...

You're getting a pension of some kind now from DVA, correct?

**Mrs. Jenifer Migneault:** No.

You missed the first part of our presentation.

**Mr. Peter Stoffer:** Yes, I know, and I greatly apologize for that.

**Mrs. Jenifer Migneault:** No problem.

No, we are waiting for answers.

**Mr. Peter Stoffer:** Okay.

When you go to Ste. Anne's or you phone and ask the people for help, do you feel that they actually completely understand? They probably sympathize, but do they have a complete understanding of what your husband may be going through?

**Mrs. Jenifer Migneault:** Absolutely, without any doubt. They are professional and efficient. And the fact that they all work together makes it very easy. You have one person you can call and explain the situation to. This person will...

Actually, can I say it in French?

**Mr. Peter Stoffer:** Please.

[*Translation*]

**Mrs. Jenifer Migneault:** The person in question will forward the information or put you in contact with the person whose responsibility it is to deal with the problem. For example, we have somebody that we contact if there's a problem with his medication—he has strong medication and the side effects are sometimes quite extreme. This system allows us to get answers quickly and, as far as I can tell, the advice we receive addresses the problem perfectly.

That being said, I understand that there are financial constraints, I understand all of that. I know that the team at the Ste. Anne Centre organizes one-day training workshops to help families and couples. However, more concrete support needs to be provided for families, and it needs to be provided for each family individually. That would allow for the needs of families to be better addressed.

My husband is on medication and the effects of it are obvious. I do not take any medication, and I'm the same person today that I was three months ago. That means that I do not experience the same cycle of defence and attack mechanisms that he does. While that does not necessarily create friction, it does create a certain level of difficulty.

So, in answer to your question, in my mind, the team at the Ste. Anne Centre is very professional and fully understands what it's like to live with someone who has PTSD. That's a field of expertise in itself.

● (1145)

[*English*]

**Mr. Peter Stoffer:** Very good.

Might I ask—again, I apologize for being late—if you have children?

**Mrs. Jenifer Migneault:** Yes, we have four.

**Mr. Peter Stoffer:** And how are they doing?

One reason I ask that question is that earlier there was an ombudsman's report from the Ombudsman of Ontario, who's very concerned about the children on the Petawawa base who have lost their dads or mothers in Afghanistan. They've been going through quite the psychological problems, and there's been that ping-pong between federal government responsibility and provincial responsibility.

We asked the question in the House, and Health Minister Clement said that mental health issues are a provincial responsibility. The province is saying, well, they're on a military base. So there's that grey zone. But regardless of which political party, regardless of which level of government, you would think they'd be able to get together to deal with it.

Now, they did get together, and they're working towards a solution. But my concern has always been for the children.

As adults, you're going to struggle through and you're going to get through it...and I admire your courage, sir. Keep on going. I know it's difficult, but don't give up.

Can you just reflect a bit on the children and how they're doing in all of this? Do they have an understanding that their dad is not the dad he once was? How are they coping?



[Translation]

**Mrs. Jenifer Migneault:** They do not really understand much of what is happening. He was only diagnosed in July, in other words fairly recently. We have begun to notice changes over the past couple of months. The children understand to a certain degree. The two oldest are 20 and 21 years of age. They're my husband's children from another relationship. They have already had to deal with their father being away from home when he was on missions. In my husband's case, it was really after he got back from Haiti that he began to deteriorate. The children went through adolescence with a father who was not very functional. It is difficult to come out the other side unscathed, even with all the good will in the world and even though we try to understand. You cannot heal the scars of their upbringing over night. It is a long process, you have to start from the beginning.

If they had known, if they had been able to... I should point out that Claude did not necessarily discuss his difficult experiences. He was hardly going to tell his children that he had seen a pile of decomposing bodies at a morgue in Haiti and that amongst them all he thought he had seen somebody who was still alive. That is not the sort of experience that people share with their children. I do not, therefore, think that the children are able to fully understand the state in which my husband finds himself.

If they were made aware of the situation, if both the father and the children were given support to help rebuild their relationship, a healthier relationship... He did not have a relationship with them before, that is one of the consequences of what he went through. The oldest children are aged 20 and 21, and one of them is having problems. In spite of this, year in, year out, his father told him that he should join the Canadian Forces. But it is out of the question for him, there is no doubt about that.

**Mr. Peter Stoffer:** Thank you.

[English]

**The Chair:** Thank you.

Now we're over to the Conservative Party, Mrs. Hinton, for seven minutes.

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** Thank you very much for joining us today, Jenifer and Claude. It's a very poignant story you've told.

I had an opportunity at the beginning of this meeting to speak to you about happier times and better issues, and I was delighted to hear that you had served at Mount Lolo in my riding of Kamloops. I would invite you to come and visit another time; that would be wonderful.

I've been writing notes madly here, trying to put things down as you said them.

What this committee is currently in the process of doing is looking to improve the veterans independence program, as well as reviewing health care, which is part and parcel of that. So your testimony today is extremely helpful in terms of building on the health care review.

I did hear one very constructive piece of advice from you today, that veterans must be made aware of the services available. I was under the impression we were doing that, but perhaps we're not

doing it well enough. Your point about advertising the available benefits in the correspondence going out to veterans is a tremendous idea. That will certainly go forward.

On some of the other things I've listened to, I'm very happy to hear you received some help this summer. I share your view of Ste. Anne's. They do a fantastic job.

In terms of what this government is trying to do, we are trying very hard to respond to the needs of our veterans. We value them highly, and we appreciate the fact that we enjoy the democracy we have today because of their service.

So we've put in place \$10 million for OSI, or operational stress injury, clinics, which will help many soldiers, and we've put in place an ombudsman. It was \$10 million for the first, and \$5 million for the second. Now the ombudsman is going to be in a position to help people who are in the circumstances you've been in, too. This is going to be beneficial.

If I heard you correctly, you said that no PTSD victim should have to attend alone, because the paperwork is overwhelming. I think that's another very constructive point. I'm very surprised, though....

You did say—I think I heard you correctly—that the department offered to help, but you didn't feel there was going to be help one-on-one. There was an offer for help—

• (1150)

**Mrs. Jenifer Migneault:** Very little.

**Mrs. Betty Hinton:** —and I'd be very disappointed to learn there wasn't.

The other point that came through loud and clear to me—and it has been repeated by many veterans before you—is that while we focus on Afghanistan right now, a very difficult mission for our country, PTSD existed long before Afghanistan. A number of people are now learning that the feelings they had inside are something that can be named. I guess that's beneficial, as well.

