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## **Standing Committee on Veterans Affairs**

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**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Tuesday, March 4, 2014

• (1530)

[English]

**The Chair (Mr. Greg Kerr (West Nova, CPC)):** Folks, we'll get under way. I want to welcome everybody here today.

We're continuing our study on the statutory review of the Enhanced New Veterans Charter Act.

We are pleased to have the quality of witnesses we have today to give their views. I would like to welcome both Captain Medric Cousineau and also Barry Yhard from Veterans Emergency Transition Services.

Just to remind everybody, what we do is hear from the witnesses, giving them each ten minutes to make sure that they have time to present their points of view. Then we go to the various committee members for a round of six minutes each for questioning.

Welcome to both of you.

I don't have one witness listed before the other, though I mentioned Captain Cousineau first.

Were you planning to go first? Do you want to flip a coin?

**Mr. Medric Cousineau (Captain (Retired), As an Individual):** Barry, do you want a coin toss? Are you ready?

**Mr. Barry Yhard (National Executive Director, National Executive Board of Directors, Veterans Emergency Transition Services):** You go ahead.

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

**Mr. Medric Cousineau:** Ladies and gentlemen of the committee, thank you for giving me the opportunity to address the committee and to address an issue that hopefully you may have no experience with and that I, sadly, have decades of dealing with.

I'm going to discuss a form of trauma that is devastating in its impact on veterans: institutional betrayal and the way the new Veterans Charter and VRAB are leading to a situation in which suicide has a 45% greater prevalence in the veterans community than it has in the general population. That number comes from a document that you have in the Library of Parliament.

I am Captain (Retired) Medric Cousineau, and I wear Canada's second highest award for bravery, the Star of Courage, which is awarded for an act of conspicuous courage in circumstances of great peril. It is what ended my military career and led me to being here today.

Let me put this into context for you.

I joined the military in 1979 and by 1983 had graduated from the Royal Military College of Canada. I went on to receive my air navigator's wings and joined HS 443 Squadron. In October of 1986, while a member of HMCS *Nipigon's* HELAIRDET, I was involved in a dramatic air-sea rescue that resulted in my being awarded the Star of Courage.

Sadly, those events changed my life forever. Within weeks the words post-traumatic neurosis and ultimately post-traumatic stress disorder would appear in my medical documents.

What I want to talk about is the institutional betrayal. The single largest wound that I received happened as a result of the actions of a department of the government of a country that I would clearly and demonstrably have died for. Institutional betrayal can be defined as the wrongdoings perpetuated by an institution upon individuals dependent upon that institution, including failure to prevent or to respond supportively to instances such as traumatic exposures committed within the context of the institution. Please keep this in mind as my story unfolds.

In 1991 I left the forces on a voluntary release, struggling with issues and addictions, knowing I had problems but unaware of what they were. In 1996 I found myself in the emergency assessment unit of the Nova Scotia psychiatric hospital. Clearly, you do not wind up there because you're having banner mental health days.

Subsequent to my release, I was taken by an old salt to visit the Department of Veterans Affairs. Subsequently I applied for and received my medical documents. Perhaps the single most devastating day was to read that my diagnosis from the Nova Scotia psychiatric hospital had been in my out-routine medical documents and had never been actioned or disclosed to me. The institutional betrayal shattered me. I would have died for Canada and I had been betrayed. The "we will take care of you" ethos that we in the military believed in was clearly not there.

But I wish it had ended there. Sadly, it gets worse, much worse.

Eventually VAC ruled that I was pensionable at a five-fifths entitlement, since my injuries were clearly connected to my rescue. But the issue of assessment is a whole different story. The VAC doctors assessed me at 70%, and I was awarded 30%. I appealed and went through another entire poke-and-prod process. This process alone is nothing but an exacerbation of the trauma. This set of doctors stated a minimum of 50%, the board noted the 70%, and I was awarded 40%.

How does this happen? The numbers and the facts do not lie. I was nothing more than a file, and every award of less than my entitlement and assessment was just a cost-saving measure.

In 1999 I applied to the military and had my release item reviewed. It was determined that I should have been a 3(b) medical release. When I applied to VAC to have my benefits reinstated to my release date, I was told, basically, "Too bad, so sad, you never contacted us until 1996." But had my release been handled properly, I would have been treated in 1991 and would have seen VAC. I was damaged by the errors of others.

It was not until 2006, after I had a full psychotic break, that my assessment was finally moved to 70%, after 10 years of fights, denials, appeals, and abuse by a system put in place by a government department of a country I would have died for.

By then, my doctors had pegged me at 90% to 100% disabled and were documenting major depressive disorders. I was done, shattered, ruined, and I no longer trusted anyone or anything. Why would I? I was withdrawn and I lived in isolation from my family, because the anger management problems were so severe that I was afraid I was going to hurt them in a fit of rage. I battled depression, anxiety, panic, suicidal ideation, addiction, and suffered from dissociative episodes, cut off from family, friends, and society.

•(1535)

In 2007, while heavily medicated, I had a visit from somebody from VAC. I don't remember what happened or even who I met with, and it was my last contact with the department until September of 2012. By then a friend had made me aware that there were things called case managers and benefits and programs that I should have been entitled to and involved with. By late October of 2012, I finally had a case manager who, I must state, is the best thing to happen in my recovery as far as my dealings with VAC go.

I went from some time in 2007 until I contacted the department five years later with no follow-up and no help. I was not entered into the rehab program at that time, but it took my case manager very little time to enrol me in the program. It was very clear where I should have been. The five-year hiatus with no contact is documented in my case file and was discussed with me by my case manager.

But even this would not have happened without my service dog, who then helped train me with my PTSD and improve my social functioning. Sadly, my service dog is yet one more example of the institutional betrayal that permeates my case file. If I was blind and Thai was a guide dog, I would receive an allowance for her care and upkeep. Even though she was acquired with resources outside of VAC, she is to assist me in my daily living, and my medical care team is thrilled with the impact she has had on my life. So I applied for that same care and upkeep allowance since she is for my pensioned condition. It was denied with a statement that there was no evidence supporting her efficacy in rehabilitation outcomes. I was going to appeal, so I requested a definition of rehabilitation outcomes. I was subsequently told there is no definition and that rehab program outcomes are handled on a case-by-case basis.

So I was denied a benefit for standards she supposedly cannot meet for something that VAC cannot define for me. I truly think that the department was going to say no just one more time.

I will carry the scars of what happened that night in the middle of the north Atlantic to my grave. There are things you do not see, unsmell, unhear, and untaste. There are things that can be so deeply imprinted on your psyche that no amount of treatment will ever completely deal with them. However, I have several specialists who have noted two very important points.

One, my long-term recovery was put in jeopardy by lack of early intervention and adequate treatment. The period of abandonment from 1991 to 1996 is evidence of this.

