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**Wednesday, June 5, 2013**



**Chair**

**Mr. James Bezan**



## Standing Committee on National Defence

Wednesday, June 5, 2013

• (1545)

[English]

**The Vice-Chair (Mr. Jack Harris (St. John's East, NDP)):** I'd like to call the 84th meeting of the Standing Committee on National Defence to order.

The chair has been slightly delayed, so I'm chairing the meeting as vice-chair.

We're continuing our study on the care of ill and injured Canadian Forces members. Our first witness this afternoon is Colonel Russell Mann, director of Military Family Services for the Department of National Defence.

Colonel Mann, welcome to our committee. We would like to give you an opportunity to make a brief presentation for up to 10 minutes. We'll then proceed with questions. You're here for the first hour of our meeting.

Thank you, sir. You go right ahead.

**Colonel Russell Mann (Director, Military Family Services, Department of National Defence):** Thank you very much.

Good afternoon, honourable members of the committee, ladies and gentlemen. *Bonjour, mesdames et messieurs.*

I want to begin by thanking you for your invitation to appear today in order to bring some insight into Military Family Services. Most importantly, however, I'd like to thank you for the work you do on behalf of Canadian Armed Forces personnel and their families, especially the ill and injured and their families.

As the Military Family Services director, managing a division of the Morale and Welfare Services organization of the Canadian Armed Forces, I oversee quality of life issues and administer two major programs: the Military Family Services program, largely delivered by third-party, non-profit organizations known as military family resource centres; and the dependant education program, which manages the education, compensation, and benefits requirements of military members with dependent children.

My 34 years of service to our country have involved more than 20 moves from coast to coast, the United States, and Europe, as well as deployments to mission areas in the Middle East and Central America. I appreciate and understand many of the realities of the Canadian Armed Forces lifestyle and what that means for families who proudly choose to become a part of that lifestyle.

The Military Family Services program is delivered by 32 military family resource centres located on bases and wings across Canada,

as well as by seven sites in the United States and four sites in Europe.

Services and programs are delivered to the military family population and aim to provide support at times when families are transitioning to new communities due to frequent moves or when families are separated or reunited due to deployments, training, or other operational requirements. We also provide direct support to families through a family information line, 1-800-866-4546. This service, which as of April 1 offers a 24/7 response, provides bilingual, confidential information and referral to families by trained counsellors who know how to navigate the oftentimes complicated Canadian Armed Forces federal, provincial, and municipal infrastructures.

To complement services provided by the centres and the 1-800 service, we also manage a central online source of information for military families at [www.familyforce.ca](http://www.familyforce.ca). This portal allows families to access all military family resource centres as well as national information and resources relevant to all military families.

That said, the business of supporting military families has changed and evolved over the years. The new reality is that 80% of families are now living off base, compared to only a few years ago when the same number lived on base. As well, we now have a population of military personnel facing significant physical and mental health stresses and injuries. As such, effectively supporting Canadian Armed Forces personnel, including the ill and injured, means we have to make sure families standing behind them are resilient and strong.

Support to families following illness, injury, or death of a Canadian Armed Forces member has indeed evolved over the past several years, and the difficult experiences of families have influenced the Canadian Armed Forces way of reaching out to families of the ill, injured, and fallen.

Since 2010, these families have been able to access provisions for 168 hours of casualty support child care, and in recognition of the key role families play in a Canadian Armed Forces member's recovery, family liaison officers have been established as core staff of the MFRCs and are co-located with integrated personnel support centres as a means of providing additional mental health support. They provide support services that include short-term individual and group support, referrals to mental health services, facilitated access to community-based programs, and outreach support.

While these services are in place, we also acknowledge that families' needs continue to grow over time and that no two families will likely experience a recovery or grief in the same way. For this reason, we are committed to continue to evolve our program model and philosophical foundation to reflect a family focused approach that continues to bolster resilience in military families and places mental health as the key priority.

Equally important, ladies and gentlemen, support to military personnel and their families also means increasing awareness and understanding of the unique conditions of service beyond the Canadian Armed Forces community, since many of the care providers come from communities in which our families live. Today, military families are living in Canadian, American, and European communities at large, creating a need for greater stakeholder engagement and community awareness.

We know military families have distinct needs that tend to arise largely as a result of three unique factors: transitions, particularly mobility and relocation; operational tempo; and personnel tempo.

● (1550)

Such issues as spousal employment, access to health care, child care, education credit equivalencies from province to province, housing requirements, mental health support, and special needs of loved ones can become real stressors for military personnel and their families. These issues have been there for as long as I can remember.

While these stressors are present in the lives of other Canadians, the unique circumstances surrounding the military lifestyle amplify the frequency and the gravity of these stressors, affecting the resilience of today's military families.

Although Military Family Services maintains that direct services are extremely important in building resiliency in families, it has also identified stakeholder engagement and bolstering of community awareness with the larger Canadian community and with municipal and provincial governments as a priority.

Honourable members, ladies and gentlemen, I could go on at length, but I realize that I must be brief and as concise as possible in my address to you. I have given you an overview, but there is much more I could say.

I'd be more than happy to respond to any questions or comments you may have for me.

Again, I want to thank you for the time you have allocated to me today.

**The Vice-Chair (Mr. Jack Harris):** Thank you very much, sir.

If you're okay with this, our usual procedure is to have questions from both sides.

We'll start with Mr. Robert Chisholm.

**Mr. Robert Chisholm (Dartmouth—Cole Harbour, NDP):** Thank you very much, Mr. Chairman.

Colonel, it's a pleasure to have you here today and to hear what you have to say. The service that both you and your organization provide for the men and women in the Canadian Forces who have

been injured or ill, or who otherwise need your support, is extremely important.

I want to talk to you for a second and maybe ask your opinion on what you would suggest on a matter that I've been dealing with for some time now in my constituency. It has to do with the home equity assistance program. You may be familiar with that. It's a problem that's been faced by a number of Canadian Forces families across the country.

In particular, there's a major in my riding whose family is imploding, frankly, as a result of the stresses and the pressures that have built up over his attempt to deal with this issue.

Let me just briefly tell you that he has gone through the grievance procedure, gone through the regular channels. The Chief of the Defence Staff ruled in his favour, and said that he in fact should have been compensated for the loss that he and his family incurred as a result of a relocation. The military ombudsman likewise supported his position and identified the problems.

Let me just say that he's been fighting this issue now for five, six, seven years. This is one family out of approximately 146 families.

Colonel, the burden that this has been to this member's family... He has five small children. I spoke to him yesterday. He was in tears. He's been sleeping in his van. He had just gone downtown to hock his wedding band and his medals.

What are we supposed to do about this guy? What are we supposed to do about his family? Why is the military allowing his family...?

This man has served in Afghanistan, two different tours. He has 25 years in the military. He's a major.

Why does it have to get to this position? He's been shown to be right. It's been proven that the program is wrong. Why is he being left to hang out to dry? His family is basically being allowed to be destroyed.

Can you comment, please?

● (1555)

**The Vice-Chair (Mr. Jack Harris):** We have a point of order here.

Go ahead.

**Mr. Chris Alexander (Ajax—Pickering, CPC):** Chair, I didn't want to interrupt Mr. Chisholm's question, but I think we do have to remind our witness, Colonel Mann, that he's not under an obligation to answer this question because his unit is not responsible for this program. We do, however, have the opportunity to have someone come here a little bit later, in the context of this study, who is responsible.

We've all agreed around this table several times that this is a question we want answered. I think in this case we do need to remind Colonel Mann that answering questions about programs that are not his direct responsibility is not a requirement.

**Mr. Robert Chisholm:** Could I speak on that point of order, Mr. Chairman?

**The Vice-Chair (Mr. Jack Harris):** Yes, go ahead.

**Mr. Robert Chisholm:** Mr. Chairman, we have a representative here from Military Family Services. Colonel Mann just took some time to explain to members of this committee what his organization does, the support that they mean to provide to servicemen and women, and families, not just after the fact but preventative as well. I am frankly offended by the fact that the member opposite is suggesting that I can't ask this question or that Colonel Mann can't answer the question. As a result of the way this man who I'm talking about, this member of the military, has been dealt with, this gentleman and his family are suffering at levels that nobody around this table would perhaps have any experience with.

I don't know why it is that we can't hear from Colonel Mann without having a member of the government try to coach his response and suggest that it's not appropriate.

**The Vice-Chair (Mr. Jack Harris):** I'm going to let the discussion end there.

On the question itself, the colonel did indicate that 80% of military personnel now live off base, and home equity is an issue that relates to families that are in those circumstances. Although we're talking about the care of ill and injured Canadian Forces members, we are talking about someone who's suffering as a result of this.

I will say to the colonel that he doesn't have to answer any question. He can answer it in whatever way he wishes. Mr. Alexander is correct. We're not going to force an answer out of you. But you are the director of Military Family Services. If there is an answer that you have in relation to this matter, please go ahead.