We also talked about the paperwork. Listening to you talk about it, I share your frustration and can give you an example of it. There was a huge fire in my riding a few years back. I sat on the front-line desk where fire victims came in. This was provincial jurisdiction, not federal. Fire victims came in, and I sat there and filled out five different sheets so that someone could actually have a bed to sleep in that night; have a food voucher so they could eat; have clothing, because they had to leave everything, because they left in such a hurry. The very first thing I said was, why do we have all of these different forms that people in need have to fill out? So you have an ally in me when it comes to making a form shorter and simpler.

I've pretty much taken up my time, but I want to know if there's anything else, aside from the very constructive comments you made, that you think this committee could recommend to improve the situation for veterans like your husband and spouses like you? Is there something else along the lines of making veterans more aware—which I've made a very serious note about—or another point you'd like to leave with us?

**Mrs. Jenifer Migneault:** Yes.

[Translation]

It is something that I already mentioned briefly. I fully appreciate that decisions cannot be made lightly. Decisions regarding financial or psychological support have to be based on concrete facts and data. I have no difficulty with that. However, the pension officer's assistant clearly said that we should not hesitate to call her if we needed any help.

Allow me to outline the context. This is our story. We knew that we had to send in all of his medical reports by mid-July. We were told that if we did not, we could forget about getting any help.

I have brought an example along today, and I am glad to be able to discuss it. This form is for his lumbar spine problem. They know that my husband is suffering from post-traumatic stress disorder, yet they send out a form about his back problems. The form is straightforward—it is only three pages long; the answer, however, is 15 pages long. That is the one issue. The questions are short, but they are complex, the level of detail required is simply nonsensical for somebody who struggles to do his own grocery shopping. It's nonsense.

Would you like me to quickly read out the questions on the form? Are you familiar with these forms?

• (1155)

**Mr. Gilles-A. Perron:** Yes, we are.

[English]

**Mrs. Betty Hinton:** Jenifer, I understand there is a multitude of problems. Obviously a back problem would have nothing to do with PTSD. But in terms of the forms, what I'm hearing you say is that you'd like to have shorter versions of them. But some things, like back problems, are medical issues. You'd have to relate that to your service.

Is that what you're...?

**Mrs. Jenifer Migneault:** No, because he's mentally ill. So even for a simple thing like a back problem, this becomes a problem.

**Mrs. Betty Hinton:** So it would help to have somebody who would go through that—

[Translation]

**Mrs. Jenifer Migneault:** Exactly. I know that I am asking a lot, but you need to designate one person to go and meet with the veteran in his home to ask the right questions and take the time to get him to speak. It is difficult for somebody who has repressed all of the deaths and horrors that he saw to talk about it, and he might simply give any old answer to get it over and done with, because it requires so much effort. It is therefore important to have people who can go and meet with veterans in their homes. Bear in mind that the answers as given in these forms are used as a basis for determining what support will be provided in the future. They are, therefore, fairly important and not providing support for filling them in is a grave oversight.

My second suggestion would be to have a file coordinator for each veteran. Somebody who can be contacted, and who could collate information, such as the psychiatric report. A file coordinator would be able to see, for example, that a given veteran had had to stop work and that his benefits would end on the 15th. Armed with this knowledge, she would be able to evaluate the options, and the

process would get underway immediately. At the moment, there is overlap between the different services, which does not help us at all. Documents get lost and we are asked to file paperwork that we had sent in five months previously. It really does not help us at all. And then there is the famous pension number.

That is another point that I would like to make, Ms. Hinton. In my husband's case, he was told that he was eligible for emergency help, but that it was complicated because he didn't have his pension number. He was told that his pension number would come through once Charlottetown had finished its analysis. He was told that once that was done, he would become a pension recipient and would be given a number which would grant him access to different programs. However, in cases involving post-traumatic stress disorder, people have to stop work immediately yet it takes months to analyze the veteran's file. We still do not have his pension number, which makes it difficult to gain access to urgent support programs.

It is not simply a matter of giving us money. However, how can my husband get better if he does not have time to look after himself? It is difficult to hold on to a job when you have to go to Ste. Anne's Hospital once or twice a week. It is difficult to hold on to a job when you struggle to do your grocery shopping.

Does that answer your question, Ms. Hinton?

[English]

**Mrs. Betty Hinton:** The chair won't let me answer, because I have three or four more questions.

Thank you.

**The Chair:** It's the nature of the job.

Let's go to Mr. Valley from the Liberal Party, for five minutes.

**Mr. Peter Stoffer:** Mr. Chair, maybe our witnesses would like to take a minute out to have a sandwich or something.

• (1200)

**Mrs. Jenifer Migneault:** No, that's all right. Thank you very much, though.

**Mr. Roger Valley (Kenora, Lib.):** I suppose he took that out of my time.

Just to give the witnesses a quick explanation, many of my colleagues have been in meetings since nine o'clock. This is the only opportunity they have to eat. We're not trying to be too distracting, but this is something we have to do.

I'm glad Mr. Stoffer made the offer. Please share with us.

Again, thank you for your strength to come here today. It has been very good testimony. We know how intimidating it can be to come before us. We're used to dealing with people—that's how we got these jobs—but it takes a lot, so I'm sure you've been anxious over this. Thank you very much for coming.

You mentioned in your comments that your husband's a victim, but I would suggest that you are a victim as much as he is, as is your family, your extended family, as is everyone when this happens—victim of the system that we're using right now, and I want to know if you think victim of the military family itself. Is there something we could have been doing while your husband was still in the force? I'm still trying to understand this. Is there much information given to the serving members right now on what they can face when they leave?

We don't often get a chance, in rooms like this one, to speak to people serving. Thanks to my colleague Mr. Shipley, we'll be visiting some bases and we'll be talking to people in uniform. But is there more the military can do to try to deal with issues that are going to crop up when people like your husband leave the force? More than likely they're already suffering while they're still serving, and maybe don't realize it sometimes.

So is there something the military can do to help track this, or get ready for the day when people are going to leave the force and face some of these severe issues that your family has had to face?

[Translation]

**Mrs. Jenifer Migneault:** That is a difficult question for me to answer, given that my husband left the Canadian Forces in 1998. It could well be that the current system is very different.

That being said, I can confirm that at that time little information was provided, and not much was done in the way of prevention and making families aware of potential problems. The majority of services offered by the Canadian Forces are for those in uniform; very little help is provided for families and children. We would have liked to have been informed and reassured that resources were available.