Two, the injuries that resulted from my institutional betrayal are going to be a huge if not insurmountable obstacle in my long-term recovery. VRAB—political appointees making decisions based on legal, medical, and military service who clearly do not have the adequate qualifications to deal fairly with veterans who appear before them—has ensured that I will never ever trust the government of a country that I would have died for. Look at the woeful record, which the OVO points out, at Federal Court after appeals have been exhausted at VRAB.

My wife is very quick to point out that had I not been pensionable under the Pension Act, my family would have been destroyed. The lump sum award under the new Veterans Charter would have been gone in the war I fought battling addictions as I tried to deal with the much damaged reality that I perceive.

So, ladies and gentlemen, if I were going to change just three things, what would they be?

One, the lump sum award would be abolished and replaced with a lifetime income that the ill and injured could not outlive. Their injuries last their lifetime as a result of their service to their country. So too should the government's obligation to care for them.

Two, VRAB in its current form would be dismantled and would be replaced with a system that is geared to dealing with section 39 of the act, which says that, barring evidence to the contrary, the board is to rule in favour of the veterans. Clearly, given the number of appeals, this is not happening.

Three, in the war on PTSD, suicide and homelessness are two outcomes that, along with destroyed families, impact on society financially, and most importantly, morally. We cannot let this happen. These need to be dealt with immediately.

Given what has happened to me personally, I would say that it's not out of the question to ask for a full ministerial inquiry into my file at VAC. There are so many issues that, sadly, have impacted not just me. My wife and children have borne the brunt of that institutional betrayal. If it is not owed to me, then it certainly is to them, for they never signed up, and they deserve better from this country.

●(1540)

Sadly, I am one of many heroes and veterans who have been institutionally betrayed by the departments of the government for which veterans would have died. These wrongs must be righted. For if they're not, we will not know peace, and if they cannot find peace, many may make terminally irreversible decisions.

The institutional betrayal is a national disgrace.

Thank you.

**The Chair:** Thank you, Captain Cousineau.

Now, we'll go to Mr. Yhard for 10 minutes, please.

**Mr. Barry Yhard:** First off, I'd like to thank everybody for inviting VETS Canada to the committee. I'm going to talk a little bit about myself, and then jump into what it is that we do as an organization, which will subsequently illustrate why I'm here.

With 32 years of service, I, too, have PTSD in my medical file. I'm a veteran of the Afghanistan task force. About 18 months ago, I was approached by Jim Lowther to assist the organization, and since that time I've gone on to become their executive director.

At VETS Canada, Veterans Emergency Transition Services Canada, we are the only ones that go out into street and the shelters, we find homeless and at-risk veterans, and we help facilitate their transition back into a safe and normal lifestyle. I would like to tell you that I'm not busy, but that would be a lie.

I'd like to talk about three of our clients in a very general format, which will lead me into my final statement. The first one was a man in his 50s; he had PTSD. He received the lump sum, did all the right things—spent it on his home and bills—and got himself financially secure. He's a good news story. He actually got married, and he now volunteers with VETS Canada. That's where the good news story stops.

The second story is of a younger man with PTSD. Again, he received a lump-sum payment. He tried to do the right thing—he spent it on bills, on getting himself out of debt—but unfortunately, he had a marital breakup and he's now left with absolutely nothing.

The third story, again, is of a younger client. This gentleman had some significant addiction issues. He was also a recipient of a lump sum payment. He reached out for help. We tracked him down, and we provided that help. We got him into an addictions program, and it looked like he was straightening out and heading in the right direction. He had a relapse, so he was back on the street. He actually had two relapses and he's currently on the street right now with no money.

The issue of a lump sum payment needs to be re-examined from our perspective. I say that because it's giving large quantities of money to people who are suffering from PTSD. As I'm sure you all know, PTSD can have a significant impact on your mental ability to make conscious decisions properly. By giving out a lump sum payment, you run the risk of that particular individual making the wrong decisions. I understand it's a personal decision, but try to remember that they're not making accurate decisions because of their PTSD. So they make decisions that are probably not the best ones to

make, and they wind up on the street with no money—again, these are clients of ours.

What would be good, and what would probably go a long way towards solving the problem of homelessness among our veterans, is to go back to a monthly payment versus a lump sum payment. That way, if something happens in the individual's life, he hasn't spent all his lump sum, and he actually has a monthly income coming in.

That's all I have.

●(1545)

**The Chair:** Thank you very much, Mr. Yhard. I'm sure there will be lots of conversation once the questions start.

Thank you, both, for your presentations.

We'll now go to the members of the committee, and we'll start with Mr. Stoffer for six minutes, please.

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

To Barry and Medic, thank you both very, very much for coming here. I personally want to thank both of you.

Medic, thank you for your Paws Fur Thought, and the tremendous work your organization and you have done in getting service dogs for veterans across the country, because as you so rightfully claim, for every single person who receives a service dog the suicide number is zero.

To Barry, and especially to Jim Lowther and the boys down in Nova Scotia, it's a tremendous job you do, on a shoestring, looking for the homeless veterans and assisting them to reintegrate into some form of normalcy as they try to get on with their lives.

My question to you is on the lump sum itself. In 2005, when these were all discussed, the lump sum payment was for pain and suffering at a certain amount which was to be determined by either VRAB or the government in that particular regard. It was to determine the extent of the injury you had, either mental or physical, or a combination of both, and to give you enough moneys in that regard as compared to a workmen's compensation benefit, or something on a provincial level, or basically on an insurance level.

The key to it, though, the selling point of this, was that this wasn't the only payment they were supposed to receive. If they were permanently impaired or had ongoing issues, they could apply, or their family could apply, for a permanent impairment allowance and an earnings loss benefit. But what we have found, unfortunately, is to apply for those additional benefits and to receive those additional benefits over and above the lump sum was very difficult to achieve.

Now, you're correct. A 21-year-old getting \$200,000 would be a mistake in my personal view, but a 58-year-old receiving that amount of money may be something they want to look at. What we've been arguing for is making the lump sum possibly optional, but to ensure the fact that if there are additional payments to the veterans, they should be followed for immediately upon consultation and furtherance with the doctors, and with the individual in that case.

I'd like you to elaborate just a bit more on the additional payments, because bear in mind the previous payment was just a certain amount of money per month, and that was it. It was found in many cases that it was nowhere near enough to look after the veteran and their family in terms of what they received.

I'd like you to follow up on that just a bit more and I thank you both very much for coming here today.

• (1550)

**Mr. Barry Yhard:** I'd like to stress the reason I'm here, and the only reason I'm here is not to talk about amounts, and it's not to talk about whatever department administers the fund. I'm here to explain to everybody that post-traumatic stress—I live the dream every day—has a significant impact on the way you make adult decisions.