**Col Russell Mann:** Mr. Chair, thank you for the opportunity.

I think I can give at least a partial answer, while acknowledging that compensation and benefits is an area of the department that, as the honourable Mr. Alexander has pointed out, is another part of the department, and the director general of compensation and benefits is in a position with the authority and responsibility to develop a home equity assistance program.

Certainly home equity loss affects all families, and my heart goes out to this major and his family, who are clearly suffering. I would like to be able to do more for that family. One of the things I can tell you from my role in Military Family Services is that I hear from families all across the nation through many different means. When I become aware of a particular case, I ask my team to try to find any way at our disposal to deal with the conditions that are caused by military service. As I said, that includes relocation, and one of the consequences sometimes is loss on the sale of a home.

We do have some means available to attempt to provide relief for members if we understand the full context. I would be more than willing to hear the full context to see if we can bring other services to bear within Morale and Welfare Services that are non-governmental but are intended to support families—for example, the military families fund, which is a fund of last resort for military families who are in distress and have nowhere else to turn.

I think there may be a partial way to deal with the member to whom you refer, sir, but I do have to defer and say that the director general of compensation and benefits is in a better position to give you good information about home equity programming and policy.

• (1600)

**The Vice-Chair (Mr. Jack Harris):** Thank you, Colonel.

Your seven minutes is up at this point.

Could we turn it over now to Mr. Norlock, who I believe is the first questioner for the government side?

**Mr. Rick Norlock (Northumberland—Quinte West, CPC):** Thank you very much, Mr. Chair.

And thank you to the witness for appearing today.

I noted during your preliminary statement that some of the assistance you give—that your department gives—to the members of the military has to do also with OSIs, operational stress injuries, and PTSDs. We heard from previous witnesses that often, in their opinion, the first line of defence is the family. They're the first people who usually recognize post-traumatic stress or other occupational stress injuries. We need to include the family in any regime that is meant to alleviate the stressors and find what can be reasonable relief for those injuries.

I wonder if you could give us some examples of how you interact with families to do just that.

**Col Russell Mann:** Mr. Chair, we have a number of organizations. We always try to focus on a family centred approach when we talk about family services. What we mean by that is that we try to bring to bear three tools that we have in our tool box to deal with any situation that causes family stress: we have administrative supports, peer supports, and professional supports. In this case, peer support, we know, both anecdotally and from some research, is one of the more effective ways that families help other families, by having families who have been there and have done it help others navigate the stress they're going through. Operational stress injury social support is one such way in which we have had tremendous success. We help facilitate the OSISS program by making sure we have trained volunteers and facilitators who can help families once they make contact.

When it comes to helping them navigate the immediacy of ill and injured members and the stress the whole family experiences in that, we have tried to be as innovative and as creative as we can. As I mentioned, one of our innovations is in the area of family liaison officers: trained social workers who are placed at the integrative personal support centres specifically to help families who walk through those doors who are helping their loved ones to deal with their injuries and their stress. It allows us to have assessment, consultation, and referral for those family members. We have more than 30 family liaison officers in 28 locations across Canada who carry very heavy caseloads of the families to which you refer, sir.

**Mr. Rick Norlock:** Thank you.

To be more specific, I guess an example helps. Let's say I'm the husband of a serving member of the Canadian Armed Forces. My spouse has just come back from deployment—it doesn't matter where. I notice that there are some differences in her behaviour. Not only are there differences in her behaviour, but she's beginning to cause me concern. She's acting in ways that I think are very injurious to herself and perhaps to family. We have three children. One of them is a teenager, one could be in primary school, and the other probably preschool. I give your department a call and ask for help. I tell you that I don't know quite how to deal with this—I'm not sure if I should tell anyone; I don't want it to harm my wife's career.

I need some help. What can you do for me? Give me an example of some of the things you would do with such a call.

**Col Russell Mann:** If it's a call, there's a good chance that it has come in either to one of my staff or to the family information line. What we would try to do is navigate them to local support in their area. That's first and foremost, trying to get them connected in their community.

•(1605)

**Mr. Rick Norlock:** Local support meaning who, sir?

**Col Russell Mann:** If somebody is calling from Esquimalt, for example, we would try to connect them to the family resource centre in Esquimalt.

As an example, this morning our family information line received a distress call from an actual family member who was concerned for the well-being of a military member. I'm happy to report that at least as we're talking now, that situation has been stabilized. Why? Because they exercised a protocol that is developed with community services and with care providers. In this case, what it involved was finding a padre who is closest to that family and having that padre make contact. The padre made contact discreetly with the family member, and in that way was then able to get connected to the military member to be able to stabilize, assess, and at least supervise while we look for additional care supports.

Again, the padres have their network of supports that also come to bear once they intervene. Every case is unique. Every case is different. What we try to do is energize the network of care providers who each bring their own skills to bear in a particular way. This family was comfortable with a padre. Another family might be more comfortable with a social worker. Another family might be more comfortable being connected to peer support. It's really hard for me to give you a standard answer. We try to listen to what the families' needs are and respond in the way that's most appropriate for them.

**Mr. Rick Norlock:** If I judge what you're saying correctly, you assist the family with a combination of Canadian Forces paid personnel and people from social services in the community, if there are social services readily available. If that family happens to be in a situation where their particular need isn't provided by the civilian social services in that community, what kind of assistance are you able to provide from the military side? There may be a need for a family having to do with one of the children. I relate to children more, coming from a uniformed background, where sometimes the adults can handle things the children can't. Are there in-house, and I mean Canadian Forces, personnel available to assist children or a

family member, other than a spouse, in a psychological or some other way?

**The Vice-Chair (Mr. Jack Harris):** Colonel, can you keep your answer to under a minute? We're over time now, but we'd like you to answer the question.

**Col Russell Mann:** Yes, Mr. Chair.

As to mental health services, families can access the Canadian Forces Health Services in a time of crisis, and they will perform triage and then get that family or family member referred to community services in the most appropriate way, using their network of care providers.

Specifically for youth...I mentioned that mental health is our number one priority. We made a conscious decision to have a major partnering program with the Royal Ottawa, which is known as a best-practice organization in mental health. We work with real families, the Royal Ottawa, and our staff to develop online programming. It started with one chapter. We've also had third-party funders who have helped accelerate the pace of development of this. They have psychometrically-based self-help storylines to guide them through dealing with families who have OSI or PTS.

It's been tremendously successful, to judge by the traffic and the repeat hits we've gotten from those folks. But another wonderful thing has happened. The family resource centre's social workers have embraced this as a tool for youth group therapy. The testimonies I've gotten from families who've had their youth partake in those programs show that they are getting the benefit of professional support, professionally programmed tools and techniques, and peer support—all in one package.

**The Vice-Chair (Mr. Jack Harris):** Thank you, Colonel.

Next is Mr. McKay. We'll be generous with you, sir, as I think both previous questioners went a little over time.

**Hon. John McKay (Scarborough—Guildwood, Lib.):** I've always been able to count on your generosity, Chair.

**The Vice-Chair (Mr. Jack Harris):** Fairness, at least.

**Hon. John McKay:** Yes.

Thank you, Colonel, for coming.

Last Monday we had some pretty dramatic testimony from some folks. I don't know whether you were here or whether you read the transcripts, but there were two families and two soldiers who talked about their own situations. It was pretty difficult and very compelling testimony.

One soldier brought in a shopping bag filled with binders. He had four binders packed with rules and regulations as to what he could or could not do in order to be able to have his house renovated. He and his wife, to their great surprise, are now \$30,000 in debt, because apparently they offended something or other. They're not quite sure what, but nevertheless they're in a bit of a pickle.

Is this the kind of thing in which your service intervenes?

•(1610)

**Col Russell Mann:** I read the testimony with some emotion. I am saddened to hear the plight of both the civilian family members and those who chose to make representations from the armed services. These are not easy stories.

Our team—and I'm proud of our team because they care and are very passionate—does everything they can to navigate the bureaucracy with the family. But I have to acknowledge that it is not an easy task. We deal with cross-jurisdictional issues—federal versus provincial—and a host of other caring organizations. They can make it difficult for families who are trying to cope with more important things like daily living. We try to help them navigate the complexity in whatever way we can.

**Hon. John McKay:** The way he described it didn't seem to be provincial versus federal or municipal or whatever—all that sort of stuff that you can get in normal situations. It seemed to be directly soldier on military. He seemed to have either been misled or poorly informed; I'm not quite sure which. He seemed to be in some need of somebody to come in and help him.

I was thinking, as you were giving your testimony, that you look like the guy. Is that fair, or is it not fair?

**Col Russell Mann:** I would like to say yes, but again I'm—

**Hon. John McKay:** What would be impairing you from stepping in?

**Col Russell Mann:** One of the problems is that care of the ill and injured members is a very particular portfolio. I believe you've heard testimony from Colonel Gerry Blais, who is our director of casualty support management. When we deal with issues that directly relate to the member—and particularly in compensation and benefits—a lot of the focus comes to either the director general of compensation benefits or to the director of casualty support management.