I am now more or less comfortable with the system, given that my husband left the forces nearly 10 years ago, in 1998. Had he had an evaluation after leaving the Canadian Forces, given that he had just spent 17 months in Haiti... He basically got lost in the system, like everybody else.

There is no doubt that support was non-existent in 1998, but perhaps the situation has changed since. One thing is for sure though, and that is, regardless of the year or conflict involved, military families really need support. People are talking more and more about post-traumatic stress disorder, and that is great. Nonetheless, you have asked whether spouses and families are truly equipped to deal with the reality. While treatment and services are important, you cannot forget the challenges of daily existence. A veteran's family is his security net. We are the ones on the front line, we live with this reality virtually 24/7.

At that time, there was a crying lack of support and follow-up.

[English]

**Mr. Roger Valley:** Thank you.

First of all, don't be uneasy. You're here because you have expertise, unfortunately, in this field. You're survivors. So don't be uneasy about anything. We're trying to fix this in the future. I'm one of many MPs on this committee who feel we should be talking more

to some people in uniform, to give support and to get some understanding.

I have time for only one more question.

You talked about the information flow, that it's a problem for veterans because they don't know what to deal with and what to ask for and what is available to them. We understand that side of it, and we thank you for those comments. But is it also a problem with the bureaucracy, the people you have to deal with at Veterans Affairs? Are they aware of everything they can do? Do they have the information on where your husband should go for the next step? The people you work with, are they as informed or as trained as they should be?

[Translation]

**Mrs. Jenifer Migneault:** The Veterans Affairs agents that have been helping us are absolutely wonderful. That being said, they really seem to have their hands tied when it comes to some matters. They would like to do more, but are unable to due to all sorts of administrative constraints. It is really difficult to be kept in the dark.

When we made the first call, we were told that we would get support, but we were not given any information on the process. We were not told that it could take up to a year to process our request. We find ourselves in a state of perpetual uncertainty.

It is almost as if keeping people in the dark were the department's operational culture, from area counsellors to pension officers. Area counsellors and pension officers are two separate services, one is based in Sherbrooke and the other in Montreal. We are told what the next step will be, and then asked to fill out a form and send it back. That is it.

● (1205)

[English]

**Mr. Roger Valley:** Thank you very much for your strength.

**The Chair:** Now we're on to the Bloc Québécois.

Monsieur Gaudet, for five minutes.

[Translation]

**Mr. Roger Gaudet (Montcalm, BQ):** Thank you, Mr. Chairman.

As I am a new member to this committee, there are some matters that I do not fully understand. The same cannot be said of my colleague, Mr. Perron, who has been on this committee for a number of years.

Did you receive good services before being transferred to Ste. Anne's? Would a psychiatrist specialized in working with children, adolescents or adults be of help to you? Are there good psychiatrists available outside the armed forces? I am sure there are good psychiatrists available in the armed forces, but are those working in the civilian domain equipped to help you?

**Mrs. Jenifer Migneault:** Is your question for my husband?

**Mr. Roger Gaudet:** Yes. Two majors appeared before the committee and said... That is why I'm asking you this question.

**Mr. Claude Rainville:** Could you quickly explain the question to me?

**Mrs. Jenifer Migneault:** Did you feel that the service providers you met with before going to Ste. Anne's were adequately qualified?

**Mr. Claude Rainville:** Civilian psychiatrists?

**Ms. Jenifer Migneault:** Yes.

**Mr. Claude Rainville:** I do not know whether they were qualified or not, but I knew that something was not working as it should. I do not think that their professionalism was the issue. However, my own ignorance as to these issues means that... The reports that were requested made it clear that there were signs of post-traumatic stress disorder, but nobody spoke to me about it. And I do not know why.

I was completely in the dark. It was not brought up because that was not the reason that I had sought their services.

**Mr. Roger Gaudet:** You've answered my question. I'm certainly not questioning the competence of the psychiatrists and psychologists. Physicians treating an illness for the first time may have some doubts and may do a great deal of research before they come up with the right diagnosis.

The two majors from Valcartier who came to testify before the committee told us that there were not enough psychiatrists and psychologists in the army, particularly for soldiers returning from a mission.

**Mr. Claude Rainville:** I did not need the services of a psychologist or a psychiatrist, because when I was in the Canadian armed forces, post-traumatic stress disorder did not exist.

**Mr. Roger Gaudet:** You mean it was not recognized.

**Mr. Claude Rainville:** Exactly. There was no psychological follow-up after I returned. We came back from a mission and underwent blood and urine tests, and that was the end of it. We returned to another war mission. It was as simple as that. There was no follow-up, not until General Dallaire came on the scene in 1999-2000.

**Mr. Roger Gaudet:** When does a soldier become a veteran? You say you worked for the army for 20 years. After how many years can members of the forces take their retirement?

**Mr. Claude Rainville:** Twenty years.

**Mr. Roger Gaudet:** You still do not have a pension number?

**Mr. Claude Rainville:** I have a pension from the Canadian armed forces, but for Veterans Affairs, whatever the assignment, applications are sent to Montreal for evaluation. Then they are sent to Charlottetown, and that is where the decision is made. Then we get a veteran number, which is actually a card sent out to members for identification purposes. Next, the area counsellor comes to meet with the client to provide information. But nothing is available until a person gets their number.

**Mr. Roger Gaudet:** I learned something today. I thought that people who were pensioners from the forces were automatically veterans.

**Mr. Claude Rainville:** Unless they are veterans, but in my opinion...

• (1210)

**Mr. Roger Gaudet:** From what you're saying, you are still not a veteran.

**Mr. Claude Rainville:** In order to get a number, you need a case, an assignment. If Charlottetown decides that a person is entitled to the services provided to veterans, then the person gets a number.

**Mr. Roger Gaudet:** I will give the rest of my time to Mr. Perron.  
[English]

**The Chair:** Okay.

Mr. Perron, do you want to be recognized as a speaker?

[Translation]

**Mr. Gilles-A. Perron:** I would just like to clarify what is meant by a veteran. The government recognizes as veterans all those who fought in the Boer War, the First World War, and the Second World War. Since 2003, it also recognizes those who fought in the Korean war. All other members of the armed forces are not necessarily and automatically recognized as veterans. It is determined on a case-by-case basis. The governor in council decides whether an individual is a veteran. That is why it takes such a long time before a person becomes eligible as a veteran. There's no recognition.

Members of the forces returning from Afghanistan may have an opportunity to be considered veterans, because that is a theatre of operations, just as Korea was. Since people who fought in the Korean war are recognized as veterans, there will surely be automatic recognition for people who fought in Afghanistan. However, members of the military who went to Bosnia or who were peacekeepers are not officially Canadian veterans.