Regardless of the amount of money you're going to give someone, and regardless of their age, I'm urging caution because often, more times than not, that particular individual isn't really prepared to make the decisions he needs to make with that lump sum or that amount of money that's being given to him.

I'm sorry, I don't want to go into where you're going with the other benefits. I just want to stress to everybody—and I'll say this all afternoon—PTSD affects the way you think. There's no way around it. We have to be careful how we help the people financially because often they end up on the street. We have hundreds of cases we can show that prove that.

Medric.

**Mr. Medric Cousineau:** The enhanced new Veterans Charter, the full suite of benefits, if they were made available in a uniform process such that somebody who was entitled to the earnings loss benefit was to receive it, as well as his lump sum, and for those who are unable to work, the PIA.... There's a huge disconnect.

Where the disconnect happens is, the assessment levels that the military uses to determine you are no longer fit for service should be immediately translated into the benefit level they receive at VAC. For example, if the government says your universality of service is no longer there because of the following points, bang, bang, and boom, then they translate immediately across VAC, and that's the award they receive. That would be, in my mind, fair, but that is not what happens.

When you receive your assessment and your medical employment limitations, and then ultimately your 3(b) medical release, you then have to go before VAC, which will ultimately wind up with your being at VRAB. It's a 100% certainty. You will go through multiple appeals, and those same documents they used to terminate your military career will then be turned against you to minimize the amount of the award you're going to receive while you're at VAC.

So how can you use the same piece of paper, against the same individual, in two different contexts, and say on one hand it's good enough to terminate your military career, and on the other hand it's good enough for us to mitigate the amount of money we're going to pay for you.

I'm sorry. That double standard has to stop.

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

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

Mr. Gill, please, you have six minutes.

**Mr. Parm Gill (Brampton—Springdale, CPC):** Thank you, Mr. Chair.

I also want to thank our witnesses for appearing before the committee and also thank you for your service towards our country and helping us in this important study review that the committee has been tasked with conducting.

My question is for Barry. The committee has been asked by Minister Fantino to conduct a comprehensive review of the Veterans Charter, as it has evolved and as it is prescribed today. Are you able to share with the committee the Veterans Emergency Transition Services's position on the current state of how the Veterans Charter operates?

**Mr. Barry Yhard:** Again, I'm going to stress that we're not here to talk about what we think is right or wrong about the charter. We're here to explain to everybody that the charter, the way it works today, because of people's decisions, is putting veterans on the street or at risk.

**Mr. Parm Gill:** Did VETS Canada call for a comprehensive review?

**Mr. Barry Yhard:** No, not in the 18 months that I've been involved with it.

**Mr. Parm Gill:** Okay. Can you help us understand, then, how your clients—veterans who are seeking help from you—view the current charter?

**Mr. Barry Yhard:** Well, most of them live on the street, so they have a pretty negative view of the current charter. Whether it's right or wrong is really not important; the fact that they live on the street is what is important.

When they get to the street, the way it works, normally, is that they've gone through their family, through all their friends, through the social support networks that they had. That's all gone. Their money's all gone. There's nowhere else to go but to the street.

I don't think you'd find a homeless person who had anything other than issues with the charter, but I can't speak for them, I'm only speaking to what I think they would be doing.

• (1555)

**Mr. Parm Gill:** Thank you.

I'm very happy to hear the kind of work your organization is doing. I think it's wonderful. I'm wondering if you're able to tell us how many veterans you've been able to locate in shelters, who are at risk, who are homeless, and provide with assistance.

**Mr. Barry Yhard:** In the timeframe that I've been with the organization, there are 175 veterans who we've assisted. Now, the form of assistance can be very varied. Sometimes it just requires an extra tank of oil to get through the winter, sometimes it's just sitting down and talking with them to help them fill out forms, and other times they're at risk or on the street and it's helping them get back in the lifestyle.

When we say that we have a client, it covers a very broad spectrum of issues.

**Mr. Parm Gill:** Do you have a number of ongoing clients who your organization assists on a regular basis, who it maintains contact with?

**Mr. Barry Yhard:** We're very non-judgmental. With a homeless person who makes it back into a secure lifestyle, oftentimes they have relapses and we'll help them again. To answer your question, we usually have a model of care that goes from 24 to 48 hours up to and including 18 months. Normally after 18 months they're in a pretty stable lifestyle and are able to go off on their own. If they're not, we provide assistance to them until such time that they're ready to live on their own.

**Mr. Parm Gill:** How many different individuals are involved in the organization in terms of assisting the veterans or helping locate homeless or at-risk veterans?

**Mr. Barry Yhard:** We have volunteers across the country. We rely heavily on social media. Our Facebook page and our website have 100,000-plus followers, all like-minded individuals.

While I won't tell you how many volunteers I actually have, I can say that we can reach anywhere in Canada at any time within six hours and provide assistance.

**Mr. Parm Gill:** The committee has identified and adopted three core themes as we move towards the second half of this current review. They are as follows: care and support of the most seriously injured, support for families, and improving how Veterans Affairs delivers the programs and services of the charter.

We have invited you today to talk about your organization's work and experience as a front-line organization that provides for Canada's veterans, who are often the most seriously injured.

When it comes to operational stress injury, can you share with us some of the key issues you're hearing from your participants regarding the service and support they received from DND or under the Veterans Charter?

**Mr. Barry Yhard:** Most of our clients, when we find them, as I said, are homeless. The problem with being homeless is normally you can't make it back into the system for a number of reasons, whether it's mental condition, addictions problem, that sort of thing. We bridge the gap between homeless and the system. Normally when we get them back in the system they're looked after.

I guess that's where I'll stop that answer.

**Mr. Parm Gill:** Do you have anything to add, Mr. Cousineau?

**Mr. Medric Cousineau:** Yes. Thank you.

The organization that my wife and I co-founded is a thing called Paws Fur Thought. We raise money and advocate to place service dogs with disabled veterans. By very definition, 100% of the people that we deal with are suffering from OSIs, primarily post-traumatic stress disorder.

In the year that we've been doing this we've either placed, have at the fully certified level, or in training, over 30 dogs. That gives us a cohort of 30 veterans.

One of the common themes, in terms of what you were talking about, is care for our most seriously injured. Many of the people that we deal with are dealing with very complex mental injuries. They're

elbows and eyeballs deep in the mental health system, which unfortunately is beyond the scope of this committee. But that poses some serious challenges because oftentimes after you leave the military and you are a veteran, because of our training, because of our operational tempo, because of a variety of different things, we are very misunderstood in the mental health care world. That poses some challenges.