**Hon. John McKay:** He can't even dial up this 1-800 number you have here to get help from your office with respect to his interaction between Colonel Blais and his operation and himself.

**Col Russell Mann:** He absolutely can call the 1-800 family information line any time of day or night and seek assistance.

**Hon. John McKay:** But not necessarily get any. I guess that's the picture.

**Col Russell Mann:** What he will get, if I may, Mr. Chair, is a referral to the authorities who have the responsibility and the authority to intervene or act on the member's concern.

A big part of what we do is help provide options for members and families when they are navigating complexity. The family, at the end of the day, makes a choice that is in their best interests, and they balance it against a host of factors that again makes every family case unique.

He certainly can get information. He can certainly get help navigating the bureaucracy. Then he has to make some choices based on the expert information he will get from the referral.

**Hon. John McKay:** Well, it seemed to me—not to belabour the point because I want to move on—that there was a real question as to whether the choices he made were informed choices. At this point,

it's quite clearly to his detriment, and it's become quite a stressor in his family.

My second question has to do with the rate of divorce and separation among the ill and injured. I can't point to the specific testimony, but I believe one of the witnesses said it was in the order of 90%. Does that sound right to you?

**Col Russell Mann:** I can't say that I've seen that kind of evidence in my job as director of Military Family Services.

Mr. Chair, I would have to take that on notice, if we're trying to find out what those numbers are. I just don't have those at hand.

•(1615)

**The Vice-Chair (Mr. Jack Harris):** Would that be something you could provide to the committee?

Is that what you would request, Mr. McKay?

**Hon. John McKay:** That would be helpful, because intuitively it would stand to reason that people returning who are ill and/or injured are, in the optimum circumstances, going to put stress on a spousal relationship, and therein may lie quite a story. So in the event that you can access it, I would be grateful, and I'm sure other committee members would be grateful.

**The Vice-Chair (Mr. Jack Harris):** Is the request specific enough, Colonel?

**Col Russell Mann:** I'm inclined to say that I can try to get that information. It's just that I'm not too sure where we would measure that. Divorce rates are not something that is monitored in the kind of pulse I take on families in "Your Say" or quality of life surveys. Those are some of my best sources of information that come directly from families. Trying to get that information will be a tremendous challenge.

**The Vice-Chair (Mr. Jack Harris):** Well, if you have access to it, please make it available to us.

Mr. McKay.

**Hon. John McKay:** How much time do I have, Mr. Chair?

**The Vice-Chair (Mr. Jack Harris):** You have another minute or so.

**Hon. John McKay:** Is that a generous minute?

**The Vice-Chair (Mr. Jack Harris):** That is beyond the seven minutes.

**Hon. John McKay:** It's a bonus minute. Thank you for that.

I would be interested in your comment on the issue of family violence and whether, among your care for the ill and injured, you have noticed in your position either patterns, in terms of volume of family violence, or specific kinds of family violence among folks who are returning from service.

**Col Russell Mann:** Mr. Chair, I would have to say I do not have good evidence about the patterns of violence specifically related to ill and injured returning members. Again, the question is, who measures and how do we measure?

We do have family violence prevention programming, and we work in partnership with other parts of the Department of National Defence to deliver preventative programming. A big part of our family services program is prevention and support and, as a last resort, intervention.

Our focus in family violence is aimed at prevention. Family resource centres and our network of care providers do intervene when we become aware of an event that's occurring.

I'd be hard pressed to give you a clear answer to the number of incidents because I don't have that at hand.

**The Vice-Chair (Mr. Jack Harris):** Thank you, Mr. McKay and Colonel Mann.

Next, for a five-minute round, is Mr. Strahl.

**Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC):** Thank you, Mr. Chair.

I noted with interest—and I appreciate you bringing this to my attention—that military family resource centres are not-for-profit, third-party corporations with their own boards of directors. Is that a board of directors for each individual unit across the country, or is it one board of directors that governs the national organization?

**Col Russell Mann:** Mr. Chair, if I may, our mandate as given to us by Treasury Board is to facilitate the formation and creation of those non-profit organizations and to ensure that the board governance structure preserves a 51% military spouse participation rate. What I mean by that is that every MFRC is registered in the province in which it operates, and every MFRC is governed by a board of directors comprised of at least 51% military family spouses. What we do there is honour the grassroots nature of this. This began as a spousal initiative, and the Government of Canada recognized that we should honour and foster family empowerment, so they help themselves.

**Mr. Mark Strahl:** Given that I think I saw 32, or something like that, across the country, does each individual MFRC respond to the local conditions? For instance, I would expect in Petawawa the MFRC would be quite different from the one in Esquimalt, just because of the different branches and the different... I assume you would be dealing with a lot more of the post-combat OSIs, etc., at Petawawa than you would at Esquimalt.

Can you maybe describe how your organization ensures that there is a baseline level of service across the country but encourages specific chapters to deal with specific local concerns?

• (1620)

**Col Russell Mann:** The family resource centres have been set up that way, to recognize that we nationally fund those portions of programming that we want to remain consistent across the country, and indeed around the world. We allow the non-profits to raise money from other funders to provide for unique and local conditions and to engage in agreements with base and wing commanders to meet local community needs.

We mandate, again in the way we fund, that every three years they must do a community needs assessment to have a much better understanding of the local needs in their area and to be able to

balance those local needs against the national programming that we support.

**Mr. Mark Strahl:** Thank you.

You said you read the testimony from the last meeting. We were dealing with a couple of parents. Obviously, the children they were concerned about were soldiers—age of majority, willing members of the Canadian Forces. How do you deal with adult parents—I guess is a way to put it—who are perhaps not as much a part of the traditional model that you've talked about with the spouses? Have you expanded to include parents, or is that kind of in its infancy?

**Col Russell Mann:** That's a very good question.

We have a harder time reaching parents than we do perhaps some family members who may be living under the same roof as military members. I have to acknowledge that right up front.

Our family resource centres and the team I have, however, are engaged in active outreach to include parents in deployment support, in the pre-briefings, and in the reintegration briefings. We have teams that travel all over this great country to go out to communities to connect with parents and help them understand, particularly the deployment separation and reunion process, and that's where we've heard from family parent members that their greatest sense of stress occurs.

Post deployment you're in a whole new world of ill and injured members and how those parents remain connected. There I can only tell you we try to honour the member's wishes when they identify their primary next of kin, their secondary next of kin, and who they want to be kept in the loop as they move through rehabilitation, readaptation, and recovery.

I would have to say I honour the members' wishes to the extent possible, recognizing that parents want information.

**The Vice-Chair (Mr. Jack Harris):** Thank you, sir. Thank you, Colonel. The time has expired.

Ms. Moore, please.

[*Translation*]

**Ms. Christine Moore (Abitibi—Témiscamingue, NDP):** Thank you, Mr. Chair.

Colonel Mann, I have two questions for you. The first has to do with funding.

In the special report published by the Ombudsman for the Canadian Forces titled "Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve", the following is stated in paragraph 171:

Many Military Family Resource Centres, vital cogs in supporting families, experienced small or no budget increases during the period of 2007-2012 despite large increases in demand, and several indicated that they were experiencing funding strain. As outlined, the re-established Directorate of Quality of Life appears to be severely undermanned with just 10 positions, of which only four are baseline funded as of mid-2012. And the Directorate of Military Family Support was required in recent fiscal years to "implement a low cost/no cost approach to programming" due to financial pressures.

I would like to hear your thoughts on this.



My second question is about spouses. When I served, some of my colleagues would unfortunately return from a mission to an empty home and a letter from their spouse—ex-spouse, in that case. That's a tough situation to come back to.

I would like to know what resources you provide to military spouses before missions to help them face the difficulties that will arise during missions and once their spouse returns. I also want to know how you provide those services to spouses of reservists who don't live close to a military family resource centre.

When people come back from a mission and have to go through a divorce, on top of everything else, the situation is really not ideal for their mental health. I would you like to tell me a bit more about this.

• (1625)

**Col Russell Mann:** Mr. Chair, with your permission, I will answer this question.

Ms. Moore, if I have understood your first question correctly, you noted that, between 2007 and 2012, the national funding—or the portion we are responsible for—increased slightly. However, I think the funding increased considerably—by 25%—over those five years. From 2007 to 2012, our national budget for services provided to military families actually increased by 25%.

Where are we now? The annual funding for Military Family Resource Centres, or MFRCs, across Canada, the United States and Europe exceeds \$27 million. That's the current situation.

Regarding the situation spouses find themselves in when military members return from missions, and the resources we provide before, during and after missions, we do have a deployment preparation service. That is provided jointly by health services and Military Family Resource Centres. We have another program that is now recognized as a good practice. I am talking about R2MR—a program for deployment preparation. A series of information sessions are organized for families. A military member attends an information session following a mission and before returning to the country. At the same time, the family is also provided with a session under professional guidance.

