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Chair

Mr. Neil Ellis

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● (1535)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call the meeting to order.

This is the last public meeting in relation to the study of homeless veterans. Today we have three witnesses.

We're pleased to welcome Dr. Cheryl Forchuk, assistant director of the Lawson Health Research Institute and the Beryl and Richard Ivey research chair in aging, mental health, and rehabilitation and recovery, Parkwood Institute Research; retired Captain Philip Ralph, national program director, Wounded Warriors of Canada; and retired Lieutenant-General Stuart Beare, chair of the board, Soldiers Helping Soldiers.

We'll start with opening statements and then go into questioning.

We'll start with you, Dr. Forchuk. Thank you.

Ms. Cheryl Forchuk (Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery, Parkwood Institute Research, and Assistant Director, Lawson Health Research Institute): Thank you for the invitation to speak on this important topic. I'm going to give you an overview of several projects we've done in this area to give you an idea of where it might be helpful for you to ask more questions.

You understand from the introduction that I am a researcher. My Ph.D. is in psychiatric nursing, so I come to this from the perspective of looking at people with various mental health challenges, and I have a keen interest in how people integrate into the community. It's not just about recovering from illness but about having people be part of society.

A few years ago, in finding the overrepresentation of people with mental illness in the homeless sector, I became concerned. Over the last almost two decades I've done quite a bit of work in looking at different subpopulations of homeless, and more than a decade in looking at this group of homeless veterans.

Briefly, because I have only a few minutes, I'm going to highlight in order some of the projects that you can ask me about.

Over a decade ago, with my colleague Susan Ray, I did the first study that actually looked at homeless veterans in Canada. Up to that point, we were completely relying on research from other countries, primarily the U.S. Over 90% of the research at that time, which is a lot different, comes from the U.S., and context really matters. We have a very different military system, a different health care system and a different housing system.

In the U.S., the main issue is around PTSD, which is why I asked Susan Ray to join me on that study, because her expertise was in PTSD. We interviewed over 50 veterans from across the country who were homeless. We wanted to find out their life stories. How did they become homeless? How did that intersect, if at all, with their service for the country? What did they think it would take them to get out of homelessness? That was essentially the basis of the study.

What did we find out? It was very interesting. Most of them believed that their military service was a highlight of their life, so it's very different from that American literature where it was basically a nightmare. They began to drink more heavily during the time of their service; they saw it as part of military culture. The adjustment to civilian life was not easy, but the alcohol also helped them cope with that transition. Ten to 20 years after leaving the military, there was a pattern of losing the job, losing the family, falling deeper into alcoholism—and sometimes other drug use—and eventually becoming homeless. It's a completely different trajectory compared to that of the U.S. literature, so that's very important to understand.

When we talked abut the solution—I'm being very brief here—they talked about how that was the best time of their life and how, because of that, they wanted to reconnect with that identity as a serving member. I think some of the representation we're hearing now is probably going to echo a lot of that. It's about including things like peer support but also about addressing the alcohol use and dealing with some of the issues around culture, such as structure. They often did not access traditional homeless services because they saw them as too unstructured. In fact, they would often be living in the rough rather than accessing services or going to shelters, because they did not like that unstructured nature.

The second study we took on was to take the recommendations that veterans themselves made, develop those into principles and test them out. Would these solutions actually work in practice? We had four sites: London, Toronto, Calgary and Victoria. This project was co-led with Jan Richardson, who is from the City of London and has an expertise in program development.

Again, the principles we were looking at were to address the substance use, particularly alcohol, and by doing so, to look at access to treatment, harm reduction strategies and housing first—housing first meaning that housing is a right. You don't need to be sober, for example, to get housing, or prove yourself to get housing. You become housed first and then you can deal with the other problems.

Reconnecting with military culture is the opposite of what you would do if the issue were PTSD. I'm not saying that PTSD is not an issue. At the Parkwood Institute, we also have our operational stress injury clinic, and that is the most common problem we see. What I'm saying is that it's not the issue underlying veterans' homelessness, just to make that important distinction. Mind you, even in our OSI clinic, substance abuse comes next on the list, but it's a far second.

Again, they wanted to reconnect with military culture and re-identify in that way, and it's about the peer support, but we'll come back to the peer support.

Again, it's about the structure and the self-respect. They needed something separate from the general homeless population. They needed a transition to being housed. It takes time. Again, part of the idea is that many of the people we talked to in both of these first two studies talked about being housed and then losing housing so many times that they almost gave up hope. Nobody likes to see a homeless veteran, so people are frequently housing them, but without adequate support.

In that second study, we saw that the average person, in the previous five years, had been housed six times at intake. Again, there are constantly groups that are going out and saying that they have to get these people off the street and putting them into housing, but then they lose it. They are at the point many times of saying that they almost don't even want to try because this is happening on such a regular basis. They say, “I'm being housed, but I'm not really being supported in the housing.”

Across all those sites, when we put in the service that the veterans themselves said they wanted, we served over 80 people and the really good news is that only one veteran over two years returned to homelessness.

I did bring you some materials in French and English, as directed. On that second project, we have an executive summary. I have one English and one French copy, and there is a website where anyone can download these things for free, as well as a practice manual for communities to set up a similar program in their own community and a peer support manual on how to develop that. It's different from how we traditionally think of peer support, in that it means understanding homeless culture as well as military culture. It means being a cultural broker. There's a full research study, which I'm only giving you very briefly, and as I say, in French and English. This is all available. I will give this to the clerk.

There were other main findings that came out as very important, because some of the sites.... There was a tendency to look at single sites and say, “Let's get a house for these guys.” That was the kind of solution that communities often looked at. The thing is, for one, they're not all guys. No women were served where they went to a single site solution. No families were served with a single site. That only happens if there are scattered sites and neighbourhood of choice. That's the Reader's Digest version of this. You can ask me more later.