The other part of it is that, in terms of service delivery and support for the families, oftentimes these people that we're dealing with, when they initially come to us, are not capable of dealing with a lot of the complexities, the paperwork, for a variety of things. Probably the My VAC portal frustrates just about everybody. I don't know of anybody who has that thing working right. I know I gave up. I just called my case manager and said, "Send it to my wife. Whatever you want to deal with, send the paper to her because I don't get it."

I reiterate, in full support of what Barry says, that to expect people who are suffering from serious mental health challenges to behave rationally and follow a set of guidelines that would be laid out, you might as well try to push Niagara Falls uphill with a paper clip, that's about how useful it would be. It just isn't going to work. I think there has to be a real understanding that the nature of the..., especially the complex mental health injuries, really have to be looked at in terms of the service delivery model and how we make it more user friendly to people who are struggling within that system.

• (1600)

**The Chair:** Thank you very much, Mr. Cousineau.

I want to remind members of committee that I will stop the member's questions in six minutes, but I'm not going to stop witnesses and their answers. If they go beyond the six minutes I think it's valuable information for the committee.

Mr. Karygiannis, you have six minutes, please.

**Hon. Jim Karygiannis (Scarborough—Agincourt, Lib.):** Thank you.

Mr. Cousineau, I was wondering if I can ask about your service dogs, sir.

What are the monthly costs for you to keep that service dog? Do you get any assistance from Veterans Affairs?

**Mr. Medric Cousineau:** As I mentioned earlier, currently I have an appeal at some point, based on trying to figure out if I can get the same care and attendance allowance as for a guide dog.

Basic monthly care is actually pretty simple. Depending on the food, you're probably looking at \$75 a month. I have my dog covered by a pet care insurance program that basically covers veterinary care and assistance that I pay \$43 a month for. Then there are other costs. One of the things to be aware of is that if a veteran is seriously disabled and receives their DTC, disability tax certificate, at that point in time everything that goes on, in, or around your service dog is a tax deduction.

**Hon. Jim Karygiannis:** What I'd like to compare is the cost of the medicine versus the cost of the dog. Is there a cost saving to the department because you have the service dog? How much money are you saving VAC because you have Thai?

**Mr. Medric Cousineau:** As a result of my service dog, my health care team was able to cut my antidepressant usage by 50% in one year and that is not an inconsequential amount. I now see a mental health care provider also 50% less than what I had been seeing them and that alone was \$150 a week in savings. Because of the nature of the program that I run, I do know one of our individuals who, in the time that he has had his service dog, and this is in a six-month period, has saved the department \$3,600 in visits to a trauma therapist alone.

• (1605)

**Hon. Jim Karygiannis:** First of all, also let me thank both of you for the service to our country.

Would you say that we should examine the use of service animals and maybe this committee should undertake a better comprehensive study in view of how the service animals are your partners? They also help with your family. Would that be something useful to do?

**Mr. Medric Cousineau:** It would be more than useful. I realize that the plural of anecdote is not data but there's a difference between statistical significance and clinical significance. In the clinical significance, in every pairing of a service dog with a veteran that I have been involved with, there has been improved social functioning, a decrease in medication, improvement in the quality of their primary relationships with their family, and reintegration into society. As a rehabilitation outcome, that can only be deemed successful and something that should be pursued.

**Hon. Jim Karygiannis:** Thank you.

Mr. Yhard, would you be able to give us a number? What percentage of the vets that are homeless have gotten the lump sum? Would you have instances where somebody got a lump sum and after whatever use they put it to, be it to pay off debts, get to school, get out of drug addiction.... How many of them spent that money and they've gone on to be homeless?

**Mr. Barry Yhard:** We don't actually track or keep stats on the reason somebody is homeless. We get it through osmosis from talking to them. So I couldn't put a percentage on it. I wouldn't even guess other than to say, like I said, we don't track that. What we do is we bridge that gap. That's all we're there for.

**Hon. Jim Karygiannis:** From the people you've talked to, be it 50, 100, 150, your guesstimate, how many would you say have received a lump sum and spent it wisely, or foolishly, and then they're out on the streets?

**Mr. Barry Yhard:** It wouldn't be fair to our clients for me to give you a stat right now. I have nothing to base it on.

**Hon. Jim Karygiannis:** Would you be able to accumulate those stats?

**Mr. Barry Yhard:** It's entirely possible but with confidentiality and the way we deal with our clients, in all likelihood I wouldn't be all that excited about disclosing it.

**Hon. Jim Karygiannis:** We wouldn't want you to disclose their names. I'm sure this committee can certainly be interested in

knowing the numbers. If you can share it with us, that would be something I'm sure we can find useful.

Going back to you, Mr. Cousineau, you said the lump sum is something that is not helpful. I was wondering if you can elaborate on that. I remember there was a situation where some comments were attributed to me and I'm sure my colleagues across the way tried to even do a fundraising campaign on those comments. I was told by Wounded Warriors that giving somebody a lump sum is like dangling a case of beer in front of a drunk. That's something that got some people excited. I'm just wondering if you can, in your sense, elaborate. Giving somebody a lump sum, is it helpful, or is it not helpful? Do we have people who suffer from PTSD hitting the bottle? I know that Mike Cole, who is a captain, said that he's seen the south end of a bottle—

**The Chair:** Get to the question, Mr. Karygiannis, we're at six minutes, if you want to finish your question.

**Hon. Jim Karygiannis:** We're at five minutes thirty, Chair.

**The Chair:** Mr. Karygiannis, I don't want to rule you out of order. I'm telling you, ask your question now.

**Hon. Jim Karygiannis:** Just the leeway that you gave the parliamentary secretary, do me the same courtesy, Chair.

Mr. Cousineau, sir, if you can elaborate on that...?

**Mr. Medric Cousineau:** The question at the heart of it is this in a nutshell. Is handing a lump sum of cash to somebody who is dealing with addictions a smart move? If you're dealing with active alcoholism, I know from first-hand experience that, depending on how you facilitate it, you can go through \$60 to \$100 a day easily. With pharmaceuticals and/or illicit drugs, you can double that. With gambling, the sky is the limit.

Many people with those addictions, especially the gambling addiction, are in search of a rush. They're trying to feel something. They spin down a rabbit hole trying to go... in ever-increasing sums, so the amounts can disappear in a heartbeat. I have first-hand knowledge of a veteran who sought me out in Halifax region. Because we have a casino, his lump sum lasted less than 30 days; it was gone. By his own admission, it was the casino.

Trust me, addiction is one of the known comorbidities to serious mental health issues. I can't implore the committee strongly enough: do not do that. It does not do anything for the veteran, it does nothing for the family, and it does nothing for our society.

• (1610)

**The Chair:** Thank you very much, Captain Cousineau.

Now we go to Mr. Hayes, please, for six minutes.

**Mr. Bryan Hayes (Sault Ste. Marie, CPC):** Thank you, Mr. Chair.

I really didn't want to pick up on the lump sum stuff. I have other questions, but I really need to ask Mr. Yhard a question on the lump sum.