[English]

**Mrs. Jenifer Migneault:** Can I say something, Mr. Chairman?

**The Chair:** Of course, it's your floor.

[Translation]

**Mrs. Jenifer Migneault:** My point may be somewhat akin to what Ms. Hinton was saying earlier. I spoke about it briefly as well. It has to do with the concept of service on the part of veterans.

My husband was sure that the Department of Veterans Affairs would provide services only to those who took part in the Second World War or who suffered physical injury—those who lost a leg or an arm. That is really what he thought.

There could be a marketing effort with veterans to make the services provided by the department better known. Something must also be done about the perception people have about the services available. What is a veteran? Who are these services for? They are not just for those who lost an arm or a leg in combat.

[English]

**The Chair:** Understood.

Now, just to get this on the record, Mr. Gaudet finished up at five minutes, twelve seconds, and then Mr. Perron was intervening with what one thought was potentially a point of order....

Anyway, he's a sneaky man. You have to watch him, is what I have to say. That's my statement.

Okay, now over to Mr. Cannan, for five minutes.

**Mr. Ron Cannan (Kelowna—Lake Country, CPC):** Thank you, Mr. Chair.

Thank you, Jenifer and Claude, for being here today. I appreciate you sharing your personal story.

As colleagues had mentioned, you're in a very stressful situation. It brings a whole new meaning to your marriage—in sickness and in health. There's strength in that, as you mentioned. In many cases it can tear a relationship apart. In this case, I hope it continues to bring you closer together, you and your family.

I know from personal experience—with three daughters, one of them was just diagnosed with a mental illness, and it was very stressful on the family—that once you have the diagnosis, you can deal with some sort of direction. Obviously in July you got that direction, and you can work towards having a reasonable quality of life that I hope only improves with time.

I just wanted to follow up on the aspect of being a new member; as Mr. Gaudet had mentioned, he's new to the committee as well. My understanding is that this committee had heard from other witnesses, as Mr. Stoffer said, on the PTSD issue, and they have tabled the report, and our government is, I'm hoping, to have some positive changes in the new year.

With regard to the veterans independence program, have you had any involvement with helping other veterans or any involvement with the program at all?

• (1215)

[Translation]

**Mrs. Jenifer Migneault:** Everything happens by word of mouth. People need help, particularly with filling in the forms and providing documents. The word of mouth is working well, and people are starting to get in touch with me to help them out.

You will appreciate that this puts me in a rather awkward position. Even though I think I have the skills required to help them, I am not an employee of the Department of Veterans Affairs. In light of the importance of these forms and documents, I do not want to jeopardize people's chances of getting assistance. So it is rather sensitive, but I do meet with such people on a volunteer basis.

[English]

**Mr. Ron Cannan:** About how many people have you had an opportunity to work with?

**Mrs. Jenifer Migneault:** There have been seven, other than my husband.

**Mr. Ron Cannan:** I come from a riding with quite a few seniors, and we're working with several veterans. One thing we're trying to do is allow people to stay in their homes as long as possible rather than forcing them into a long-term care home.

Out of those seven individuals, have you had the opportunity to allow people to have that option, to maintain their independence and stay within their own homes?

**Mrs. Jenifer Migneault:** No, I'm sorry.

**Mr. Ron Cannan:** Do you think giving individuals that option is important?

[Translation]

**Mrs. Jenifer Migneault:** Absolutely.

[English]

**Mr. Ron Cannan:** I hope we can.

Are there any other strengths or weaknesses of the veterans independence program that you could recommend?

[Translation]

**Mrs. Jenifer Migneault:** If I would meet with you again in a year, I might have many more things to tell you, but, at the moment, I do not have enough experience to comment on a process with which I am not that familiar.

However, I would say that in my opinion the current problems with the system do not necessarily lie in the financial assistance programs. There is emergency funding and some flexibility there. The problems are really in the area of supporting these people to help them access these programs. The other problem has to do with coordination among the various programs, based on the applicant's situation.

[English]

**Mr. Ron Cannan:** After you helped these individuals, was there some follow-up from the department? Have they been good at getting back?

**Mme Jenifer Migneault:** We are still waiting.

**Mr. Ron Cannan:** No, I mean the other seven individuals.

**Mrs. Jenifer Migneault:** They are still waiting. I met them after I did all my husband's papers, and then friends came along, and friends of friends. That's how they got to know me. I met them only in July, August, September, and October.

**Mr. Ron Cannan:** So it's the last two or three months you've been working—

**Mrs. Jenifer Migneault:** And that's not enough waiting.

**Mr. Ron Cannan:** That's fair enough. Yes, you have to go through the process. There is a certain amount of review required, in fairness to the department.

I have one final question. Following up on Ms. Hinton's comments regarding working with the administration to try to simplify the process, how do you see that we could improve the application process, to simplify it?

[Translation]

**Mrs. Jenifer Migneault:** That is a good question.

I am going to tell you what I think about that, because, as I was saying, I certainly understand that these forms have to be filled in, and that conclusive data is required in order for the officials to make a decision.

So people are asked to fill in forms, to comment on their quality of life, to talk about the difficulties they are having such as post-traumatic stress disorder, and they are asked for medical expertise.

I do understand that it is important that people mention the restrictions they face as a result of their condition. Indeed, medical expertise can show that people have limitations in particular areas. For example, in everyday life, if my husband tells you that he cannot be in a crowd, medical expertise can prove that or demonstrate it. However, the fact that he can never attend his children's musical presentations, for example, gives some idea about his quality of life, that he feels strongly about mentioning.

So the idea is to simplify the processing and to lighten the questions to come up with a form that is better adapted to people's situations. In any questionnaire about quality of life the same five or six questions are asked—whether the person is dealing with post-traumatic disorder, lumbar problems or hearing difficulties. So when people are asked whether they can drive a vehicle, it becomes difficult to answer, because the back problem means that they cannot drive, but the post-traumatic stress disorder does not. In the case of some questions—and they are always the same ones—people are afraid of shooting themselves in the foot because there is nothing geared to their particular problem.

So the forms could be simplified and streamlined. Veterans Affairs Canada could, at the very least—and I come back to this once again—provide help in filling in all these forms.

I do not want to table the document I have been referring to, but it contains answers to the questions. People are asked to include photos to explain... I do not want to table the document, Mr. Chairman, first of all, because it is in French only, and second, it does contain private information. I just want to give you an idea of how much work I did for my husband for just one medical problem. The fact is that he has five medical problems, including post-traumatic stress disorder.