On the third project, based on these good results, Jen Richardson and I were getting a lot of requests from communities to help them establish their own programs in their own communities. We partnered with the homelessness partnering strategy and the Canadian Legions. What we did with the Canadian Legions is find out where they were getting the most requests for the poppy fund from homeless veterans, go to those communities and then have workshops in those communities where people from both the veteran-serving community and the homeless-serving community could come together. We would go over the materials and talk about how we could set up something in each of these 10 communities across the country.

The interesting thing is that these were generally not the traditional what we call “HPS communities”, which tend to be larger urban centres. Similar to what we found before, these were mostly rural communities. It was not Winnipeg, but Flin Flon and The Pas. It was not Vancouver, but Surrey. It was not Halifax, but Sackville. That just gives you an idea of where we went.

This is really important, because a lot of these places don't have a VAC office. They aren't HPS communities. It's one of the challenges. We still have many communities that we were unable to get to. In our Victoria project—which we did here—they had a large number of homeless veterans coming from the Northwest Territories. It's the same thing.

One of the big issues we have to deal with is that where we traditionally set up most of our services both for homeless and for veterans is quite often not where they actually are. That was the really important thing, along with partnering with the Legions to find people, rather than through some of our traditional sources of data.

● (1540)

Our HIFIS data comes federally through HPS. That's data on shelters, on the HIFIS community, so they're missing all of these people who are in these small rural communities, who might be living in tents. We found some places where there would be five people camped out who were all veterans. They would even have a schedule up as to who was cooking meals on what day, but they were not being picked up by any of the traditional methods.

For that project, in every community we went to we found that the homeless sectors knew each other very well, and the veterans sectors knew each other very well, but they were completely different cultures and they did not know each other.

There are two final things, which I won't say as much about. We also did two systematic literature reviews to figure out what was going on. In this study we had nine people who were indigenous, and only three women who had served, so we wanted to do some literature review to find out “What about those populations?” These were questions that were constantly asked in those communities. Shockingly, in the entire world, there has been only one study on indigenous homeless veterans. This is an incredible gap in the literature. There's no Canadian study looking at the specific needs of women.

I'll just leave that, again, for future planning. That's my short spiel on a whole pile of studies.

● (1545)

The Chair: Thank you.

We'll have Captain Ralph now, the national program director of Wounded Warriors Canada.

Mr. Philip Ralph (National Program Director, Wounded Warriors Canada): Thank you, Mr. Chair and members of the committee.

On behalf of Wounded Warriors Canada, let me begin by thanking the House committee for its hard work in addressing the important issue of homelessness among Canadian Armed Forces veterans.

I know this committee has probably heard a lot of statistics and a lot of studies and comparisons of numbers and percentages of homelessness among our veterans in the general population. One thing I think we can all agree on is that even one homeless veteran is too many, especially since this is a population that was recruited, trained and screened to protect Canadian interests. Wounded Warriors Canada has a very simple mission: to honour and support Canada's ill and injured Canadian Armed Forces members, veterans, first responders and their families. To that end, we're endeavouring to be the benchmark charity delivering effective evidence-informed mental health programs in support of ill and injured veterans, first responders and their families.

As introduced, I'm privileged to serve as the national program director of Wounded Warriors Canada. Owing to the generosity of Canadians from coast to coast, we will invest over $3.2 million this year in leading-edge programming that's changing and saving lives. My brief comments and observations today are reflective of our 12 years of experience as a charity operating in the veterans space, with the last six years seeing Wounded Warriors Canada focus on mental health, with just a little bit of influence, maybe, coming from my quarter century as a chaplain in the Canadian Armed Forces and some of my observations there.

Successive governments and ministers have spoken about the critical need to institute policies and practices that would see the Department of National Defence and the Department of Veterans Affairs have what they keep calling a seamless transition from uniformed service to civilian life and beyond release. The critical need for this is particularly true in the cases of those who are medically released, as they are the most vulnerable and sometimes fall through cracks in the system. We have observed some progress in this area over the last number of years, and I think we would all agree that still more needs to be done. We don't doubt the earnestness or the strategic understanding of this necessity by strategic ministers; however, we must redouble the efforts to ensure that this objective is indeed implemented at the tactical and bureaucratic levels, where it often seems to get off track a bit.

Particularly, we note that those who are medically released are most often ill-prepared for transition because they planned on having long careers. Therefore, it's incumbent upon leadership to do all they can to ensure an orderly, informed transition to increase the chances of successful transition. Many facing medical release are suddenly met with the unexpected coupled with the sudden existential crisis concerning their meaning, their value and where they are as members of society. This is kind of reflecting what the last speaker said about the best years of your life and having that identity tied to being a member of the Canadian Forces and the pride that comes with that. Many facing medical release are suddenly met with that crisis and they have their identity completely taken away from them because they've tied it so much to being a Canadian Armed Forces member.

Of course, when they receive the news of that, they most often don't want to leave, so there's a delay and denial and then they start to plan for their eventual release from the Canadian Forces. Steps need to be taken to ensure that members and families understand and participate in the full release process and understand timelines, benefits and options. We need to make sure they actually understand the entire process that is going on.

Given that medical releases in particular or voluntary releases that have not been completely thought through may leave the member and his or her family with limited plans and support post-release, early engagement in the process, including assistance with sound financial literacy, would seem to be a wise and prudent provision as people transition into their period of release.

Many of the veterans who experience homelessness also have addiction problems and mental health problems. On the mental health end, we can say our experience as a charity in all these areas is that the earlier the intervention takes place, the more successful it is. Early on in Wounded Warriors Canada's experience, we believed that, since we were at the height of Afghanistan, those seeking the mental health services that Wounded Warriors Canada's programs offered would come from that population.

● (1550)

In the first number of years that we offered our mental health programs, we found that the veterans and their families who came to us were often 10 or 15 years removed from the incident from which their mental health injury occurred. That made that injury so much more entrenched and much more difficult to address, so the earlier the better.