Over the 30-day period after a return from a mission, we follow up with the military member and their family. After that period, it is up to the family to decide whether they want additional assistance. We do not provide follow-ups after that period. During the mission, a number of commanders and organizations—such as MFRCs—call families, so that they can feel connected to the military community and benefit from a range of resources if they need them. We always show families respect. It is up to them to decide whether or not they want to use those resources.

**Ms. Christine Moore:** What about the spouses of reservists who don't live close to a centre?

**Col Russell Mann:** Mr. Chair, we have many reservists.

Over the past 12 months, I have changed the conditions and the description of the population served by MFRCs. My goal was to make reservists' families feel that they are part of the program. A number of reservists' families said that they felt excluded. But that is not the case. The program is intended for all members and their families faced with daily challenges related to military service. They

have access to our services for any relevant needs. It's as simple as that.

When it comes to reservists, we are facing a double failure or a double challenge. As you have noted, madam, reservist units don't always have a military family resource centre nearby. That's why we have an outreach program. Many MFRCs send people out to tour a region or a province in order to get in touch with those units and provide special programs to the members and their families. I cannot say that is the case in all the units, but those are the services and advice we provide.

• (1630)

**The Chair (Mr. James Bezan (Selkirk—Interlake, CPC)):** Thank you very much.

[*English*]

Mr. Dreeshen, you have the floor.

**Mr. Earl Dreeshen (Red Deer, CPC):** Thank you very much, Mr. Chair.

Thank you, Colonel Mann, for being here today.

A couple of weeks ago, I had an opportunity to go to a Veterans Voices event in Sylvan Lake. I had a chance to listen to Master Corporal Paul Franklin, who you are no doubt aware of. Of course, he had a chance to explain to those veterans who were there, and also to the public, some of the types of situations that he and his comrades found themselves in. He went through the process, the few days before the event that had taken some lives, and how the team was working together.

When he came back, he went through the rehabilitation that was required. He talked about the issues that he and others had with regard to different types of addictions that they were afraid would affect them. He talked about their concerns about rehabilitation, of course, and also about the community involvement and this major adjustment that he had to get over.

I just wonder if you can look at some of these and tell us a little bit about the kinds of stories that people such as Master Corporal Franklin have been able to use, to go back to those who have been injured in the more recent past, in order to try to see how they're able to adjust a little more easily.

**Col Russell Mann:** Mr. Chair, the member has spoken to an area that, again, really resonates with programs offered by the director of casualty support management, and I don't know if Colonel Blais has already given you testimony on that. I feel ill-prepared to speak to that question, unless there's some part of it that I need to have restated.

**The Chair:** That's fine, if you're not comfortable answering.

We've had Colonel Blais here, as we've had Master Corporal Paul Franklin.

**Mr. Earl Dreeshen:** Thank you very much.

I'd like to go into another area. When we're talking about families, the military has great training for its individuals. But whether they're injured or there are situations where they may have left the forces, it's trying to get the educational equivalencies for the trades and being able to move into the workforce.

Is that something your organization tries to do as well, in order to help these families?

**Col Russell Mann:** Again, this is a really good question.

Mr. Chair, I have to be reluctant in discussing what we do for the member, but I can tell you that we are trying to take that vocational rehab approach to the families as well. It is very clear that with the ill and injured, and with transitions, family income becomes doubly important. One of the key programs we offer through family resource centres is education support and employment support, whether it's academic upgrading, employment placement, resumé writing, or how to present for interviews. It's how to achieve those equivalences at the spousal level.

We have a wonderful program, from the Quinte area, in fact, where we do a prior learning assessment with spouses so they can market the strengths they build through a military lifestyle and gain better employment at a better rate of pay. That can have a positive impact on an ill and injured family at a time when they need additional financial resources.

Unfortunately, I can't speak as strongly to direct contact with the member. I can tell you that if members come through the door seeking that service, and a family resource centre has a space available, they will certainly help that member in the same way they help a spouse.

**Mr. Earl Dreeshen:** Quickly, in the short time I have remaining, can you expand somewhat about the community support you have for the resource centres you're involved with?

**Col Russell Mann:** Community support is very, very big. Every family resource centre tries to reach out. Every base commander and wing commander tries to reach out to the community in which they find themselves working and living. It is a network of care that is largely based on provincial supports, especially when we're talking now about health care, child care, and mental health supports. Frankly, those are some of the areas that families tell me have the most pressing needs.

The only way to get that connection is to go to clinics in the community, in Petawawa, for example, at the Centennial health centre, and build a relationship. It's partnering with those who aren't necessarily direct military providers but who support our families in the communities where we live.

That's at least a partial answer to your question.

•(1635)

**Mr. Earl Dreeshen:** Thank you very much.

**The Chair:** Thank you. The time has expired.

I need one clarification from you, Colonel Mann.

With Military Family Services, how much of an extended family can you go to? As you've already talked about, I know that sometimes you're restricted by the restrictions put in place by the military member themselves. We do hear from them.

I know you addressed the issue with parents. What about divorced spouses, and families that are separated? Children may not always be with the member in question, yet that child and that ex-spouse may need some support.

**Col Russell Mann:** It's a great question, Mr. Chair.

We define "a population served", and we constantly look for ways to be inclusive in that definition. The first and foremost is that you are a direct family member of a serving member; we do not distinguish between regular or reserve. The condition of receiving service is that your challenge or your issue is created by the condition of the military lifestyle.

On top of that, we were able to successfully expand the population served to provide, in perpetuity, support to families of the fallen. That's under Shoulder to Shoulder, a program of care to families of the fallen, so that they can feel connected to our community and continue to come and seek, even a simple social connection or social support. It might be to have more important follow-on support in the community and a referral. We would welcome other family members. We do direct support to parents because we consider them as part of the family, and they're included in the population served.

I hesitate...because we have two departments, National Defence and Veterans Affairs. I'll be heading to Charlottetown next week to discuss some of the ways we can work better together to serve families of serving and former members. But I'm not in a position at this point to talk about how we could extend beyond what I've just described.

**The Chair:** Thank you. The time has expired.

I know we started late and we went over a little bit, but I want to thank you, Colonel Mann, for spending time with us today and for the great work you're doing with military families and providing the services they so desperately need.

With that, we're going to suspend and ask our next witness to come to the table.

**Col Russell Mann:** Thank you, Mr. Chair, for the opportunity and for what you do.

**The Chair:** Thank you.

•(1635)

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

•(1640)

**The Chair:** We'll call this meeting back to order. Joining us for the next hour is Corporal Glen Kirkland.

Corporal Kirkland, I'm going to allow you to make your opening comments. You have 10 minutes.

**Hon. John McKay:** I have a point of order.

**The Chair:** A point of order, Mr. McKay.

**Hon. John McKay:** I'd like to have the witness sworn in, if I may, please.

**The Chair:** You want the witness sworn in? What's the normal process in this—

**Hon. John McKay:** There's no reason why not.

**The Chair:** Hold on one minute while we clarify. It's not the practice of this committee to swear in.

**Hon. John McKay:** But it is the practice of any committee.

**The Chair:** On this point of order, Mrs. Gallant.

**Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC):** You may recall that when we were in opposition we wanted the then minister of defence to be sworn in. We were told at that time that it was not normal procedure to have to swear a witness in. It was presumed they would be telling the truth.

**The Chair:** On that point of order, it doesn't really give direction on it, other than that a committee may request it. It's up to the committee when we have an issue being raised. It's in chapter 20, page 1066, of *House of Commons Procedure and Practice*:

The House recommends that its committees advise witnesses of their rights and duties and of the penalties to which they are liable if they refuse to respond to committees' requests.

Any witness appearing before a committee may be required to take an oath or make a solemn affirmation. As a general rule, committees, which have full discretion in this matter, seldom require witnesses to be sworn in. A witness who refuses to be sworn in might be charged with contempt of the House. Likewise, refusal to answer questions or failure to reply truthfully may give rise to a charge of contempt of the House, whether the witness has been sworn in or not.

On a point of order, Mr. Alexander.

**Mr. Chris Alexander:** Given the witness's credentials, given his record, given his experience, and given the circumstances of our invitation for this report, we would be very much opposed to swearing him in.

**The Chair:** On that point of order, Mr. McKay.

**Hon. John McKay:** The witness can request to be sworn in.

**The Chair:** The witness can request it.

You're okay with being sworn in, Mr. Kirkland?

**Corporal Glen Kirkland (As an Individual):** Yes, I'd actually prefer it, sir.

**The Chair:** You prefer it? Okay.

This is a Liberal witness, so Mr. McKay is asking for it.

**Hon. John McKay:** Or Conservative.

**The Chair:** Mr. Kirkland says he will be sworn in, so I'll ask the clerk to administer the oath.

**The Clerk of the Committee (Mr. Leif-Erik Aune):** Mr. Kirkland, would you prefer a religious text or a solemn affirmation?

**Cpl Glen Kirkland:** Religious.

• (1645)

**The Clerk:** You're comfortable with the full name Glen Kirkland, sir?

**Cpl Glen Kirkland:** Yes, sir.

**The Clerk:** Then please repeat after me: I, Glen Kirkland, do swear that the evidence I shall give on this examination shall be the truth, the whole truth, and nothing but the truth, so help me God.