We have to look up what he did from a particular year to another year, to give his rank, his duties, and the year of his promotion. We are asked for a great deal of information. This requires a huge amount of research. We had to go through my husband's military reports page by page, as well as his medical records. Personally, I can do that, but not all spouses can.

• (1220)

[English]

**Mr. Ron Cannan:** I respect you for your strong character. The best is yet to come. All the best.

**The Chair:** Thank you, Mr. Cannan.

Now over to the Liberals—Mr. St. Denis, for five minutes.

**Mr. Brent St. Denis:** Thank you, Mr. Chair.

I'll also add my own thanks to both of you for being here and sharing your story. Hopefully, in having a chance to talk to us, it will be in some little way helpful. You're certainly being helpful to us in our deliberations.

Based on your testimony today, I will be asking my colleagues that when we do have the new ombudsman here, maybe as the invitation goes to the new ombudsman, we refer him to the testimony of today's meeting as an example of some of the things he will see as he begins his new mandate.

It may not be possible for him to comment on this testimony at his first visit to our committee. But I think at some point in time, maybe a second visit in the new year, once his office is set up, he could take this as a case study, as a real live study, and put his microscope on this case, which stretches over nine years, which stretches over an evolution. I'm sure the department has been trying to improve its processes. Let's just give them that benefit. He'll have a good example here of how things can wrong, so that the other families that you're dealing with and families across the country don't face this again.

Perhaps within your power, Mr. Chair, you could simply, when inviting him, refer him to this testimony. But if it needs a motion later on, I'd be pleased to put a motion to that effect.

As well, Ms. Migneault, would you give the ombudsman or his office permission to call you?

**Mrs. Jenifer Migneault:** Absolutely.

**Mr. Brent St. Denis:** So we have that on record: in advance of such a meeting with the ombudsman, he could talk to Jenifer and/or Claude, but Jenifer first, I would say.

Thank you for that.

We had Senator Dallaire before our committee in the spring. He has, by public admission, told Canadians that he also suffers from PTSD, or operational stress disorder, as they also call it now. He was very frank, as you both have been, about the challenges facing him, his suicidal tendencies and so on.

I think that of all the things you mentioned, we add stress when we put people through.... Everybody has to walk through the emergency door of a hospital. That isn't so stressful. You walk through the door, you register, you wait, and at some point you see a doctor. But we make the doorway very difficult for people in this situation, people with mental distress.

You refer to having somebody help you through the process, assigning somebody like an expeditor or an aide, somebody who says, "I am going to see that Claude Rainville gets through that doorway."

Speak a little bit about that, perhaps, and then I will let my time go to someone else. Speak about what it would have meant to you, to the others, to have had somebody hold your hand, in a way, through that process. You are an intelligent couple; Jenifer, you're capable. How many families are there in which there are literacy problems, in which there's so much anxiety that if they didn't have somebody holding their hands, they couldn't get through the door?

•(1225)

[*Translation*]

**Mrs. Jenifer Migneault:** First of all, all the people we spoke to at the Department of Veterans Affairs were extremely understanding and kind. We have no complaints in that regard.

The person to whom you are referring would change everything completely. This could be someone we could call directly. We could leave the person a voice mail message, something that is very difficult to do at the moment. The person could get a copy of all the information regarding my husband—the psychiatric reports, documents from Ste. Anne's, all the applications and forms. The person would be responsible for distributing these documents and would ensure that all the services are coordinated. However, there is nothing of the sort at the moment.

At the moment, you have to contact an individual about pension applications and other related services that could be helpful to my husband. I think the fact that there is not an individual of the type you describe slows down the process to a dangerous extent. I say “dangerous”, but it is not a question of money, of paying mortgages or going on a trip. That is not what it is about. What my husband and I would like is for him to get the treatment he needs and to have the peace of mind he requires.

I would also like to mention that my husband does not intend to retire before age 65. He wants to rejoin the labour force. He can do that. He wants to do that, but he wants some balance to be available to him. At the moment, the shortage of services means that the entire treatment is necessarily called into question.

So it has to be possible for people to contact a particular individual. I can tell you that it is extremely stressful when we try to speak to the person in charge of our file. When we telephone the call centre in New Brunswick or wherever it is located, someone asks why we are calling. We say that it is for follow-up on our file. We're told that a message will be left and that we will be called back.

Just last week, a mistake was actually made. The message was given to the wrong individual. As a result, the message was left on November 21, and our call was only returned yesterday. If these people are on vacation, we're not aware of it. No one can answer our questions. We are really left to our own devices to follow up on our case, to ensure that they have all the documents they require. The proof is that we were waiting for the psychiatric report from Ste. Anne's, and yesterday, my husband simply called Ste. Anne's, and they faxed him the report. Tell me why the people at Veterans Affairs Canada cannot proceed more quickly, when we could get an answer within 12 hours?

So there needs to be someone coordinating all of the information, and that person needs to be aware of the client's situation and able to facilitate access to emergency services, as my husband requires at the moment. There are certainly ways of making the waiting time more bearable until the files have been processed, first in Charlottetown and then in Sherbrooke.

[*English*]

**The Chair:** Your time has expired.

Now we'll go to the Conservative Party—to Mr. Shipley, for five minutes.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** Thank you, Mr. Chairman.

Jenifer and Claude, I appreciate, as does everyone, your taking the time to come and being so personal with us in terms of what you have experienced and still are experiencing. That's important for us to hear again.

In June we did table a report on PTSD, as you know. This committee has studied and heard numerous witnesses. In many cases we continually, unfortunately, hear the stories that you have portrayed to us today. As was mentioned earlier, we had hosted a group of families so that they could talk to us as families. That was likely one of the most riveting events in terms of all the witnesses who had come before us. Usually they're the professionals. But I think that has been said.

With that, you're relaying some issues. I believe those have been part of...since I don't have the report in front of me. On those issues that you've relayed to us—the process, the communications barriers—I don't think there is a lack of compassion but a lack within the process, or barriers within the process, to communicate adequately.

As Ms. Hinton has indicated, we need to be doing things that are easy for people. I don't care what level of education you have or what your situation is; easy, simple communication is always the key to success within our families and within committees like this—everywhere.

Another thing that's been mentioned is that the ombudsman is in place. We're working on the VIP program now. That is really what we're trying to do. What can we do for our veterans so that we can encourage them, and to go beyond the encouragement, what can we do in terms of ways of keeping them in their home? It has many benefits. It has family benefits and it obviously has financial benefits, but it has social benefits beyond anything financial.