You stated three specific cases. You said that in case number one the lump sum worked very well; in case number two and case number three the lump sum didn't work well. You obviously have data on lump sums that you don't care to share, but you shared those three particular circumstances.

It seems to me that it would depend upon the circumstances of an individual whether the lump sum is in his or her best interest. It may in fact depend on the level, perhaps, of PTSD that the individual is at in that stage of their life and at that particular time.

I'm looking for recommendations here and for solutions. What if there were financial advisers able to assist individuals and help them make a decision specific to a lump sum? Do you believe that is something that might work? Do you think that the choice should be taken away and every veteran be treated exactly the same, or do you think, because of different circumstances, that the choice should be available?

**Mr. Barry Yhard:** There are financial counsellors available now. The reason I'm sitting here is that we have people on the street, so obviously the connection between the financial adviser and the person on the street isn't working, for whatever reason.

To go back to the question, I would suggest that anybody who ends up on the street has already used up their lump sum or they wouldn't be on the street. Somewhere in the middle something has to be done, because it's all interrelated.

**Mr. Bryan Hayes:** This is not to argue with you, but you mentioned that for one of your individuals the lump sum payment worked. That was the very first statement you made. You have said something rather different now—that if they were on the street, then obviously they have used up their lump sum payment. Again, you referenced in your initial statements an individual for whom the lump sum payment worked very well. Was that individual initially on the street?

**Mr. Barry Yhard:** No. That individual used up his lump sum, and he actually ended up in a productive lifestyle.

**Mr. Bryan Hayes:** Okay.

This is a question on your committee's or your organization's relationship with Veterans Affairs Canada. Is it a partnership, is it a relationship that works, or do you have recommendation for how that relationship can be improved?

**Mr. Barry Yhard:** To understand our relationship with any other government agency or non-government agency, it's best to understand what it is that we do. We integrate all the resources available, whether from VAC, DND, the Legion, or social services. We integrate all of that together to get the person in. We don't have a formal partnership with Veterans Affairs.

**Mr. Bryan Hayes:** Whether or not it's a formal partnership, you obviously have a relationship with Veterans Affairs Canada. Do you have any issues with it? Is the relationship working, or are there recommendations that we as a committee can bring forward to assist you in your relationship with Veterans Affairs Canada?

**Mr. Barry Yhard:** Our relationship is working. When we approach Veterans Affairs, they bend over backwards to give us the help we need, and we haven't had an occurrence up to now with our clients that I'm aware of in which that relationship was a problem.

**Mr. Bryan Hayes:** Specifically concerning the process you use to identify veterans in need, I'm assuming that you have relationships with other service organizations, municipal services, first responders. We're trying to make improvements here, so can those types of relationships be more fluent? Again, are there recommendations that this committee can make to improve circumstances so that you are able to deliver a more efficient service?

**Mr. Barry Yhard:** VETS Canada is 100% volunteer-driven. There are no expense accounts, there are no salaries, and we rely solely on the generosity of Canadian citizens for our funding. We can only help those vets that we have the funding for. We are in constant fundraising mode. We are constantly looking for money because the task load that we face is growing exponentially as we move across the country.

• (1615)

**Mr. Bryan Hayes:** Do you have any way of putting a dollar value on the voluntary service you receive? That can be done; there is a cost.

**Mr. Barry Yhard:** We are currently tracking the hours that our volunteers spend with the organization. I can't give you that answer right now, though.

**Mr. Bryan Hayes:** Have you ever sought government assistance financially?

**Mr. Barry Yhard:** No.

**Mr. Bryan Hayes:** Is there an intention to do so? Would it help you? Would it alleviate some of the challenges to you, if you had government funding?

**Mr. Barry Yhard:** VETS Canada will take money from anybody. Whoever wants to give us money, we'll take it. That's the best way I can answer that.

**Mr. Bryan Hayes:** That's fair enough.

How's my time, Mr. Chair?

**The Chair:** You have time for a short question.

**Mr. Bryan Hayes:** Mr. Cousineau, you may or may not be aware that this committee did an extensive review of VRAB. We came out with a really good report with a number of very strong recommendations, some of which mirrored yours earlier, quite frankly. So we agree with some of your recommendations.

Have you had an opportunity to review the recommendations that came out from this committee with respect to VRAB?

**Mr. Medric Cousineau:** No, I have not had the recommendations; I would like to have them. If you would like me to review that report and give you my input, I would certainly welcome that particular opportunity.

I need to share with you very quickly. At the Federal Court in the Manuge settlement, there were more than 200 disabled veterans in the room. I can tell you the percentage of those who appeared before VRAB multiple times. It was 100%. Something is wrong with that system.

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

**Mr. Peter Stoffer:** I have a point of order, sir.

**The Chair:** You have a point of order?

**Mr. Peter Stoffer:** Yes, sir. I will be very quick.

I certainly don't want to correct my colleague Mr. Hayes, but he said that we as a committee did an extensive report on VRAB, which we did. But let me confirm to the witnesses that there was a dissenting report on the VRAB. Our recommendations for the VRAB were not unanimous. I just wanted to put that on the record.

**The Chair:** Okay.

Now we go to Mr. Chicoine, please, for six minutes.

[*Translation*]

**Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP):** Thank you, Mr. Chair.

I thank the witnesses for having come here today. Most of all, I want to thank them for the good service they have provided to their country.

I normally ask my questions all together, so as to give the witnesses the as much speaking time as possible, and so that they can share their point of view with us. However, I think it is important to come back to the statement made by the parliamentary secretary of the Minister of International Trade, Mr. O'Toole, last Tuesday, concerning lump sums. He seemed to say that the lump sums should not be increased given that the Department of Veterans Affairs offers other services, such as transition services.

I am going to read what Mr. O'Toole said and I would like to make some comments. Afterwards I would like to hear your comments on this matter.

So, Mr. O'Toole said this, last week:

The government is looking at the lump sum right now, and is that appropriate, does that address it.

Here he is talking about compensation for pain and suffering.

The comparison to civil courts leaves out the fact that veterans will receive education and training assistance, the veterans' independence program supports within their own home, often, depending on their status [...] long term lifetime assistance with home-based modification needs, health... None of those are available in a civil court context [...]

[*English*]

**The Chair:** Did you miss all of the—

**Mr. Medric Cousineau:** The last part, I did.

**The Chair:** Okay.

Do you want to go back a bit and highlight just the last part?

**Mr. Sylvain Chicoine:** Just the last part? You missed the last part of the...?

**Mr. Medric Cousineau:** Yes.

**Mr. Sylvain Chicoine:** Okay.

Like I said, I was reading what Mr. O'Toole said last week about the lump sum and the payments for transition. He made a link between those things.