**Cpl Glen Kirkland:** I, Glen Kirkland, do swear that the evidence I will give on this examination shall be the truth, the whole truth, and nothing but the truth, so help me God.

**The Chair:** Okay, that's a first time for me.

Corporal, the floor is yours.

**Cpl Glen Kirkland:** Do you mind if I stand? My back is killing me. Is that okay?

**The Chair:** Yes. Go ahead. Just raise the mike.

**Cpl Glen Kirkland:** My name is Glen Stuart Kirkland. My family has been in Canada since long before Canada became a country. Over 100 years ago my family stood up and fought in every major conflict and in countless battles for our country, Canada. My great great uncle Stuart Kirkland was a captain at Vimy Ridge fighting for Canada during the First World War. My grandfather, also Stuart Kirkland, was in the Essex Scottish Regiment out of Windsor, Ontario, and he fought for Canada in the Second World War. He fought through Holland, Belgium, Germany, and France. In France he was cited for bravery on the battlefield, receiving the citation from Field Marshal Montgomery, and then was awarded the Distinguished Conduct Medal from King George VI at Buckingham Palace. His grandfather represented Canada in the honour guard of Queen Elizabeth II's coronation. My uncles represented Canada during the Korean War. My father represented Canada in the 3rd Battalion PPCLI as a UN peacekeeper and was eventually awarded the Attorney General's Award of Valour as a member of the Vancouver Police Department.

I enlisted and represented Canada in the 2nd Battalion PPCLI and was sent to Afghanistan. My tour was one of bloodshed and constant fighting. On the second-last day of my tour, my platoon was ambushed by an estimated 120 Taliban fighters. My vehicle was struck by a rocket. There were five of us in the LAV—five young, alive Canadian men. And then everything changed.

The rocket missed me by inches, exploding and killing three of us instantly. The two of us who remained were seriously injured. After the rocket struck, I was unconscious. When I awoke, I found myself pinned inside the wreckage and I was on fire. I had to pull myself out while on fire and through gunfire try to extract my dead and dying brothers in arms. Without trying to sound shocking, I had to wade through human soup while on fire to get everyone out.

As a result of the attack, I have lost 75% of my hearing. I will now wear hearing aids forever. I have lost some sight, and I still have metal chunks in me. I have scars from being on fire, and because of the attack I have suffered a brain injury. As a result, my brain has stopped telling my pancreas to produce insulin, and I have to inject myself six to ten times a day with insulin to stay alive.

I suffer from PTSD so badly that I haven't been able to visit my home in Vancouver for years. I can't handle the anxiety of being around crowds. Survivor guilt haunts me every day.

When I was in the hospital in Afghanistan, I spoke to my father on the phone. My dad said, "Don't worry, Canada will take care of you. You stepped up like we always have and you did your part, and Canada will do its part. It's only fair. Everything will work out." My dad was wrong.

I am broken and can't be a productive, useful soldier. I wanted to be a cop someday, like my dad, but again, I'm too damaged and now I don't meet their standards.

The bottom line is that we all stood up and offered to make the ultimate sacrifice for our country.

I am not asking for a handout. We need compensation because our injuries have limited our opportunities in life. We've sustained these injuries because of our country's involvement.

• (1650)

When I was told I would need life-sustaining injections of a specific insulin or I would die, I expected to be treated like a human being. But unlike a human, I was given no compassion, and not even a ride to the hospital when my blood sugar was over 35—because it was Friday and the hospital was closing. I then drove myself to the hospital while slipping into a coma. The insult to injury occurred when the specialist the military sent me to see prescribed me an insulin, a drug that I would rely on to keep me alive, and I was denied because of the cost. Oh, that sucks.

This was a big eye opener. I cried—not like a person in pain, but as a person who was totally and utterly defeated. I hit a low point, or so I thought. This was overshadowed when I was told the needles were not allowed to be given out and I should look at various other avenues to find my needles.

This was not the first time I was denied a medical necessity. When I was told I had a massive hearing loss, I was prescribed hearing aids. These hearing aids have amplifiers in the back, and thus I need eyewear that wouldn't interfere. Instead of helping me acquire the proper eyewear, I was told that when I leave my house I would have to make a decision about whether I would need to see more or hear more that day.

I could go on and on about the shortcomings of the military.

I'm a proud person and was very proud to be part of the military. But hearing this, would you allow your child to serve knowing they wouldn't be looked after if they were hurt? I believe there's a question that should be answered here: Who would join up? Who would allow their son or daughter to join the Canadian military knowing that if they get injured, they will not get a disability pension?

As I said at the start, my family has represented Canada in the military for over 100 years. Our family contribution has now stopped with me. God willing, someday I will be a father, and my child will not be a part of an organization that will not take care of their own soldiers.

Thank you.

**The Chair:** Thank you, Corporal. We appreciate your very moving testimony.

We'll go to our questions.

The first seven minutes go to Mr. Harris.

**Mr. Jack Harris:** Thank you, Corporal. I'm very moved by what you have told us. It's rather disappointing to hear many of the things you've said, given the other evidence we've heard from senior officials, talking about the programs they say are available.

I'm going to ask you a few specific questions. Are you still serving at this point?

• (1655)

**Cpl Glen Kirkland:** Yes. I'm waiting for...

**Mr. Jack Harris:** Are you a member of the JPSU? Were you assigned to that?

**Cpl Glen Kirkland:** Correct, sir.

**Mr. Jack Harris:** You said, first of all, that you're not eligible for a disability pension.

**Cpl Glen Kirkland:** There is none.

**Mr. Jack Harris:** You say when you expressed concern about having eyewear that works with your hearing aids, you were told you have to choose between being able to see properly or hear properly on any given day. Who would have told you that?

**Cpl Glen Kirkland:** The base medical officer. He's probably been promoted since then. It was Major Pennock.

I have witnesses to that too, sir.

**Mr. Jack Harris:** Which base are we talking about?

**Cpl Glen Kirkland:** CFB Shilo, sir.

**Mr. Jack Harris:** You also said that you were...it was suggested that you couldn't have access to needles, that you had to find other ways to get needles to provide yourself with insulin. What's the inference there?

**Cpl Glen Kirkland:** I wasn't approved.

**Mr. Jack Harris:** You were not approved for insulin?

**Cpl Glen Kirkland:** Well, I was not approved for the insulin that was prescribed to me by the specialist, because of the cost, and I was not approved at all for needles. It took weeks and weeks. I had to go to a welfare establishment. It was pretty demoralizing.

**Mr. Jack Harris:** So you're saying that you were prescribed that by a specialist. A specialist referred to you by the military?

**Cpl Glen Kirkland:** Yes, sir.

**Mr. Jack Harris:** Prescribed a medication, a particular type of insulin?

**Cpl Glen Kirkland:** NovoRapid and Lantus.

**Mr. Jack Harris:** You were told it was too expensive and they wouldn't pay for it.

**Cpl Glen Kirkland:** Yes. I was offered a cheaper—to quote the military pharmacist—"President's Choice" style or brand of insulin.

**Mr. Jack Harris:** You did say that you are using insulin now seven to ten times a day—

**Cpl Glen Kirkland:** Six to ten times. Yes, sir.

**Mr. Jack Harris:** Six to ten times a day. Is that through injection?

**Cpl Glen Kirkland:** Yes.

**Mr. Jack Harris:** So at some point you did get access to needles.

**Cpl Glen Kirkland:** Yes, much later. I think it was around a month after.

**Mr. Jack Harris:** On this injury that occurred, Corporal, when was that? I don't know if you've told us that or not.

**Cpl Glen Kirkland:** My injury? I had a brain injury.

**Mr. Jack Harris:** No. The incident in Afghanistan when you were....

**Cpl Glen Kirkland:** Blown up?

**Mr. Jack Harris:** When you were blown up, I guess is the proper way of putting it.

**Cpl Glen Kirkland:** It was an ambush.

**Mr. Jack Harris:** Yes. Your LAV was blown up by a rocket. What year was that? When would that have been?

**Cpl Glen Kirkland:** It was September 3, 2008.

**Mr. Jack Harris:** You've said that you're awaiting a medical discharge. Is that what...?

**Cpl Glen Kirkland:** Yes, sir.

**Mr. Jack Harris:** What do you see as your future?

**Cpl Glen Kirkland:** Real estate, sir.

**Mr. Jack Harris:** You have said that you feel you're suffering from PTSD. Have you been diagnosed as having PTSD, or have you sought a diagnosis?

**Cpl Glen Kirkland:** Yes, I have.

**Mr. Jack Harris:** Can you tell us what, if any, treatment you've been offered or have undergone with respect to this aspect of your injuries?