One of the things we heard from all the witnesses is that we continually come up against the lack of professional people out there, and we have it within our public system, with doctors, psychologists, and those professional people we need to help us in Veterans Affairs. I wouldn't mind hearing your comments, if you have some thoughts on how we could get some priority for veterans from those folks when we know that even in our public system we don't have enough to go around. So that's a bit of a concern also.

I was glad to hear you indicate—and you have continually said this, quite honestly—that you were treated well; it's just the process. So I think the message is strong. Unfortunately, in government, it seems to be the process that wrinkles things up. We're trying to simplify that.

To go back a bit, maybe you can help us on expansion of the process. You've talked about the forms, but I'm talking about especially the professional people. Do you have any ideas on how we could integrate and actually use the professional people? You're in the health system, so you might have some ideas.

•(1230)

[*Translation*]

**Mrs. Jenifer Migneault:** To begin with, I'd like to tell you exactly what my role is. Indeed, I do work in the health care system. I'm a community organizer.

I help communities or community groups, which are in need, to improve their quality of life. I sit on mental health round tables. I don't want to speak out of turn because I'm not the director of my institution and I certainly don't want to speak on its behalf, but unfortunately, mental health really is the health care system's poor second cousin.

Secondly, shouldn't we be increasing awareness among psychology, psychiatry and mental health nursing students about these afflictions? Shouldn't we at least inform health care professionals of the existence of the Ste. Anne's Centre and establish partnerships? I think some partnerships do already exist. Take for example a doctor who is dealing with a troubled, potentially suicidal former serviceman. If the physician lacks the necessary resources in his community to adequately help such an individual, what can the Ste. Anne's Centre do?

I'm also wondering about access. Obviously, when it comes to getting health care, you always look in your immediate environment. The Ste. Anne's Centre is not accessible to all former military personnel, and this is unfortunate, but I know that there are other centres in Quebec and Canada.

So health care professionals at least need to be aware of that, so that as soon as a current or former member of the armed forces comes to see them, they will be able to help or at least refer them to those people who have the necessary expertise to be of assistance. You can't expect every health care professional to be able to help every person—and that's why there are heart institutes and the Sainte-Justine Hospital—but at least you should be able to refer people on. That alone would be helpful.

Had that occurred, Mr. Shipley, it probably would have changed what our lives became over all those years.

•(1235)

[*English*]

**Mr. Bev Shipley:** Thank you.

**The Chair:** Thank you, Mr. Shipley.

Now, over to Mr. Stoffer of the NDP, for five minutes.

**Mr. Peter Stoffer:** Thank you, Mr. Chairman.

Of course, one of the concerns we always have is that when anybody in either opposition or government says they're going to do something, then you assume they're going to do it. I'm glad to see that the VIP has been discussed, because we have a letter here, dated June 28, 2005, to a widow of a veteran that said if they formed government they would immediately—and it used the word "immediately"—extend the VIP program to all Second World War and Korean War veterans regardless of the situation, and it hasn't happened yet.

That's an old story that we've sung and danced around for a while, but I feel in many cases that a lot of the folks with PTSD don't have

much time; that PTSD will be with your husband, from my understanding, for the rest of his life; and that PTSD also affects the spouse. We've heard that before. But the concern we also express is that PTSD can be transferred from the individual who has it, not only to the spouse, but to the children as well. So this is a generational problem. And we pray it never happens, but your oldest may, unfortunately, without knowing it, then pass it on to his/her kids.

One of the problems we have, of course, is that as the Government of Canada tries to solve the situation of dealing with the individual and the spouse with PTSD, the transferring, unknowingly, of that PTSD to their children and then their children's children causes tremendous problems and unforeseen expenses down the road. What would you recommend to the government that they should do?

I know that you said Ste. Anne's is very helpful for yourselves. But what about the kids? When they call up looking for help, who do they turn to? If, for whatever reason, dad is having a bad day and mom's having a bad day dealing with dad's bad day, who do they turn to? Would you recommend to the government that they put programs or anything in place to assist the children? How would you see that happening? Or should that be a coordinated effort with, say, military family resource centres, with the province, with health boards? How would you, working in the health department....?

I guess I should word it this way: If you're the minister and you see a child of a veteran come to you looking for help, what would you do, or what would you recommend?

**Mrs. Jenifer Migneault:** That's a hard question you're asking me.

**Mr. Peter Stoffer:** You're so intelligent, so great, I figured if anybody in this country could answer that question, it would be you.

**Mrs. Jenifer Migneault:** Thank you.

[*Translation*]

That's a tough question.

I actually do agree with you. I never actually read it, but just listening to you talk about it, I can picture the children's behaviour. Let me give you a very simple and concrete example. In our bedroom, where my husband sleeps, there's a club with nails in it and a baseball bat because he never knows whether we're going to be attacked. He doesn't sleep if the doors aren't locked and it becomes an obsession. He has to check, and he sends the children to go and check.

The children end up developing this fear of the outside world. And when the day comes and he decides to get rid of this plank of wood with nails in it—because he is working on this at the Ste. Anne's Centre—I'll be honest with you, I wonder if I'll be the one who becomes afraid because there's no longer a nail-studded club in my bedroom. It's strange, but that's the way it is. So, it's true, that kind of state of mind rubs off on children. Now, if our 21-year-old daughter went and sought out help and said that her father had been diagnosed with post-traumatic stress disorder, I think she would get access to resources, which actually do exist, but which may need fine-tuning and improving, and she would get help getting through this. I honestly believe that the existing resources could very well be part of therapy provided by social workers, psychologists, and so on.



On the other hand, for kids that still live at home, it's different because they're younger. Our children grew up in this environment. The older ones have left home and have grown up a bit outside mum and dad's cocoon. It is my belief that if the eldest amongst them gave a cry for help, that the system we have nowadays would be there for him and help him get through it.

As far as the youngest are concerned, they are still at home and still live with someone who has post-traumatic stress syndrome. They have to deal with this dysfunction on a daily basis, so there does indeed need to be more resources for them. I know that Ste. Anne's Centre is going to great lengths to set up workshops and training. The social workers are readily available, but they have busy schedules, considerable workloads, and lack resources. But you know even better than I do what things are like.

But these children really do need to get access to help when they need it. There should at least be some sort of follow-up. As far as the older children are concerned, I think that the system works quite well and that the resources are more or less available to them.

• (1240)

[English]

**Mr. Peter Stoffer:** Thank you.

**The Chair:** Thank you, Mr. Stoffer.

At this stage I think we've exhausted the questions. We have three other issues we need to deal with today before the committee wraps up.