He said, and I will read the last part:

● (1620)

[*Translation*]

[...] veterans' independence program supports within their own home, often, depending on their status [...] long term lifetime assistance with home-based modification needs, health... None of those are available in a civil court context veterans will receive [...]

Mr. O'Toole seemed to say that the lump sums granted by civil courts is superior to what Veterans Affairs Canada offers. He said that in order to make an adequate comparison, one would have to add the other services offered by the department, a statement with which I of course do not agree. Indeed, the rationale behind that comment is that one can combine non-monetary compensation offered because of suffering with financial aid. This has nothing to do with the lump sum issue.

According to Mr. O'Toole, the government will not be increasing the lump sum, but it will offer other services which will have to be taken into account. He stated that overall the current sum was adequate.

I feel like I'm watching a bad translation of the film *Back to the Future* and that we are going back to a time before the Dennis Manuge case, when all these things were lumped together. I do not think that this is how things should be done.

The issue of the lump sum is distinct from these other services, it has nothing to do with compensation. It should have no repercussions on the sum offered for that purpose.

Moreover, the government often adds up the lump sum and the SISIP compensation payments. However, Veterans Affairs Canada does not offer compensation for the loss a limb. There is compensation which members of the forces pay for out of their own salary deductions, to a group insurance plan. I think it is important that this be mentioned at this point in the study.

As for the matter of the other services offered by civil courts, this is a red herring, in my opinion. I checked myself with the Quebec workmen's compensation commission, and I was told that in the case of a worker who is injured, that person receives compensation for losses or suffering. The commission also offers transition services to those who can no longer do the same work. However, there is no link between the two. I think consequently that the government is mistaken when it says that all of these amounts should be combined and that the lump sum should not be increased.

What do you think of all that?

[*English*]

**Mr. Medric Cousineau:** The lump sum payment, if it was purely for pain and suffering alone and deemed to be that, as I mentioned earlier, I'm still a proponent. When somebody is injured in service to this country, the country's obligation to them does not end. Where does it end? If you're trying to say that we're going to...

You see, there's a problem with the lump sum. You have two people, one of them is 25, and the other person is 55. You establish that both of them are at 40% disability and you're going to award them  $x$  as a lump sum. The lump sum is derived through an insurance company formulation. Where are the mortality statistics? Why are those statistics not made public? When the lump sum was originally dreamt up there was a mortality table. Every insurance company uses those numbers to derive benefits and payouts, so where is the number? The only way you can arrive at statistically smaller numbers for lump sum payouts on a disability chart is to have a decreased mortality. What that implies is that whoever developed that chart is banking on our veterans checking out early.

It's not nice, is it?

•(1625)

**The Chair:** Thank you, Captain Cousineau.

I know Mr. Chicoine used a fair amount of time to get his question out, but Mr. Yhard, if you have a brief response as well, it would be welcome.

**Mr. Barry Yhard:** The amount of the lump sum payment is really for my purposes today of little consequence. The lump sum payment for me today is the fact that it is a contributing factor to someone becoming homeless, the way that it's administered to somebody so that they, in their spending habits.... That's a contributing factor to becoming homeless.

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

Mr. Lizon, please, you have six minutes.

**Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC):** Thank you very much, Mr. Chair.

Thank you, witnesses, for coming here. I thank you for your service.

I was going to actually ask a different question, but I'll make a short comment.

I understand that there is a problem in how the lump sum payment is viewed by different people. In addition to what you said, Mr. Yhard, I think the reasons people become homeless or run into problems are much more complex. Addiction is a terrible thing that happens, and people who have that problem should be identified and addiction should be dealt with, because you know what, it doesn't really matter whether people get a lump sum or a monthly cheque. I've seen it. People who have addiction problems—their monthly cheque will be spent in two minutes. They will have no money and they will go on and on. Unless the problem is addressed, it will never end. That's my comment.

But the question, Mr. Yhard, I want to ask you is this. From your experience, if you can tell this committee about services provided by Veterans Affairs for their clients, what is the biggest complaint or complaints you hear about delivery of services from people who come to you? What changes should we make to provide better support for those who need it?

**Mr. Barry Yhard:** I'll apologize in advance for saying “homeless” again. The people who we deal with, our clients, are a very narrow demographic of the entire veterans issue. So our people have become homeless, and the problems they have with the services that

are available is that they can't access them because they're in the street.

Once we get them back in touch with Veterans Affairs—and it's not always Veterans Affairs. Sometimes it's the Legion, sometimes it's social services in a local community. But once we get them back in touch with the system, if you want to call it that, they normally benefit from it. I'm not here to say what's right or wrong with Veterans Affairs and the way they administer the program. But I can say that once our clients finally get in touch with Veterans Affairs or the Legion, they usually see a positive gain in their lifestyle.

**Mr. Wladyslaw Lizon:** Basically what I was trying to get at is if there is a complaint, if there is a better way to provide services by Veterans Affairs, the committee would like to hear it, because it would make appropriate recommendations.

**Mr. Barry Yhard:** I don't have a better way for you to provide...

Medric?

**Mr. Medric Cousineau:** Currently the structure with the case manager model, who is the one-on-one with our most seriously injured.... Unfortunately, as in anywhere, it's a bit of a crapshoot. If you get a good case manager—and God help my family if I lose the one I have because, as I say, I will tell you right now and I've mentioned it before, she has been the best thing that's happened in a long time. But there are others who are not as fortunate and you will hear those horror stories. I don't know how we deal with the human shortcoming that some are better than others. I'm not sure.

But the model has flaws also, because there are customer service agents you deal with on the front lines. Last fall, as the committee may be aware, I did a little bit of a walk, 1,065 kilometres over 50 days. A customer service agent phoned my house in the middle of that walk and found out I wasn't there, and cut off one of my benefits because I was not there. My case manager knew where I was. When I returned and talked to my case manager, it took her about two months to get it sorted out. At that particular point in time my observation to her was, “You knew where I was, but the grass didn't stop growing at my house.” That was an unfortunate circumstance.

Now how that happens, I don't know. My case manager is supposed to be the *prima facie*, the one—she's God—and somebody else on the other phone just turned stuff off on her. How does that happen? I don't know. That's a problem within Veterans Affairs that needs to be addressed.

The service delivery standard, when it works well, it really works. The problem is that those are exceptions rather than the rule, and that's unfortunate.

•(1630)

**Mr. Wladyslaw Lizon:** Do I have any time left?

**The Chair:** It would have to be a one-word question, a quick question.

**Mr. Wladyslaw Lizon:** A very quick question....

Mr. Yhard, can you tell us how your staff is trained and volunteers are trained?

**Mr. Barry Yhard:** Volunteers are all military, retired military, RCMP, and retired RCMP. They bring with them a skill set that we need in terms of management, of interaction with people at risk. Informally we have their own program that we ask people to participate in. It's contact training mostly.