**Cpl Glen Kirkland:** I went to a facility for two years.

**Mr. Jack Harris:** What facility was that?

**Cpl Glen Kirkland:** It was Deer Lodge in Winnipeg, which sounds like it's great, but it's a two-and-a-half-hour drive, and the whole way, driving there and back, it's just.... Winnipeg is an air force base, and no disrespect to anyone in the air force, but they're not going through the same stuff as combat arms. I don't really understand why the main mental health clinic is two and a half hours away from the closest combat arms base.

• (1700)

**Mr. Jack Harris:** Is the facility you call Deer Lodge a residential treatment facility?

**Cpl Glen Kirkland:** Yes, sir.

**Mr. Jack Harris:** How many individuals would have been there when you were there, clients or patients, or whatever you would call them?

**Cpl Glen Kirkland:** I don't know.

**Mr. Jack Harris:** But were you there for two years or did you go back...?

**Cpl Glen Kirkland:** Visiting.

**Mr. Jack Harris:** You didn't live there.

**Cpl Glen Kirkland:** No.

**Mr. Jack Harris:** Oh, so you just went for....

**Cpl Glen Kirkland:** Appointments.

**Mr. Jack Harris:** For appointments. Were you seeing someone? Were you part of a group for therapy? Was there any particular program that you were engaged in?

**Cpl Glen Kirkland:** After I was diagnosed, they stopped. Once they diagnosed me, they just kind of stopped the treatment.

**Mr. Jack Harris:** Once you were diagnosed with PTSD, you didn't receive any further treatment?

**Cpl Glen Kirkland:** Correct.

**Mr. Jack Harris:** Is it fair to say you've not received any treatment for PTSD?

**Cpl Glen Kirkland:** Just enough to get diagnosed.

**Mr. Jack Harris:** Corporal, one of the things we talked about when this committee looked at PTSD specifically a few years ago was the possibility of individuals having advocates to ensure that they could get within the system what they needed or what they were entitled to.

Have you been advocating for yourself, or have you had any other person either assigned to you as an advocate or someone you've chosen to advocate on your behalf?

**Cpl Glen Kirkland:** I was told in my last session that I'm as good as it gets. "This is your life now", is what I was told.

**Mr. Jack Harris:** Have you had any career assessment or other type of assistance in determining what your future course of action might be as a civilian upon your discharge? Has there been some discussion about where you go from here? Has that been part of what you received as part of the JPSU?

**Cpl Glen Kirkland:** The JPSU wanted me to come in every day and drink coffee, so I took it upon myself to go after schooling for myself. I got my real estate licence, with no help from the JPSU, actually. They were more of a hurdle than anything. Since then, I've started my own business in real estate, again with no help from the JPSU, who only established hurdles for me, even though all I'm doing is trying to set myself up for success upon release, and since then, I've been successful.

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

Mr. Alexander.

**Mr. Chris Alexander:** Thanks, Chair.

Corporal Glen Kirkland, thank you for being with us.

**Cpl Glen Kirkland:** You're going to have to speak up a bit. Sorry.

**Mr. Chris Alexander:** Thank you very much for being with us.

**The Chair:** Corporal, you could put on a hearing piece.

**Mr. Chris Alexander:** I'll speak up.

It's very moving for all of us, and for all who are watching in the broader audience, to hear directly from someone like you who was at the heart of the combat, the conflict, the fight that Canada carried on for many years.

We are conducting this study of the ill and injured precisely because we know that the system hasn't worked for everyone, and that there are frustrations, including acute ones, such as the ones you've expressed.

Thank you for sharing your experience so frankly, and thank you for the courage you have shown in coming here and making these very painful memories and experiences public. Let me just say personally that you're a very impressive person for what you've done, for your ability to be here today, for your ability to try to overcome all of the adversity: PTSD, injuries, and witnessing terrible events in the ways that you have done.

Given that this incident happened almost five years ago, and you've given us part of the story, and probably the most frustrating parts for you, of how the system didn't serve you, could you take us through the major events that happened after September 3, 2008, as you recall them in theatre on your way back here? What kind of care did you receive? What frustrated and surprised you about it? What were the main stages, and what suggestions do you have for the committee as we struggle to formulate recommendations and try to ensure that the system better serves Canada's men and women in uniform?

• (1705)

**Cpl Glen Kirkland:** I just want to make sure I've got this right. You want to know what happened after I got blown up?

Where do you want me to start?

**Mr. Chris Alexander:** You were unconscious, so start from the things you remember.

**Cpl Glen Kirkland:** Okay. When I came to, I was on fire and had to pull myself out of my vehicle.

**Mr. Chris Alexander:** Were you evacuated, taken away by air or by land?

**Cpl Glen Kirkland:** By land. I had to pull out some of the deceased members, and then put tourniquets on and give first aid. Then we were thrown in the back of a light armoured vehicle and driven to the closest base while doing first aid on the deceased members.

**Mr. Chris Alexander:** Were there medics present at that time?

**Cpl Glen Kirkland:** Not with me.

Then once we got to the base.... Well, after I heard my name over the radio as deceased and asked everyone to make sure I was still alive.... They dropped the ramp in the base and we all kind of stumbled out. Then it was my turn to have first aid done on me. I was still actually smouldering at the time. My breathing was affected, so they had to put tubes down my nose. They threw me on an American helicopter and flew me to Role 3, where they continued to do first aid. They got me stable. My burns were pretty bad. The padre came in and told me all my friends were dead. That's when I got to talk to my dad.

From there, I was supposed to be flown to Germany, but at the last minute someone thought it would be a better idea...instead of going to get medical treatment, it might be better to go to the funerals, so they flew me directly back to Canada. I was too messed up to go to those funerals, I'll tell you that, mostly because I still had shrapnel all

through my body and was burned. So I could make it to two of the three funerals.

**Mr. Chris Alexander:** Were they in the same place or different places?

**Cpl Glen Kirkland:** Different places. One was in Winnipeg, Mike Seggie's, and then Chad Horn's was out in Calgary.

After I got back from—I was in a wheelchair most of the time. I could kind of walk. Once I got back to Winnipeg from Calgary, from the last funeral, I was standing at the airport and no one was there—I was trying to stand at the airport, I should say. I felt like that was one of the biggest.... That was a huge slap in the face. I phoned the base and they told me to hold tight for five hours until someone got there. I said, "Screw this, I'm taking a limo home and I'm sending you the bill." That's exactly what I did.

Then from there, I got home and I was actually forgotten about. I couldn't drive. I could barely walk. My fiancée at the time was spending more time with her boyfriend. I had to get a cab driver to pick me up and drive me to Shilo, where he helped carry me in—he physically carried me in. I had to explain to the base hospital that I was hit with a rocket over in Afghanistan, because they didn't know anything about it. Then I started all that from there.

I documented it, because the first six times I went to the base hospital I saw six different doctors. I'm used to talking about it now, but it was extremely difficult to explain to the doctor what it's like to be lit on fire and...over and over and over again.

• (1710)

**Mr. Chris Alexander:** Thanks for that.

Can I ask one last question, Mr. Chair?

**The Chair:** One last question.

**Mr. Chris Alexander:** We're all concerned about the failure to meet your needs, which you have described, and the ineligibility for any kind of disability payment, if I've understood you correctly, probably strikes us as the most serious failure of the system.

Have you applied for disability under SISIP, and were you declared eligible, ineligible, or is that under review in any respect? Have any non-governmental organizations that are involved in the care of the ill and injured, that are trying to raise funds—Soldier On, Shoulder to Shoulder, any of those funded by True Patriot Love or other organizations—contacted you and have they been of any service?

**Cpl Glen Kirkland:** Because I'm still in the army, I'm not entitled to any of that, which isn't a big deal, because I'm still getting paid, so I'm not worried about that.

The biggest thing is that I'm 29 years old and I have no idea what my future holds. They always say, "Wait until you're released, then we'll tell you what you're entitled to." But that's not fair. I have no idea what SISIP would offer me. I'm not saying they wouldn't, but no one knows. Veterans Affairs can't tell me anything because I still fall under.... There has to be a way to bridge that gap or bridge that communication to at least inform you: this is what you're going to get when you're released; this is what will happen. No one is telling us anything. No one is telling me. I guess I'm not allowed to talk. I was told to mind my arcs.

**The Chair:** Thank you. Time has expired.

Mr. McKay.

**Hon. John McKay:** Thank you, Mr. Chair.

The irony of waiting until you're released to find out what you're entitled to.... I was watching the folks behind you, and they were all nodding in agreement.

Corporal Kirkland, prior to appearing before this committee, did you receive a call from your commanding officers?

**Cpl Glen Kirkland:** Yes, I did.

**Hon. John McKay:** Could you describe to the committee the nature of the call, and who was on the call?

**Cpl Glen Kirkland:** I almost didn't come to speak today. I got a phone call, because I am still a serving member, and I was very intimidated. I was told to report to Shilo right away and, to quote them, "Get a fucking haircut."

It's devastating, you know? The reason I am talking here right now is because of a sergeant-major whose son died in my vehicle. I received a phone call. His name is Jim Seggie. He used to be in charge of the JPSU. He said, "Do you know what, Glen? Do what's the right thing."