I'm going to thank our witnesses for presenting today—Mr. Rainville for his service to our country, of course, and Jenifer for her strength of character.

Thank you very much.

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\_\_\_\_\_ (Pause) \_\_\_\_\_

• (1245)

**The Chair:** Getting back to some other business, there are now four items. I'm just going to quickly list off what they are. I'm not sure if we're going to have time. We only have 13 minutes.

First, Mr. Shipley has a list of suggested bases that we travel to.

I'll try not to be too specific about this, but as some of you already know, with regard to Mr. Valley's motion to travel outside of Canada, the field trip, I was the only one at liaison committee to vote for it, and I fought for it—

**Mr. Roger Valley:** Thank you very much for that, Mr. Chairman. I heard you made very good arguments. You were unsuccessful, but we want to thank you for that.

**The Chair:** Yes, I tried strenuously, but it was turned down—and yet national defence got a green light for double the money; go figure.

Anyhow, such is life.

**Mr. Dean Allison (Niagara West—Glanbrook, CPC):** There's so much politics involved...[Inaudible—Editor]

**The Chair:** That said, Mr. Shipley has a list of some of the bases to travel to.

Two, Mr. St. Denis has a notice of motion for the next meeting.

Three, I'd like to briefly talk about whether or not we want to see a VIP, a report, prepared for Christmas or what-not, with regard to all the study we're doing.

And four, Mr. Stoffer wanted to talk about veterans affairs paperwork to be distributed to committee.

So we have a lot on our plate. I'm not sure we'll have the time.

**Mr. Brent St. Denis:** I have a motion I just want to table.

**The Chair:** Yes, I understand.

First off, Mr. Shipley.

**Mr. Bev Shipley:** Thank you.

This won't take long. Maybe we can just discuss it; we'll get it in French and English, so everybody has the opportunity to look at it.

When we're looking at the bases to visit, it has to do somewhat with obviously wanting to talk about where veterans may be on bases, so that we would have the opportunity to talk to them.

For your consideration, I'll just lay out five that we talked about over here: in B.C. it would be Wing Comox; in Alberta, Wing Cold Lake; in Ontario, Petawawa; in Quebec, Valcartier; and Newfoundland, Wing Gander.

**Mr. Todd Russell:** Gander?

**The Chair:** You have a problem with Gander?

**An hon. member:** Isn't that in your riding?

**Mr. Todd Russell:** No, 5 Wing Goose Bay is in my riding. It's a much more active base than 9 Wing.

**Mr. Bev Shipley:** How many wings do you have out there?

**Mr. Todd Russell:** Two; we can't fly on one.

**Mr. Roger Valley:** How many do we have in here?

**The Chair:** Before we get totally out of hand, I note there is some debate over the Newfoundland and Labrador situation.

• (1250)

**Mr. Bev Shipley:** You're talking the 5 Wing Goose Bay.

**Mr. Peter Stoffer:** Mr. Shipley, am I assuming then these are just air force bases you're talking about?

**Mr. Bev Shipley:** These are just Canadian Force bases that we had.

**Mr. Peter Stoffer:** Okay. The Comox base operates under the command of 12 Wing Shearwater. Shearwater is the home of the new Sikorsky aircraft, as you know, coming in soon.

**The Chair:** I knew this was coming.

**Mr. Peter Stoffer:** If you want to talk to veterans and military people, my riding has about 24% currently serving or retired military personnel, along with a naval base and the army contingent. They would be honoured to see you.

**Mrs. Betty Hinton:** It sounds like a pitch for everybody to go to my riding....

**Mr. Peter Stoffer:** Well, there's Halifax—not necessarily my riding. Geoff Regan's there, Mike Savage, Peter MacKay, Gerald Keddy, Bill Casey—

**Mr. Bev Shipley:** Are you talking about CFB Halifax?

**Mr. Peter Stoffer:** Yes, sir.

**Mrs. Betty Hinton:** We went there as a committee—

**The Chair:** Mr. Stoffer has been on the committee for a while, and he's always very diligent about bringing up the issue of Shearwater, I can assure you.

**Mr. Peter Stoffer:** Yes, sir.

**The Chair:** I do draw a distinction, though, between Shearwater and Halifax in the sense that there is a separate facility.

**Mr. Peter Stoffer:** Yes.

**The Chair:** At any rate, there's talk about which one in Newfoundland and Labrador—

**Mr. Peter Stoffer:** What about Shilo in Manitoba?

**The Chair:** The debate could go on forever.

**Mrs. Betty Hinton:** We have a week.

**Mr. Peter Stoffer:** A week. Okay.

**Mr. Bev Shipley:** I was wondering, one, what the time is that we plan to have away, and two, the number that we actually want to visit within that time across Canada.

I mean, that's what it boils down to. You're not going to get away longer than the five days of the week.

**The Chair:** Let's just get down to brass tacks for a second, on record, Mr. Stoffer.

My guess is that we're probably not going to be able to fit this in before Christmas.

Number two, if we do this, I don't imagine there's much interest in travelling in the middle of January and over your Christmas break. I'm guessing that's the case.

Number three, when we come back, as you know, it gets pretty busy and hectic around here, and there will be the budget coming down and all that type of stuff. So I'm guessing if we're going to do travelling like this, if we get support from the whips to do it, it would be probably first, craziest scenario, second week, and that's about what we have to play with.

So the question is how many of those things can you do in a week's travel time or what have you? That's really what we're looking at. We have to keep those things in mind. You can't visit everything. You have to make a choice.

Mr. Stoffer, and Mrs. Hinton.

**Mr. Peter Stoffer:** I would say that a simplification for Alberta would be to go to the PPCLI base in Edmonton, because the extra travel to Cold Lake is quite timely. If you go right to Edmonton, you'll be able to possibly invite someone from Cold Lake down there. Then you can encapsulate it all right there.

**The Chair:** I'm going to suggest to you, Mr. Stoffer, that if you want Shearwater, you'd better be okay with Cold Lake.

**Mr. Peter Stoffer:** I don't mind.

I'm just thinking of the time to get there and back.

**The Chair:** All right. Enough said.

Go ahead, Ms. Hinton.

**Mrs. Betty Hinton:** Gee, that was pretty tough talk there.

I thought I was going to do something pretty simple. I was going to ask if there was agreement on Comox, Cold Lake, Petawawa, and Valcartier. Then we could debate Gander, or however we want to do it.