**The Chair:** Thank you very much for the answers.

We now go to Mr. Galipeau for six minutes, please.

**Mr. Royal Galipeau (Ottawa—Orléans, CPC):** Thank you very much, Mr. Chair.

**Hon. Jim Karygiannis:** Chair, I have a point of order.

Could I flag something to you with the clerk? I understand that there's supposed to be a dress code in our committee when we get the floor. Would you address that, please?

**The Chair:** I'll address that by saying you raise a concern that you don't have a tie on. You have that advisory going forward, but certainly I'd ask you to go ahead and ask your questions today, please.

**Mr. Royal Galipeau:** Chair, I've just come from a hospital bed.

**The Chair:** I understand. I think the committee is quite prepared to let the member go ahead.

Mr. Karygiannis, you can sit there and fume all you want. We're here to ask questions of the witnesses.

**Hon. Jim Karygiannis:** Chair, would you read the rule, please?

**The Chair:** Not right now. I will when we're through with the witnesses. I'm not going to interrupt these witnesses because you're on some tirade. Get that through your head.

**Hon. Jim Karygiannis:** I beg—

**The Chair:** Mr. Galipeau, please, you have six minutes.

**Mr. Royal Galipeau:** Thank you very much for your courtesy, sir.

Thank you very much for being here. I want to tell you that I have a lot of sympathy for what I heard and witnessed.

For the purposes of the six minutes that I've been offered, I'll address myself to Mr. Cousineau, if you don't mind.

Mr. Cousineau, later if I have a minute left, I'll ask about your first name. I'm intrigued by it.

I want to commend you for the action you've taken in order to raise awareness of the therapy benefits of service animals. Your walking expedition has demonstrated incredible patience, perseverance, and persistence.

Now, from all corners of the veterans community, many people—veterans groups, advocacy groups, and individuals—are vocal about the Veterans Charter and the services provided by Veterans Affairs Canada. Many of these intervenors were involved in lengthy consultations with the Government of Canada then in office in 2005, when the charter was written.

I'm just going to leave you with an open-ended question, sir. You're a veteran who is actively engaged in making an impact in the veterans world. I'm interested to know how the Department of

Veterans Affairs can make improvements in the way that they do business.

The floor is yours, and I'll forgive you for not wearing a tie.

● (1635)

**Mr. Medric Cousineau:** Thank you.

Actually, I'll address that point. I will never wear a necktie in my life. When you put 13 turns in a rope you will understand what the hell that means and why I will never wear one. I'm sorry if it offends the committee that I don't wear a tie, but shit happens, sorry—and that probably was out of order too, but reality is what reality is.

**Mr. Royal Galipeau:** I appreciate knowing about your experience, sir.

**Mr. Medric Cousineau:** Okay.

Everybody makes mistakes. There is not a person in this room who has not been party to a mistake. The true hallmark of greatness is what you do after you've identified that mistake.

The history of the new Veterans Charter and the enhanced new Veterans Charter and whatnot, it's well known. It's a matter of history, and I think what you're hearing from the witnesses and what you're hearing in the street from other veterans' advocates and from veterans themselves is that there are issues. There are a lot of issues and they need to be addressed. There are strengths and there are weaknesses to parts of those programs, and this committee can hopefully take the steps to address some of the weaknesses so that those mistakes that were made become a thing of the past and veterans, as they move forward, realize that their service is acknowledged and valued and is not marginalized.

With regard to the lump sum payment, there's a very well-documented case of a veteran who lost a portion of his brain. We assigned a dollar value to that, and we gave it to him. I don't even know how the hell you deal with that. What's part of your brain worth? Is it worth so much for a month? A year? Five years? Ten years? As long as you live? I'm thinking the answer is as long as you live, and I think that the benefit stream has to be commensurate with the sacrifice that was made.

People in the military are asked to do things and they do them. I don't think any of us regrets our service. The regret comes when we feel that we've been marginalized by a government that doesn't value that service, and that's where it becomes incumbent upon Veterans Affairs to make sure that the veterans never feel that betrayal.

How do they that? Well, for starters, they make sure that veterans live out the remaining days of their lives secure in the knowledge that they're never going to run out of money, that the old pension act—as long as you live—it's there. I think that is something that you've heard time and time again. If the earnings loss benefit was universal and applied and continued forward, that would take away some of the dollar value issues, the monthly income stream. But it's hard to fathom how you arrive at—what is it now, \$298,000? Oh, we're all the way up to \$301,000! Woohoo, go us!

Being 100% disabled nets you \$301,000. At 5% interest, that's \$15,000 per year in taxable interest. Even at a 27% marginal rate, what are you looking at? That's a thousand dollars a month, if you manage to invest at all. That's not much for a lifetime of pain and suffering at 100% disabled, is it?

•(1640)

**The Chair:** Thank you very much, Captain Cousineau.

**Mr. Royal Galipeau:** Could I ask a quick question about his name? I'll ask him after.

**The Chair:** No, I'm sorry. You can ask him after the meeting's over. That would be fine.

Mr. Rafferty, please, you have six minutes.

**Mr. John Rafferty (Thunder Bay—Rainy River, NDP):** Thank you very much, Chair.

Thank you very much, both of you, for being here. There's lots of food for thought.

I'd like you to both answer this, although I think it was just Mr. Cousineau who mentioned this.

This concerns help for families. It has been pretty clear, particularly even today, with the press conference today, that the help for families is not there. It's mentioned in the charter, but it's certainly not clearly explained what that help for families would be.

Could you both comment on what needs to be in the charter to ensure that there is help for families? I'm thinking of spouses in particular, but what would you like to see spelled out in the charter for help for families?

**Mr. Barry Yhard:** Perhaps VETS Canada doesn't represent what you need to talk to today. Any support that you give the family obviously is going to help our cause because it will give the family a few more resources to deal with when a member or their loved one becomes homeless. Honestly, to list them out, it would be my personal opinion not that of VETS Canada because we don't deal with that. We deal with the homeless and at-risk.

**Mr. Medric Cousineau:** For those of you...and I'm sorry I didn't bring a copy of it with me, the latest Chief of Military Personnel newsletter that was put out by Major-General Dave Millar has an article in it entitled "The Mental Health Iceberg". I was the author of that article for Dave Millar.

The premise is that by the time you see the issues of mental health rearing themselves in the workplace, the iceberg is huge at home. The entire support system that the military is trying to build in the military family resource centres, the military family support centres, and whatnot, our spouses and our families deal with things that just aren't there in the civilian world.