Canada doesn't know that its wounded soldiers don't get pensions. I was so intimidated, and I felt bullied. And now I'm going to have to go back and I'm going to have to get a fucking haircut.

**Hon. John McKay:** So you were asked to return to base and not appear before this committee. Is that correct?

**Cpl Glen Kirkland:** They didn't say "Do not speak", but they said they wanted e-mail confirmations that I was invited here. They wanted to know exactly what I was going to say.

In the past, I was told by higher-ups to go through with my real estate. No one expected me to be a success. Once I was, I was called in and told that I was going to be 5(f)d, which is a dishonourable discharge, even though I was only trying to set myself up for success, because, quite frankly, there is no support net there. There are only question marks.

•(1715)

**Hon. John McKay:** You were asked to stay within the arc. What does "within the arc" mean?

**Cpl Glen Kirkland:** It's pretty much their way of saying, "Know your role, Corporal."

**Hon. John McKay:** What is your role?

**Cpl Glen Kirkland:** I was a marksman.

**Hon. John McKay:** What does that mean in the context of this committee?

**Cpl Glen Kirkland:** A marksman?

**Hon. John McKay:** No, being within the arc. I hope it doesn't mean anything for a marksman.

**Cpl Glen Kirkland:** In 2007, I was Shilo's 2 PPCLI top soldier, and now I'm a drain on the military. That's the way it makes you feel. We call them "numpties". I wasn't a bad soldier. I was decorated.

So what are my arcs? There's a very fine line between what I can say and what I can't say. I have to speak strictly about my personal experiences. I can't speak on behalf of any other soldiers, no matter what they've told me.

**Hon. John McKay:** That's how you interpreted what your commanding officers asked you to say today.

**Cpl Glen Kirkland:** Yes, sir.

**Hon. John McKay:** All right.

You're not in uniform today. Is there any particular reason?

**Cpl Glen Kirkland:** I knew that if I came in uniform, there would be even more backlash. So I thought, hey, this is a way to.... I'll just kind of walk a fine line, and...I'll wear my medals.

**Hon. John McKay:** Did anybody tell you that if you came here in uniform there would be problems?

**Cpl Glen Kirkland:** No, but I did hear with other soldiers...so I wanted to avoid that issue.

**Hon. John McKay:** Does your appearance here today jeopardize anything with respect to your status in the JPSU or your discharge?

**Cpl Glen Kirkland:** I feel like I'll be more of a target now to be released. So yes, absolutely.

If you're in for 10 years, you're entitled to a partial pension. If you're in for 10 years, then you get this partial pension and it's indexed.

It's not MP money, right—

**Voices:** Oh, oh!

**Cpl Glen Kirkland:** —but it's corporal money, which is okay.

My biggest goal was to try to get to my 10 years. This is just going to put a giant target on my back, but again, I wouldn't have missed.... I couldn't miss it. I wouldn't be able to sleep at night.

**Hon. John McKay:** How far away are you from 10 years?

**Cpl Glen Kirkland:** A year and a bit.

**Hon. John McKay:** Are there any other potential consequences with respect to a premature discharge—5(f), as you call it?

**Cpl Glen Kirkland:** Yes, 5(f) is.... It would be devastating, just because I have a long, rich military history. It would be....

Yes, it would be absolutely devastating.

**Hon. John McKay:** What about with respect to any of your medications?

**Cpl Glen Kirkland:** With regard to my insulin, I don't know; they didn't relate my diabetes, or my diabetes-type symptoms, to it, even though it happened at the exact same moment. Veterans Affairs didn't say, "Oh, that's what that is, that's exactly from that explosion", even though the minute I got blown up was the minute I got symptoms.

If I got released and that wasn't covered, I would be paying \$1,500 every month to stay alive. That's for my insulin; that's how much I go through.

**Hon. John McKay:** So your eyes are injured. Your ears are injured. Your brain is injured; your brain doesn't tell your pancreas how to work. You have a PTSD diagnosis but no treatment. And you've got burns and shrapnel.

**Cpl Glen Kirkland:** Yes.

**Hon. John McKay:** Is there anything else?

And your back hurts.

**Cpl Glen Kirkland:** My back hurts. That's about it.

Is there anything left?

**Voices:** Oh, oh!

• (1720)

**Hon. John McKay:** I don't know, but...

And yet, what's counterintuitive is that you look quite healthy.

**Cpl Glen Kirkland:** I look great.

**Voices:** Oh, oh!

**Hon. John McKay:** I anticipate that the ladies will say that as well.

So the main medication that at this point you would be potentially losing by premature discharge would be insulin.

Are there any other medications that are at risk by—

**Cpl Glen Kirkland:** Yes, I take an arthritis pill. They tried....

That's another thing in the military, the overmedication of soldiers. I don't know if you guys have been dealing with this much.

They had me on morphine for 18 months. Then they said, "Oh, we'll try to mix it up. We're going to throw down.... Try this: oxycodone." I tried it for two days and I was in a fetal position, just sweating profusely. I wouldn't take it. But that was the first drug.

They made keep filling my prescription, even though I was telling them I wasn't taking it.

**Hon. John McKay:** Thank you.

**The Chair:** Thank you.

We're going to move on to our five-minute round.

Ms. Gallant.

**Mrs. Cheryl Gallant:** Thank you, Mr. Chair.

Mr. Kirkland, in terms of the hospital that you were rejected insulin at, was that a military hospital or was that a provincial hospital? If it was provincial, which province was it in?

**Cpl Glen Kirkland:** It was at CFB Shilo.

**Mrs. Cheryl Gallant:** So it was a base hospital.

**Cpl Glen Kirkland:** Yes, a base hospital.

**Mrs. Cheryl Gallant:** You also said that they wouldn't allow you to have needles for the first several months. Was there any other condition you had that would prevent you from being allowed to have needles?

**Cpl Glen Kirkland:** No. And if I did.... Well, I would die if I didn't take this.

**Mrs. Cheryl Gallant:** So you're injecting yourself a number of times per day. Is there a reason why they wouldn't provide you with a pump?

**Cpl Glen Kirkland:** I was told that it's really expensive.

**Mrs. Cheryl Gallant:** Once you're released, do you know whether your needles will still be covered?

**Cpl Glen Kirkland:** No. That's another question mark.

**Mrs. Cheryl Gallant:** At the JPSU, are you just having coffee there? Are you doing anything there? Are you still going there?

**Cpl Glen Kirkland:** I can't go there.

I'm focused on the future, and that place will suck the life out of you. People show up there just for the sake of showing up. I'm not that kind of guy. I can't just sit still and rot, because that's really what's going on. There's no encouragement to go out. I'm a big believer that you've got to help yourself first.

**Mrs. Cheryl Gallant:** You mentioned that the father of the soldier, Mr. Seggie, used to be in charge of the JPSU. Why is he no longer in charge?

**Cpl Glen Kirkland:** I can't speak on his behalf.

**Mrs. Cheryl Gallant:** Pardon me for framing it that way.

Did he...?

**Cpl Glen Kirkland:** He quit.

**Mrs. Cheryl Gallant:** In your observation, is the caseload at the JPSU very heavy? Is the caseload at the JPSU pretty heavy on the people there? You've got officers who are doing what they do. Do they have the time to care for the people in their charge?

**Cpl Glen Kirkland:** It seems like they put people there who can't go anywhere else. There's a warrant officer there who would repeatedly scream at me and belittle me. He was the one who told me he would 5(f) me, which is dishonourable discharge. It's just not what you want to hear.

**Mrs. Cheryl Gallant:** Are you receiving any psychological or psychiatric treatment at all?

**Cpl Glen Kirkland:** No, I'm not.

**Mrs. Cheryl Gallant:** For your PTSD, you just....

**Cpl Glen Kirkland:** No. I've come to terms with things. I've gone through all the programs I was supposed to go through. At a certain point, you just have to say, okay, this happened to me, but I'm not going to let it be the defining moment of Glen Kirkland.

• (1725)

**Mrs. Cheryl Gallant:** In your estimation, what should have happened from the time you were released from the Role hospital? Describe what the military should have done for you from that point on.

We're going to do a report. We're going to come forward with recommendations, and we really need to hear what you have to say on this.

**Cpl Glen Kirkland:** I was specifically told not to talk about policy.

**Mrs. Cheryl Gallant:** This isn't policy. In your personal experience, what would you expect to have happened to you?



**Cpl Glen Kirkland:** Honestly, going back to Shilo after this...I don't really feel comfortable answering that.

**Mrs. Cheryl Gallant:** Should you have gone to the hospital in Lahr as opposed to being sent home? You don't know. Okay.

Was nobody assigned specifically to you once you were injured? It's my understanding that's the case now. If somebody is severely injured, someone is assigned to them, and they're with them from the point they get to Lahr, or wherever, until they're at JPSU.