I'm looking at the clock, knowing that there are more people than just I who have to go to a meeting at 1 o'clock. I'd like to try to simplify this if we can. There seems to be agreement in this committee that we're going to go to these bases—but which bases are we going to go to?

**The Chair:** We have all the hands coming up now.

We go to Mr. Valley and then to Mr. St. Denis.

**Mr. Roger Valley:** I would guess that Petawawa and Valcartier could be day trips. I would suggest that we pick four bases to visit during the first or second week and that we arrive at four bases spread across the country.

**The Chair:** Yes, I don't think—

**Mr. Roger Valley:** We can do the other two from here on a committee day.

**The Chair:** Just to clarify, Mr. Valley, are you suggesting four bases in addition to Valcartier and Petawawa?

**Mr. Roger Valley:** That's right.

Valcartier and Petawawa could be dealt with right from here on a committee day, I would assume. Let's pick four bases across Canada and take one week and do it. We all need to be home on Friday afternoon. We all have other duties back in our ridings. Let's just pick four bases: one on each coast and two in the middle.

**The Chair:** Okay.

I'm going to have to write some of these down to make sense of this.

**Mr. Roger Valley:** I think she's in agreement with that.

**The Chair:** Yes. I think there is general agreement with that.

I'm just trying to get a sense of the one suggestion.

Mr. Shipley, can you read your list again, please, sir?

**Mr. Bev Shipley:** I just had Comox, Cold Lake, Petawawa, Valcartier, and Newfoundland and Labrador. Whether it's 9 Wing Gander or 5 Wing Goose Bay, I'll leave it to those who.... I think we should be out there, though.

• (1255)

**The Chair:** I understand.

All right, Mr. Valley. I think there's general acceptance of what you've talked about.

Now we'll go to Mr. St. Denis.

**Mr. Brent St. Denis:** We have some ideas out there. We should have somebody on the logistics side map out these rough ideas to get the best scenario.

I think we should get some independent, objective advice from someone in the military who says that those are good selections so that we have a little bit of cover. You know, there should be a logical reason for them.

**The Chair:** Mr. Gaudet, I'm going to recognize you next.

I'm sensing that because Shearwater is in Mr. Stoffer's riding, and Goose Bay is the one Mr. Russell prefers, what it's probably going to come down to is Comox, Cold Lake, Shearwater, and Goose Bay.

Go ahead, Mr. Gaudet.

[Translation]

**Mr. Roger Gaudet:** What sort of a trip are we going on? Are we just paying a courtesy visit or are we really going to meet these people?

My friend Roger wants to go to Valcartier and Petawawa in the same day. Will this be the type of trip where we just pass through, or are we going to take the time to engage in dialogue?

[English]

**The Chair:** No, I think—

[Translation]

**Mr. Roger Gaudet:** I want to make sure I get this. Perhaps I misunderstood earlier.

[English]

**The Chair:** The way I understand it, Mr. Gaudet, either Petawawa or Valcartier are close enough that they could be done as day trips from Ottawa. In other words, rather than your being here in committee, we could use that day to go to one of these bases, and it doesn't have to be the same day.

[Translation]

**Mr. Roger Gaudet:** Oh! We'll take a full day. I see.

[English]

**The Chair:** Okay.

[Translation]

**Mr. Roger Gaudet:** I had misunderstood the whole transportation issue.

[English]

**The Chair:** We have some other issues to deal with. I sense right now that we have what I think is a fairly decent compromise here. Maybe we're going to leave it and you can do extra negotiations on the side, if you wish, or whatever.

Let's move on to the next issue.

**Mrs. Betty Hinton:** Well, do we want to leave it with the chair?

**Some hon. members:** Agreed.

**Mrs. Betty Hinton:** Okay.

We're going to leave it with you.

**The Chair:** Okay. I think we have what we want there. That's fine. And if you want to talk about it outside of here, you can.

Now, as our second issue, Mr. St. Denis has a notice of motion.

**Mr. Brent St. Denis:** Yes. I'll just read it into the record:

That the recently appointed first Veterans Affairs Ombudsman be sent a copy of the Veterans Affairs Committee testimony of the November 27th, 2007 meeting during which witnesses Jenifer Migneault and her husband Claude Rainville provided a case study in how difficult it seems for veterans diagnosed with Post-Traumatic Stress Disorder to access services. And further that at some appropriate time, as soon as possible after his office has been established and he considers their testimony, the Ombudsmen be asked to offer his comments and possible recommendations.

**The Chair:** Okay. We can talk about that.

Number three is an issue I'm putting on the agenda about the veterans independence program. Of course, we're going to be taking a big break over Christmas and coming back in late January. I think it may be useful for us to generate something on this previous to the Christmas break.

We have the veterans independence program as it stands. I think we all generally agree with the idea of expanding its services; one of the big questions is expand them by how much? We'll be looking at some of the areas that need to be expanded, and all that type of stuff.

As Michel, our researcher, begins to look at these types of things, maybe he has something to add.

**Mr. Michel Rossignol (Committee Researcher):** If the committee wants a report before the Christmas break, it's important to let us know. There are considerations for the actual drafting of the report, not to mention translation. A short report could be done before the Christmas break, but anything more complicated would be problematic because of the time the committee needs to consider the report.

**The Chair:** I'm okay with the idea of a short report as opposed to a long one.

My sense is that we touch on the things we've heard here and lay out some ideas on what those different levels of expansion could be.

Mr. Valley.

• (1300)

**Mr. Roger Valley:** Did anybody catch the ombudsman on TV last night? I was surprised to see him on TV for an hour talking about our issues when we hadn't talked together. He was on *Talk Ottawa* last night for an hour taking calls. The last call was with Shawn Brière. I was surprised. We hadn't seen him yet, but he was there.

**The Chair:** Such is life.

Mr. Stoffer, you have something about VAC paperwork.

**Mr. Peter Stoffer:** Yes.

Perhaps we can agree that at the end of every committee, we will let the ombudsman department know that it's online. They should pick up everything we do here so they have an understanding of all the things we've talked about.

I know that the DND ombudsman's office does that. I don't know if the veterans ombudsman has had a chance to think of that yet, because his office is just getting up and running. Perhaps he can be sent a note that everything we say can be picked up online. If the ombudsman can have an understanding of what we're working on—some of the challenges and the testimony, not just on this but on all

other issues—it may go a long way toward developing a relationship between his department and us.

**The Chair:** You know, the researcher raises a very fair point: he will be here at the next meeting, on Thursday.

**Mr. Peter Stoffer:** Perfect.

**The Chair:** The meeting is adjourned.

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