I had the opportunity today to spend some time with Colonel Russ Mann who oversees the military family resource centres on behalf of the military and in conversation this was actually a point that he and I were talking about. In the veterans community there need to be resources because when somebody is dealing with serious trauma in their family—physical trauma, mental health issues—it affects everybody. Nobody splashes around in a cesspool without somebody

getting splattered. Those who get splattered are those closest to the cesspool. It's just that simple. Our families do need that support.

If Veterans Affairs were to take steps towards enhancing the programs, because there is a lot that our spouses wear.... I know that some of the benefits are transferable, for example, the educational benefits. I know of one gentleman who was severely injured with traumatic brain injury. He will never work again. His wife has gone back to school to gain a career and hopefully be able to enhance the family situation. That's brilliant.

I'm not sure if everybody is aware of what's available. In some cases it may need to be an educational process, an awareness process, but our families need that support just like we do because it is a team effort.

•(1645)

**Mr. John Rafferty:** We heard from a spouse of a soldier who has PTSD and has had it for a number of years. One of the things she said that really had an impact on me was that this was the first time in four years—he was there today—that he had been out of the house. She said that they live in poverty. She can't finish her schooling. She can't work. She has to be with him all the time, but there's no way to compensate for that, financially even. I don't know if you could make a comment on that.

**Mr. Medric Cousineau:** From the period of 2006 to pretty much 2010, I spent a significant portion of each day living in a woodshed. It had one door, one window and I could watch them both. I didn't spend a whole lot of time with my family.

I can tell you that what I was earning while I was in that woodshed was negligible. My family teetered on the brink of financial disaster. To hear that he was in his house for four years is not surprising at all.

I'm trying to be the stopgap in some ways so that the people I deal with don't wind up dealing with Barry and his organization. The fact that we even have Barry's organization should make us stop and think.

**Mr. John Rafferty:** Do I have time?

**The Chair:** We're over.

**Mr. John Rafferty:** Thank you.

**The Chair:** Thank you.

Now we have Mr. Hawn for six minutes, please.

**Hon. Laurie Hawn (Edmonton Centre, CPC):** Thank you, Mr. Chair.

Like everybody else, I thank you for your service and for being here today.

What we are trying to do—and there have been some good suggestions today all around—in this committee, on all sides of the committee is to find things that we can do better. I totally agree with you that there are some significant challenges. I think the dog care one is a simple one that frankly should be added to the list of benefits for people with dogs.

Burden of proof and transfer of info are two big issues, and I and others have been personally pushing on those. That does need to change.

I would suggest, Mr. Cousineau, that perhaps we have earnings loss benefit, permanent impairment allowance, and so on that are monthly, and some of them go to death. If we made the burden of proof in particular easier and those did become.... Perhaps we should have called them pensions instead of earnings loss benefit and permanent impairment allowance. But those would in fact be a pension, along with the lump sum. That would go a long way, I think, to making an improvement. Is that a fair statement?

**Mr. Medric Cousineau:** Yes. There's a Latin expression and I forget the Latin. But it basically is "to be rather than to appear". So optics are very important. If they became the "permanent injury pension" and the "earnings loss pension", it would certainly clarify the issue in a big way.

Now the standard that you have to meet to get those in some cases—I don't want to belabour the point, but you guys know the percentages of the clients who are on the PIA. There are several grades of the PIA, and very few people make the top grade.

**Hon. Laurie Hawn:** I agree with you. I've said this before in this committee. You're either permanently impaired or you're not. There are no gradations to that; you either are or you aren't. So I would support that.

I wanted to ask you something, though. You talked about case managers a lot and the importance of good case managers and qualified case managers and so on. We made an announcement today about priority hiring for military members and veterans for public service jobs. Would you see that being a good tool for getting military veteran folks qualified as case managers?

**Mr. Medric Cousineau:** Wow.

Would veterans be good case managers? That is a very tough question. The reason I say that is that I know my own case manager has a degree in social work. A lot of military MOCs don't necessarily have transferable skills.

• (1650)

**Hon. Laurie Hawn:** I'm saying—

**Mr. Medric Cousineau:** No, no.

Do I laud a veterans priority hiring process? Yes, because as we proved with the peer support network, veterans understand veterans. It's just that simple.

The people in this room who are veterans, whether it was navy, army, air force, we all speak a common language. We understand certain things, we understand certain behaviours, and whatnot. So it would be there. Do you want a really great place to put some of those priority veteran hires? VRAB would be one hell of a place to start.

**Hon. Laurie Hawn:** The percentage of veterans is higher on VRAB now, and arguably needs to be higher still. To be clear, we're not talking about just injured veterans being priority hires.

**Mr. Medric Cousineau:** No, no, I—

**Hon. Laurie Hawn:** Not every veteran would have the skills to be transferable to that. But for those who are appropriately qualified to be case managers, would you see that as a pretty positive place to put those kinds of folks?

**Mr. Medric Cousineau:** If they have the qualifications, that would be a wonderful place to start. Case management process, transition networks, expanding military family support—there are a lot of places with some great skill sets that some very qualified people could wind up in. I am not for a moment going to say that we don't want to do that.

**Hon. Laurie Hawn:** No. Frankly, I think it's a no-brainer to do that.

Mr. Yhard, you talked about taking money from anybody and so on, and that's obviously true of a lot of organizations that operate on volunteers. You've never applied. Have you thought of applying? Do you intend to apply to VAC for assistance?

**Mr. Barry Yhard:** Understanding that we're only three years young, we're still moving and we're still growing.

To answer your question, though, for us the idea of applying to the government for funding at the moment impacts upon our non-partisan position. We try to be very careful not to pick sides. We don't want to be seen as someone picking sides. I'll go back to saying that if you want to give us money, we'll take it.

**Some hon. members:** Oh, oh!

**The Chair:** Mr. Hawn, we're right up against the clock. You can have a question if it's within three seconds.

**Hon. Laurie Hawn:** We have criticized the My VAC Account, and I get that. Do you have a form on your website to help folks?

**Mr. Barry Yhard:** Yes.

**Hon. Laurie Hawn:** Is it something that My VAC could learn from?

**Mr. Barry Yhard:** I'll talk about the My VAC and then the age differences of our clientele. The 22-year-old knows how to use it; the 88-year-old doesn't. It doesn't matter what you do for your My VAC. If they're 88 years old, in all likelihood they're not going to be able to deal with it. What our application does is allow everyday Canadians to download it onto their smartphones and their iPads and use it as a means of identifying someone who may in fact be in need of assistance.

They are two completely different applications.

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

That concludes our round of questions.

I really want to thank our witnesses very much. We can always keep on learning more; there's no question. We really appreciate the input.

What I want to say is that we're going to have a business session at the end of the next meeting. There are some items that are to be dealt with that day. We have two witnesses that day, so we'll have ample time to deal with items that have been pointed out, including where we're going in future, etc.

If that's it for today, we will adjourn until Thursday.

Thank you. The meeting is adjourned.









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