Finally, there are lots and lots of various organizations that are seeking to address this across the country in various ways. There are studies and large groups from coast to coast, like VETS Canada, the Royal Canadian Legion with Leave the Streets Behind, Soldiers Helping Soldiers, and a patchwork of other provincial and non-governmental organizations right across the country.

Our advice to this entire space would be that these groups begin to learn lessons from one another and co-operate in best practices. One of the principles that Wounded Warriors Canada has in all of our programs is that it doesn't matter where the veteran or the first responder or their family lives in Canada; they're going to get the same level of service. We have to try to do that on the homeless front as well. It doesn't matter whether you're in Flin Flon or in Vancouver; you should be accorded the same thing.

It's a challenge, we know from programs we've done. We spent a lot of time working with Help for Heroes and learning some of the lessons that they have learned in the U.K. They have a great benefit to their programs. They have a really small country with a big population, so they can get everybody in one place. We have the opposite problem. We have a small population with a big country. So some of the bricks-and-mortar solutions need to be looked at, and we need to look at other ways of creating partnerships at the strategic and tactical levels that will avoid duplication and allow people to work together with best practices.

The Chair: Next is Lieutenant-General Beare, chair of the board of Soldiers Helping Soldiers.

Thank you for coming today.

Lieutenant-General (Retired) Stuart Beare (Chair of the Board, Soldiers Helping Soldiers): Mr. Chair, ladies and gentlemen, it's good to see you, and some of you again. Thanks for the work you are doing. Thanks for the invitation, actually. I think just being here with Phil and Cheryl has made my day. I'm going to take advantage of all of Cheryl's work and continue to leverage Phil's connections to help us improve how we....

Voices: Oh, oh!

LGen (Ret'd) Stuart Beare: That piece of business is now done.

I'm here representing the experiences of Soldiers Helping Soldiers as it relates to this phenomenon, not to speak entirely on behalf of all the experiences of those in it. For those who have not heard of or met Soldiers Helping Soldiers before, here is a very brief who we are and what we do. We are an organization of volunteers that aids in recognizing and connecting with veterans on the street. We identify them. We connect with them. I loved Cheryl's description of how that cultural and military reconnection is so important to so many. We connect with them on a personal level and then facilitate their connection and interconnectedness with those who can help them. It's very much that "walking beside" mission as opposed to "delivering the service" mission, and allowing those who are experts at delivering the services to be accessible to them so they can get the services they require. Fundamentally that's who we are and what we seek to do.

It's all volunteer work, including by serving members of the Canadian Forces who have permission to work with us as volunteers in uniform, helping to bring the uniform into that ecosystem. Veterans as well as citizens at large work within that diverse ecosystem that Phil and Cheryl described.

We have six years of experience in Ottawa. This year we will be expanding into Montreal and Vancouver, once we establish the conditions for an all-volunteer organization to find all the volunteers it needs.

We incorporated as a not-for-profit in late 2017. We are looking forward to working with other partners in this space.

What I'd like to offer, really, is just five observations, if you will, about the nature of homelessness and the dynamics that are the most useful and relevant to apply to finding and connecting with veterans and facilitating the connection of veterans to those who can help them.

The first one is that the numbers, the diversity and the geographies of homeless veterans are way larger and in way more places than we would have imagined. When I first heard the words "homeless veteran" six or eight years ago, I said, "There can't be that many." I had to be educated as to how many more there were than I ever would have imagined, and how many more different places they are in than I would have imagined, and how different they are from their peers, if I can use that language, others who live through homelessness. Gender, age, diversity, geography—we need to continue to unpack those, and the work that Cheryl and others are doing to do that is incredible.

Second is that vets don't necessarily see themselves as veterans. The word itself can unintentionally limit someone's ability to self-identify and/or accept the help that may be due to them. The question or the language, if you will, that resonates with finding and connecting with them is less the language of the institution and bureaucracy, the "Are you a veteran?" than it is "Did you wear a uniform? Have you served?" The mental model within which we relate to each other is an important part of that as well.

Third, it takes a village. When prevention fails, the finding, connecting and recovery are not one thing; they're many things. It's not a person; it's many persons. It's not a relationship; it's many. It really is a potpourri. You can just imagine, if you walk through downtown Ottawa or your own hometowns and see all the folks involved in finding, serving the homeless, and trying to help them recover, that they are incredibly diverse. It does take that entire village, including all the functions they provide to help someone recover. Within that, case management is a significant challenge. I don't mean the case management of a person as it relates to a service provider. It's a question of how you design the journey for that individual through all those different service providers and walk with them on that journey. It does take a village.

The last point, if I may, is that it's a whole-of-community effort. It's creating platforms, and as Phil described, getting the community of those who care and those who are doing together to get to know each other better and to collaborate more naturally as opposed to compelling that collaboration. Inviting the collaboration and creating the opportunities for that collaboration is very powerful. I think you may have heard, if they haven't spoken to you already, of an initiative called the Respect Forum, which is actually in operation now. It is seeking to do that by bringing together at the community level all those who are engaged with veterans in distress—for mental health issues, homelessness and the like. Bringing community together is very much encouraged.

● (1555)

To conclude, a difference can be made and is being made, and clearly more can be made. It's gratifying for me to be involved. I see how gratifying it is for anyone who's involved at the street level and working with the individual veterans and their partners. It makes a difference not just in the veteran's life, but also in our own.

Thank you.

The Chair: Thank you.

We'll begin questioning in six-minute rounds.

Mr. O'Toole.

Hon. Erin O'Toole (Durham, CPC): Thank you, Mr. Chair.

Thanks, all of you. I'm very familiar with your fantastic work. It's appreciated by all parliamentarians and all veterans and serving members.

General, it's great to see you retiring and still serving those who serve. Please give my best to Victoria Ryan, who started your charity. I went to RMC with her. At that time, her name was Victoria Cross, which I thought was the best military name ever.