**Cpl Glen Kirkland:** That wasn't my case.

**Mrs. Cheryl Gallant:** That did not happen.

In recommendations that we can put forward, simple things that you experienced that should be done better, could you give us some ideas?

**Cpl Glen Kirkland:** I'll say it, but...the hospital can't work on the rank structure. It just doesn't work.

When I was told to take this "President's Choice" insulin, that hurt. That was a very painful experience. It's not like you're taking a pill. You're not taking President's Choice Flintstones vitamins. You're injecting a chemical into your bloodstream. When I said, no, I'm not going to take this stuff, I was very calm, cool, and collected about it. I just said, "No, ma'am. That's not what was prescribed to me."

I had a sergeant pull me aside, so I was expecting this sergeant to explain to me the proper procedure to get my insulin. Just another battleground, right? Instead, he pulled me into an office and just chewed me out, because apparently I missed a "ma'am" or a "sir" or something in there.

**The Chair:** I'm sorry, but the question time has expired. We're going to have to move on.

Corporal Kirkland, you're going to need your interpretation device.

**Mr. Jean-François Larose (Repentigny, NDP):** I'll be speaking in English.

**The Chair:** I thought it was Christine.

**Mr. Jean-François Larose:** I'll be sharing my time with Christine after this, if there is any time left.

Thank you, Mr. Chair.

Thank you, Corporal Kirkland, for being here.

Hearing you, I was ashamed and angry at the same time. We're doing a study right now and we are having so many witnesses come here, and everything seems to be so positive that we could nearly sing and dance. Having witnesses like you here and hearing everything you've gone through puts a light on reality.

I have to say to you and many in the military that, being part of an institution, I think you deserve an apology. You shouldn't go through what you are going through at all. It's absolutely shameful, really.

I read in the *Winnipeg Free Press* that you are part of the casualty support unit. With everything you've gone through, you still find the courage and the conviction to help other members get through what they're going through. They would want to see you as being unique

in what you're going through, but from the witnesses we had on Monday, the feeling we have is that there are many others.

Can you tell us a little about how many others you have talked to, and about conversations you have had, indirectly or directly, with others who are going through this hell?

• (1730)

**Cpl Glen Kirkland:** I could go on at great length. People use me as a confidant all the time; I'm a well-respected member of the community. But I can't speak on their behalf. I have to mind my arcs or else I'm going to face disciplinary action.

**Mr. Jean-François Larose:** Okay, but we can say with certainty that you're not the only one going through all this.

**Cpl Glen Kirkland:** I can definitely say that. There have been guys released already who are suffering. There's an unbelievable amount of suffering that these people have to go through. It's really shameful.

**Mr. Jean-François Larose:** We had as witnesses on Monday family members defending their children. As you said, it is an excellent question. I have a child myself. Do we want to see our children going into National Defence? My answer to that right now is absolutely not.

There is a lack of communication, definitely. Without being specific, do you feel that we're going in a positive direction? I know you have your restrictions, but I always ask this question: Do you see the light at the end of the tunnel right now?

**Cpl Glen Kirkland:** The good news is, we're going to have a lot fewer casualties now that we're pulling out of Afghanistan. But I do know this isn't going to be the last conflict we're in.

We've taken so many steps back, from the pension act to the New Veterans Charter. We have to go back to that; there is no question about it. There has to be a better way to cut money than off the backs of wounded soldiers. There has to be.

I've done eight years of service and I could be released tomorrow—and I may be after this—and I would get nothing for that many years of service.

**Mr. Jean-François Larose:** Thank you.

**The Chair:** Do you have a point of order?

**Hon. John McKay:** Yes, I do have a point of order.

If I may, Chair, I would prefer to let our normal questioning run out, but I don't want you to bring down the hammer before I quote a section from O'Brien and Bosc, because this is a bit of unprecedented territory for our committee. I want to draw members' attention to that section.

I'll just leave it at that, but we may want to frame it in terms of a motion.

**The Chair:** Madame Moore.

Can you hear the interpreter?

**Cpl Glen Kirkland:** Yes, I can.

[Translation]

**Ms. Christine Moore:** You said earlier that you had a fiancée when your accident happened.

Was she provided with any assistance and advice, so that she could deal with the situation and help you?

[English]

**Cpl Glen Kirkland:** It's kind of a bad example. She kind of moved on when I was still overseas, so when I came back she was just there long enough to take my money.

[Translation]

**Ms. Christine Moore:** I am sorry to hear that.

[English]

**Cpl Glen Kirkland:** It's okay, it wasn't you.

**Voices:** Oh, oh!

[Translation]

**The Chair:** Ms. Moore, do you have any other questions?

**Ms. Christine Moore:** Ms. Gallant talked about the insulin pump. I'm a nurse, so I know that is a very useful tool. It helps young people remain mobile. You were told that the pump was too expensive and that it could not be provided to you.

Did anyone seriously discuss that option with you at some point?

• (1735)

[English]

**Cpl Glen Kirkland:** I brought up the idea of a pump once and it was just met with such.... It wasn't a positive experience. All they talked about was the expense of the pump. I just left there thinking perhaps that's another one of those big question marks that Veterans Affairs will help me out with.

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

We don't have time for another question, unfortunately.

What's your point of order?

**Hon. John McKay:** If I may, Mr. Chair, first of all, we all owe Corporal Kirkland a huge vote of thanks for his—

**The Chair:** I have one question I want to ask Corporal Kirkland.

**Hon. John McKay:** Okay, as long as I get the opportunity to....

**The Chair:** Yes, for sure.

**Hon. John McKay:** Shall I speak now, or do you want to ask your question?

**The Chair:** I just want to ask my question. If this is on other business and proceedings, then we'll deal with that, or is it—

**Hon. John McKay:** No, it's related to the corporal.

**The Chair:** Okay, go ahead.

**Hon. John McKay:** I think the telephone call from his superior officers is a very serious issue with respect to a parliamentary committee. I want to read into the record that on page 94 of O'Brien and Bosc it says:

*[Although witnesses before a parliamentary committee are not Members of Parliament, they are not strangers to the House either. Rather they are guests who are afforded parliamentary privilege because, as with members, the privilege is necessary to ensure that they are able to speak openly, free from the fear that their words will be used against them in subsequent proceedings....*

*...privilege "precludes other entities from holding Members of Parliament or witnesses before committees liable for statements made in the discharge of their functions in the House".*

I wanted to read that into the record, Mr. Chair, as a point of order, but also as a point of caution.

It may be, subsequent to this meeting, that the committee wishes to act upon what has clearly been a call from his superior officers that has potentially—I wouldn't say it "has", but at least potentially—affected Corporal Kirkland's testimony before this committee. Parliament is supreme in all matters, including the military.

**The Chair:** I'd just like to add to that, actually, because I was also going to raise a similar issue. Chapter 20, which is specific regarding witnesses appearing at committee, on pages 1069-70 states:

Witnesses appearing before committees enjoy the same freedom of speech and protection from arrest and molestation as do Members of Parliament. At the committee's discretion, witnesses may be allowed to testify *in camera* when dealing with confidential matters of state or sensitive commercial or personal information. Under special circumstances, witnesses have been permitted to appear anonymously or under a pseudonym.

This is an important part:

Tampering with a witness or in any way attempting to deter a witness from giving evidence may constitute a breach of parliamentary privilege. Similarly, any interference with or threats against witnesses who have already testified may be treated as a breach of privilege by the House.

I hope this gets down to your superior officers that they could be in contempt of Parliament, in breach of the privileges of the House, and that you should not be facing any type of interference or punishment from people at the base.

Further, it states:

In light of the protection afforded witnesses by Parliament, they are expected to exercise judgement and restraint in presenting their views to committees.

We want to ensure that you don't face undue recourse from people back in Shilo.

Corporal Kirkland, you're actually the third witness now who has experience at Shilo, and the stories we are hearing are somewhat disturbing, to say the least. We're not having the same type of experiences come forward from other CF bases.

In your experience in talking to other brothers in arms across the country, are you hearing them having the same difficulties in receiving treatment, in receiving the aids and assistance they require to get on with their lives as soldiers?

**Cpl Glen Kirkland:** If you look at 1 and 3 PPCLI, so 1st and 3rd battalion, they are in a major centre. They have everything Edmonton has to offer. It's a big metropolis, right? Then, in Ontario, it seems like they are able to move them to major cities quite easily, to get access to it. Shilo is the armpit of Canada. It's in the middle of nowhere. You are 250 kilometres from Winnipeg.

The hospital staff in Brandon try very hard. They are fabulous. When I was diagnosed with my...to give myself insulin injections, they were unbelievable. So that was good.

One thing that's universal across Canada, especially with wounded soldiers like myself, is that need for the security of a pension that we've earned, literally through blood, sweat, and tears.

• (1740)

**The Chair:** Thank you, Corporal, for being here, for your valour in the field, and for your courage to appear today and to be able to

share with us your experiences. That will help us a great deal in the formation of our report.

With that, I'll entertain a motion to adjourn.

**An hon. member:** So moved.

**The Chair:** We're out of here.

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