Voices: Oh, oh!

Hon. Erin O'Toole: Her father was a chief, and when she got married, she lost that unique name—V.C. Give her my best.

The real challenge here, and I know you have a couple of former ministers in the room, and the gap or the seam that we've started dealing with—and this government has cross-appointed ministers—is the problem here with transition from the Canadian Armed Forces, from that homogenous group, culture and service provider, into health care, housing and a whole range of things, sometimes back in provinces that those members have not been in since they enrolled.

That, I think, means that partnerships have to be core to this, and partnerships not just with provinces, but with groups and providers that are uniquely suited to veterans.

Phil, I think you mentioned partnerships being key.

I'd like your thoughts here, because addiction is key as well. I hear constant complaints from veterans about Homewood in Guelph, in particular because it's not uniquely serving veterans and first responders. In fact, sometimes their first response is, “I'm surrounded by people who are lawbreakers, not peacemakers.” Do you know what I mean? They just do not fit in there.

What proposals do you have? I'd love to hear from you on the addiction piece. I think there should be a veteran-specific one regionally, or partnerships.

On the housing piece, I agree that the single-use site does not fit all needs. What partnerships here do you see, whether they're with the Legion or others? I think that has to be immediate, because housing comes up all the time, but how can we really tailor to quickly address the needs?

I'll just put that out generally.

● (1600)

Ms. Cheryl Forchuk: I'll take a couple of quick angles.

It was ironic they had Sue Ray come in on PTSD, and it wasn't what we found. That's one of the reasons we went to 50, because we kept looking for it and thinking we had some kind of sampling error we weren't finding.

I started my career working in addictions and alcoholism. One of the best things about addiction and alcoholism is it often takes a decade of heavy drinking to get to the point of physical withdrawal from addiction. There's a huge trajectory, a huge opportunity for intervention and prevention.

One thing we suggested in the report that Sue Ray and I did when we found this is as people are being released, a lot of 10-item screeners can be done on substance use. There's a lot of assessment around looking for PTSD. I think we need to be assessing at the point of a person leaving the service because you have a really long intervention period to prevent a problem and to deal with it. I think we'll probably hear a lot more from the others around other specific transition supports.

Some addiction counselling does occur through our OSI clinics, and we did partner with them. That's often where people would receive service. But in a lot of our discussions in the focus groups that we had throughout, which were phenomenal, part of that disconnect of cultures...is that one of the best practices around addressing addiction is harm reduction because you go at your own pace. You aren't required to have sobriety. They felt internally as well within organizations, it was a real conflict with military culture, the idea that if you're given an order not to drink, you should just be able to stop drinking, end of story. I heard this over and over again. Although they wanted something specific for veterans, it was one of the reasons they felt there might be more conflict if it was totally run by those organizations. The idea of harm reduction strategies, which came up over and over again as the main way they needed to get out of addiction, ran so counterintuitively to military culture. You're given an order, you should just stop drinking.

I'll give you two brief examples, both involving vodka.

One of the veterans in one of the sites had been on the street for 20 years only drinking non-palatable alcohol. I don't know how the person was alive. When I first met him at one of the first focus groups, his goal was to only drink vodka. I asked why vodka after all this? He said it's expensive, it will limit how much he can drink, and that's his goal. A year later he'd only drunk vodka, now he was ready to quit.

In a different city we had another situation with vodka, which is ironic, but it illustrates what we're talking about with harm reduction. So for him, imagine 20 years on the street and to just tell him to give up alcohol. That would be ridiculous. Twenty years on the street with non-palatable alcohol, he can't just suddenly stop. The other example was—

Hon. Erin O'Toole: Could I ask for the other guys, because I'm running out of time?

Ms. Cheryl Forchuk: Okay, sorry.

The veteran-serving agencies were often pouring the vodka for a different person down the sink and that was repeatedly leading to relapses. I'm just illustrating that difference in culture and why they were saying this harm reduction idea is such a hard thing for people to get their head around.

Hon. Erin O'Toole: Thank you.

The Chair: Mr. Eyolfson, you have six minutes.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Chair.

Dr. Forchuk, thank you for what you're saying about harm reduction. I'm a physician—I practised emergency medicine for 20 years—and I agree. I am very familiar with the data on harm reduction, particularly with alcohol. We have found managed alcohol programs—they had a number of these and one of them, I believe, is in Ottawa. You get people who are just not responding to any type of treatment. You basically give them access to all the alcohol they want. They actually end up drinking less, because they're not going periods without. They're not going on these binges where they end up in hospital. Their health actually improves, and they are saving the system money. We have found harm reduction in many other spheres as well. All the evidence does show it works, so thank you for being an advocate for that strategy in addiction.

We're talking about how a lot of...this is sort of to do with addictions, but it's also outside of this. As one of the many different strategies for treatment centres for people with problems with substances, with alcohol, there are a lot of centres that have not just housing but housing with in-house treatment programs.

Analogous to this—and I'm not even talking about which substances are involved—is there a greater need not just for veterans' housing but for centres that have housing for veterans as well as all the services that are there in the same centre, so in the same building, like an apartment or something like that, where you have rooms for these homeless veterans to stay, but also the peer support of other veterans? Is there a role for that? Are there any centres like that?

I can open that to anyone.

● (1605)

LGen (Ret'd) Stuart Beare: Veterans' House is an initiative coming to Ottawa, led by the Multifaith Housing Initiative here in Ottawa. There are others like it elsewhere in other population centres in Canada.

The way they are conceived and designed is not around brick and mortar; it's around the experiences you want to create or recreate for the residents, individually and collectively. The designers don't start with a square-footage room entitlement; they start with what experiences you want to create here that allow you to journey from the aggravating factors that have kept you on the street to new and positive interdependencies that lead you and keep you off the street, actually fully recovered and sustained.

The answer is yes, there are those who are building to that. There are probably places that are actually doing that. They are designed around the experience and the interdependency and the relationships we're trying to create with the individuals and in the new population.

The neat thing about a Veterans' House model is that it comes baked with what Cheryl has described. It has a lot of that attraction back into a reconnection with a military culture and a military identity that you used to take for granted, that you lost and now you're reconnecting with it.

So the answer is yes, there's a lot of merit in it, and it's great to see it coming to some places.

Mr. Doug Eyolfson: I have a question for Captain Ralph, although, General Beare, you might also have some views on this.

I've heard this a lot—not just in this study, but in many studies about transition. Veterans, particularly when they're medically released—they didn't want to leave but they were medically released—feel that their identity has been taken away. They planned on having this military career, being part of the military family, as it were.

Something that I've been advocating for in many studies—and there are places that do this, other nations—is the issue of universality of service. We've heard a number of veterans say that they have some injury, whether physical or mental, and that they're not able to do everything they could when they joined, but there are still a lot of useful things within the military they could do, but because of universality of service, they're discharged.

A lot of veterans actually were not coming forward with their complaints. The paratrooper was not coming forward with their low back pain because they thought "I won't be able to jump out of a plane. I don't meet universality. I'm going to be out" or "I'm starting to have nightmares. I have PTSD. If I can't go out onto the battlefield, they're going to throw me out" and these types of things.

Would not scrapping but modifying the universality of service principle—particularly if it was for a subset of people to serve in a modified capacity or modified deployment—ease a lot of the problems with people who could work very well in the Armed Forces, who just couldn't do everything they could beforehand?

● (1610)

Mr. Philip Ralph: That's a loaded question.

I guess you'd have to decide on what level of physical or mental impairment, and what jobs.... I mean, it's really a loaded question. Part of the culture of being together and being in uniform is that you're all basically on the same playing field. You've all signed up for the same game. You're all playing by the same rules. You're all in the same dangers together.

The general could talk maybe a bit more about how that might affect morale. Would that create more problems than it would help in the service? I don't know.

LGen (Ret'd) Stuart Beare: I think the principle of more accommodation is being lived now—at least it's aspirationally being lived—so that's a good thing. It's not an immediate "if...then...." It's tell me more and learn more. I think a move in that direction is good.

I'd also offer that we extend the sentiment of family beyond the uniform. What I mean is that instead of a transition equalling falling off a cliff, a transition equals joining another part of the military family in another place, in another way. It's taking the definition and interpretation of family and extending it, versus "I'm leaving it."

There are lots of ways that can be done. They can't be mandated. They can't be prescribed. They have to come organically from the community, but they need to be fostered and brought together.

Mr. Doug Eyolfson: Thank you very much.

The Chair: Mr. Johns, six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): We heard from Sergeant William Webb, who testified at our last committee meeting. He's from Vancouver Island. He's a veteran who has a family, and he talked about the challenges of finding support, especially for veterans for family members.

Sorry, I didn't even thank you for your service and the work you do, because you do great work, especially in our region. I appreciate that.

Captain Ralph, I certainly see a lot of your team, the Wounded Warriors, on Vancouver Island.

Your organizations are doing really important work.

Sergeant Webb cited that lack of support for families.

There's Cockrell House in Victoria. They are really making a difference. They're at 100% capacity. They need three of those facilities at least. None of them are designed for people with young children.

In terms of the number of spaces, I have two bases in my riding: the Nanoose naval base and CFB Comox. We have a large number of veterans retiring in our area. We've seen housing skyrocket 50% just in the last three years, so already we have a homeless problem. We have veterans who want to be located close to their comrades to be part of that military family.

Housing prices are huge, and there's no strategy around housing veterans. There's no federal component that in the national housing strategy really deals with it.

We've heard about a project here in Ottawa. Their challenge was that they could get one-third of the funding from the federal government, but they couldn't get the matching funds from the province and the municipality. They were pushing back, saying it is a federal responsibility, just like indigenous housing.

I want to get your feedback and thoughts on that, because we are seeing huge challenges, and not just urban ones. I'm really glad, Dr. Forchuk, that you talked about some of the rural challenges, because they're real.

In terms of funding, do you see the federal government creating more funding, and should it be dedicated funding just for veterans and housing?

General, I'll start with you.

LGen (Ret'd) Stuart Beare: I honestly don't know the numbers. I don't know who's meant to....or who is providing what for whom.

I can see the positive consequences when communities invest in affordable housing. You can see it. When you see communities investing in emergency housing to soften the landing of people who are falling, you can see it.

So any investment in affordable housing and in crisis housing is an upside. That's not for the Government of Canada and the Canadian Armed Forces as institutions; it's an upside for individual families in the community context. The idea that communities, provinces and the federal government would collaborate in creating more capacity based on the unique nature of military service, military life, in kind with other affordable housing and emergency housing programs, totally makes sense to me.

● (1615)

Mr. Gord Johns: Captain Ralph, do you want to speak to it?

Do you believe we need a national veterans housing strategy to deal with this homeless issue?

Mr. Philip Ralph: I'll step back a bit. You were talking about families. I can say, from Wounded Warriors Canada's perspective, that the greatest ask for programs, our programs that are in the most demand, are those that deal with family relationships, because having a healthy family is the first line of defence and support for any individual. That's how our COPE program was born. The service member was getting great service from the system, etc., but his wife was not understanding how PTSD and other things were affecting his family. That's how our program was born, that and our couples-based equine therapy programs.

Anything that you can do to strengthen the family helps, especially in communication. That's why those two programs are ones that we're particularly proud of, because we tend to deal with issues, especially with mental health issues, like it's just that person. It's that person in community with everybody else, and if they're not dealt with in that relationship in understanding, then that all breaks down, and support, housing and other issues end up being very serious.

Mr. Gord Johns: Dr. Forchuk, do you want to add to it? You talked about housing first and the importance of it.

Ms. Cheryl Forchuk: We work with Cockrell House. I met with some of the families and women there. Cockrell House also provides rent supplements to allow people to access housing outside of that main building. That's also what happened in London. The scattered site seems to work best with a rent supplement program, and it's only where that program was in place that we saw families and women housed.

I agree about a national strategy. I would say this should be a general strategy for homelessness; it's not only veteran homelessness. I think the rent supplement issue is similar to some of the programs in the U.S. It's one of the things we need to take very seriously.

In the interest of time, I'll leave it at that.

Mr. Gord Johns: I know there are approximately 3,000 veterans who are homeless. I think having a strategy around that should be an utmost priority for the government.

As for the veterans' emergency fund, I'm sure that you're helping veterans access that fund. We heard from Sergeant Webb just how inadequate it is in markets, especially like the Comox Valley where you need first and last months' rent.

Do you want to speak to the changes or what's necessary to help veterans get into housing? Do any of you want to talk about that and that fund?

Ms. Cheryl Forchuk: One of the things we've done in the city of London—and how we've continued with the rent supplement—is compare the cost, if it comes from a different level of government, of being in a homeless shelter with the per diem rate. It ends up adding up to over $1,500 a month per person. Add that up for a family of four. The city has found, for most of our veterans, that it's simply a matter of $200 a month in rent supplement. That can keep them housed versus $1,500 a month to have them in a homeless shelter or some other service.

One of the problems and challenges is that we're talking about something that crosses municipal level, provincial level, in terms of some of the legislation, and federal level. I think that's where a lot of the disconnect is. Who is saving the money? In this case, in London, it's the municipal government at this point that pays for that rent supplement, but when you compare it to the cost of someone being homeless, it's a bargain.

The Chair: Thank you.

Mr. Samson, you have six minutes.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you very much to all three of you for your presentations and for your service as well. It's extremely important information to help us as we move forward.

I have a couple of very important questions. Are you aware that the national housing strategy has, as a priority, veterans? Are you aware of that? Okay.

Lieutenant-General Beare, you talked about universality. We've made some good moves. I think we're getting closer, as you mentioned. Would you say that the fact that we brought in pension for life will help us track veterans? What we noticed before with the lump sum was that it was, “Here you go with the cheque. See you later, goodbye. We don't need to talk to you, you don't need to talk to us."

Do you have any comments on that, any one of you?

● (1620)

Mr. Philip Ralph: Do you want us to have a comment on the pension for life? Oh boy.

Voices: Oh, oh!

Hon. Erin O'Toole: Yes, please. How much time do we have?

Mr. Darrell Samson: The question is about tracking. That's what is important. It's the lump sum versus pension for life.

LGen (Ret'd) Stuart Beare: Here's a thought. The challenge with a lot of these things is that they're subjective and surmised versus evidence based. Also, we haven't had a lot of time to see how things play out, but speaking from the heart, from the gut, sustaining a relationship with our members beyond the uniform—one way or another—is always a good thing. As for how you sustain that relationship, well, pension for life is a way. It's not the only way, but it's a way of staying connected, including having an address. That's staying connected.

It goes back to this notion of staying within the family even after you leave the uniform. There's a lot of merit in asking ourselves what that really means and what that can look like not just in government programs, but in real community-level ways.

The last thought I'd offer—completely subjective—is that my relationship with Veterans Affairs should start the day I pass basic training—

Mr. Darrell Samson: We all agree with that.

LGen (Ret'd) Stuart Beare: —so that somehow there is that automatic relationship. It doesn't matter if I serve a year, 10 years or a lifetime. If I never draw from a program or a pension, so be it, but I wore a uniform and I'm acknowledged as having served.

Mr. Darrell Samson: Absolutely, you're reconnecting and staying connected.

All of you talk about different links.

Dr. Forchuk, tell me, in your research, are there any links with other universities in Canada that do research with veterans? There's the centre of excellence that we have as well, and the OSI clinics. These are very important institutions or support facilities that are available.

What are we doing to link? I'm always concerned. Yesterday or last week, we had a presentation on how we have over 2,000 different organizations doing some type of support, but they're not talking and working together. Let's talk about links.

Ms. Cheryl Forchuk: I agree with you a hundred per cent. I think we need to have those linkages across the board. I certainly have worked with OSI clinics. As I said, we have an OSI clinic at the Parkwood that also covers the Toronto-Hamilton-Waterloo area. We just had a consortium meeting last week in terms of research around veterans generally. Also, there's CIMVHR, which I'm sure many of you are familiar with. It's an important network around veterans research.

I think there are those networks, but the main area I found in terms of homeless veterans, particularly when we went out to these 10 communities, is that it was specifically about the homeless-serving networks and the veteran-serving networks not being connected. I would say that's probably the biggest link that's missing, particularly in the smaller communities, where often for each of those services they were having to go out of their own communities to make those linkages. Between those two things, those people were not talking. That would be one of the areas where I would put the most emphasis for a solution.

Mr. Darrell Samson: Thank you.

Captain Ralph.

Mr. Philip Ralph: One of the ways of making sure that some of these links carry on—and there are some duplications, of course—is to fill gaps. The reason we don't do a peer support group is not that we don't think peer support groups are good and necessary, but that other people are doing peer support groups. We try to do unique things.

What the research end often doesn't get, because it's not as sexy as everything else and people don't always know.... Research is the necessary piece to link how this works. In terms of organizations, I'll put in a plug, because I know that CIMVHR is up for its funding, etc. It is a vital piece of making sure that all this information is shared between groups, so that the research comes together at least once a year at the forum. People get into a room, begin to learn from one another about what's being done and can institute best practices.

Supporting research doesn't sound sexy, but it's important. It's a substantial part of our budget as well. All our programs are the subject of ongoing research, either by CIPSRT or by the University of Victoria. It costs us extra money to deliver programs that way, but in the end it also means that it's not about “hey, Joe thought it was a good idea, Fred thought it was a good idea and Phil thought it was a good idea”, but about how the evidence actually says it is the best idea. It's important to do those linkages.

● (1625)

The Chair: You're out of time, sorry.

Ms. Ludwig.

Ms. Karen Ludwig (New Brunswick Southwest, Lib.): Thank you all for your testimony today. This is very interesting.

It certainly connects with the other witnesses we've had before the committee. The continuity, I think, is also important, especially from a research perspective.

I'm going to start with Dr. Forchuk.

You mentioned that a non-veteran in a homeless situation would receive roughly $1,500 per month versus an identified veteran at $200. Is that right?

Ms. Cheryl Forchuk: No. I'm talking about the shelter allowance. There are different numbers across the country. I'm using Ontario data here. The province mandates how much the municipality must pay per diem to the shelter, which is right around $50, to keep a person in the shelter. It's the cost the municipality pays the shelter to provide no housing, essentially, for a month, which works out to roughly $1,500 per month. As I say, the problem is it's something mandated from the province to the municipality, not federally. It's very convoluted.

Ms. Karen Ludwig: Thank you for explaining that.

I wanted to connect that to veterans self-identifying. That's one of the challenges we've heard consistently before this committee—being able to identify who is a veteran while the veteran needs to self-identify. I was curious about that in terms of the compensation there. If we know that consistently, as you mentioned, 10 to 20 years after leaving, a veteran starts showing signs of challenges—

Ms. Cheryl Forchuk: They become homeless.

Ms. Karen Ludwig: Right. Knowing that transition, how do we improve that? What about in cases where the veteran has a service dog, the veteran has children or the veteran is female? How do we improve on the data collection so that when we're working on policy development, it is based on evidence?

Mr. Philip Ralph: You mentioned service dogs. As program director of the the largest funder of service dogs for veterans in Canada, I can tell you that it's a misunderstood field in many ways. A service dog, although it can change and literally save lives, has to be introduced into a stable environment.

Often what happens is that you have somebody reaching out in desperation for something. The additional cost and having to care for a dog.... As anybody who has a pet dog knows, it takes a certain amount.... The in-clearing has to do a proper job of making sure that the house is stable enough to support that dog so that the dog can do the work. If you end up with a person who is marginal having a service dog, it's an extra burden on that individual.

Ms. Karen Ludwig: It's a challenge. No one wants to admit they're in the desperate situation of being homeless, let alone a very proud and honoured veteran, but turning to a public service where you may stand the risk of not being able to take your dog in, where you may not be able to take your children in, and certainly in situations where women are vulnerable is a scary thought.

I know I'm going to be short on time, so I'll just ask a question of General Beare.

In terms of the transition and in terms of training, one of the things we've heard before the committee is that there are many members who have trained within the Canadian Armed Forces to be, let's say, an electrician, a plumber or an engineer, but during that transition from CAF to civilian life, on the civilian time frame their credentials have not been recognized. If we had a better way to get recognition for the credentials, do you think there would be a better route to effective transition?

● (1630)

LGen (Ret'd) Stuart Beare: Yes. For those who want to stay in the workplace, facilitating that journey would be brilliant. There are non-profits that are in that space now. I'm sure you know some of them—Helmets to Hardhats and others. At the end of the day, the industry regulators and the provincial regulators of standards, the advocacy with them to accommodate the lateral movement versus the bottom-up movement of people with these skills, and the quick certification of those skills would have a positive effect, absolutely.

Ms. Karen Ludwig: Just on that, before I had the honour to be elected, I was in education, and we heard that often: There was a lack of recognition of skills from province to province. I think that's certainly not only an important transition; it's also a validation.

If people have worked 20 years in a field in the military, why can't we get that credential recognized or better fit in terms of curriculum and "credentialization" within the military so that it's a more successful, more seamless transition?

LGen (Ret'd) Stuart Beare: As an old fellow who used to run the army training system, I can say that we went to every length to make sure we were leveraging the best of what industry was providing in terms of qualifications, militarizing them where and how it was necessary, to facilitate that certification once folks decided to go commercial.

I know there is advocacy going on, but as you say, it's province by province, sector by sector. The health sector won't be told by anybody but the health profession about how to run their standards. That advocacy and engagement with them is very welcome and very important. It's not just legislators and industry; the non-profit sector also has a huge role to play here. Some of the best transition experiences are delivered by the non-profit sector.

Ms. Karen Ludwig: That goes back to your point about links and collaboration.

LGen (Ret'd) Stuart Beare: Yes.

Ms. Karen Ludwig: Okay.

Thank you.

The Chair: Mr. O'Toole.

Hon. Erin O'Toole: Thank you, Mr. Chair.

General, I like how you used the phrase "sustaining a relationship", because I think that's the goal. That's why in the late 1920s the Legion was created and tasked by Parliament to do this before there was a Veterans Affairs. The trouble now is that modern veterans by and large don't join the Legion, so there isn't that relationship, directly or indirectly. I think in many ways we can find partnerships. Even some of the groups like Send Up the Count and others are doing that. That includes your group and Phil's group.

I'd love to hear from the other two on my original question. A few years ago—Kent was here—we had Joe Tilley and his wife Penny-Claire talk about their son Spencer, who died as a result of addiction in the forces and leaving the forces. They were sharing their learning. The surgeon general was there. It was one of the most powerful and tragic speeches I've heard.

Once again, it's the addiction piece. I hear steady complaints about Homewood. I hear your point about let's not have it so that there's a military culture within it, but I do think.... I have a very good, very high-profile friend who just left, after 30 days, and he was very public with his addiction treatment. He sought out the right type of place to go to. Should we almost credentialize certain programs and provide the veteran with the funds to find it themselves?

Phil and Stuart, I'd like to hear any thoughts you have on the addiction piece, because I think that's the first step in the risks toward housing.

Mr. Philip Ralph: I think you're right, Erin, that veterans naturally need to go to someplace where they feel they're understood. When we're trying to certify clinicians in our programs as Wounded Warriors Canada clinicians, we have three criteria. If somebody is a good individual counsellor, that's great, but can they work with a group? That's the way we do our things. As well, do they understand trauma? As a third piece, do they understand and value the values of uniform service? If they don't meet one of those, then they can't counsel and they can't be part of our clinical team, because they won't be received by the veterans.

We've toured, as part of our partnerships in learning, a number of the organizations—that all end in the word "wood"—around the province. Some we felt really positive about, and some...you know. And they're kind of conscious of that. I know that Bellwood in Toronto was trying to create almost a zone where if veterans were being treated, they would feel a little bit more comfort and feel valued as veterans.

That meaning piece, that identity piece, is an important piece. Our national patron, Roméo Dallaire, talks about that as always being part of the struggle with mental health. That identity piece is so critical: "You just threw me in with all these...and I've served my country. This doesn't make any sense. I don't feel valued." Whether or not that's right or wrong, that's how they feel. You have to accommodate that so that you can gear up for success.

Yes, it's a real problem; I agree with you.

● (1635)

Hon. Erin O'Toole: General, do you have any thoughts on that?

LGen (Ret'd) Stuart Beare: I'm a, "yes, and", guy, so yes, there's credentialing, if you will, so the interventions are centred on the person, as opposed to centred on the deliverer. The person is the point, not what they do. They need to be connected to the other parts of life, because they'll either help or aggravate the addiction.

One of the directors on our board is the executive director of the Ottawa Mission, and the Ottawa Mission's mission is not shelter, it's recovery, but it includes shelter. They see the whole person, and they try to diagnose and then case manage the person through all the things that are necessary to support recovery, starting with addictions in those cases where it's a factor. However, it's not addictions alone, it's addictions and vocations, addictions and preventive medicine, addictions and financial well-being, addictions and— It's not a thing, it's one of the things that's aggravating another thing. It's a symptom of a deeper problem.

I think it's a "yes, and" proposition.

Hon. Erin O'Toole: General, you talked about training on VAC at basic training, and I used to talk about this as minister. What about the U.K. model where, from recruitment to training to deployment to training others to veteran, it's all under DND? Please reply in less than one minute.

LGen (Ret'd) Stuart Beare: I'm silent. I'm just kidding.

The Chair: Reply in 30 seconds.

LGen (Ret'd) Stuart Beare: There is always merit in asking ourselves what we're trying to do, re-evaluating what we're trying to do or prevent and re-evaluating how we're doing it. Instead of assuming we have this tool box and these are the only tools we're going to use because that's our tool box today, for tomorrow.... We're always re-evaluating what we're trying to do and/or prevent, and always being constructively critical and curious about other ways to do that and not dismiss alternative views.

The Chair: Thank you.

Mr. Chen, you have six minutes.

Mr. Shaun Chen (Scarborough North, Lib.): Thank you, Mr. Chair.

Lieutenant-General, Captain, Doctor, thank you very much for being here. You folks represent the great work that is being done to support our veterans. At the same time, while veterans may be in contact with you and the organizations that you work with, they are often out there seeking service from traditional homeless shelters, for example.

Dr. Forchuk, you talked about those traditional homeless shelters as being too unstructured, and you also pointed out an absence of research on indigenous homeless veterans, save one study that has been done. To me, this speaks to the need for more focused, culturally relevant programs and services to support veterans. It sounds to me that there is a dominant culture out there in the traditional services that is not meeting the needs of veterans.

Lieutenant-General Beare, you pointed out how the language that is used during an intake, for example, "Are you a veteran?" versus, "Have you served?" can be very important when making sure that veterans receive the services they are entitled to.

With this situation, what do you believe is necessary? How do we disrupt that dominant culture? Is there a lack of training on the ground for these traditional service providers? How can government support those efforts to make a difference?

● (1640)

Ms. Cheryl Forchuk: We do have a lot of that information in our training manual, because it's also for people in the sector serving the homeless to be aware of those issues, particularly around structure. Being one minute late for an interview can put off the development of a therapeutic relationship in a way that has no meaning for the other people who will be served. People on both sides need to understand those very important issues.

Again, we have to be careful, because a lot of the data is based on shelter use, and the homeless are only going to the shelters occasionally. The structure, the re-identifying with military culture, reconnecting, and the role of cultural brokers who understand both the idea of military culture, as well as homeless shelters bring those two worlds together to have a cohesive treatment plan.

Mr. Shaun Chen: Thank you for that.

Captain Ralph, you're the national program director of Wounded Warriors Canada, and, Lieutenant-General, you are with Soldiers Helping Soldiers. Can you talk about the importance of incorporating veterans into helping veterans? We've heard many times about the connection that veterans themselves can bring to that work. Because they've experienced it themselves, they're able to speak the language better and relate those experiences. Can you talk about the importance and perhaps give some examples of how this is beneficial?

Mr. Philip Ralph: You can't assume that just because a person is a veteran that they can be helpful. You have to leverage the strengths of veterans and couple it with people who are experts in certain fields.

For instance, on some of our programs, and I'll take COPE as an example, the clinicians aren't necessarily veterans, but they are people who understand uniformed service and trauma. They're some of the best in the country in caring for people. What we have in that group is one couple who have worked through the program and who come back a year later to give that credibility to the clinicians and that language. They become the peer mentors for that group. So you're using the veteran's strength, but then you're tapping into the expertise that is out there in society.

One of the great difficulties—and we know that it happens—within the veterans space generally is that there are a number of people who are ill and injured. Because they're ill and injured, they really want to take on a lot and help the other ill and injured, and they're not in a position to do that. The program doesn't end up being that successful, and they end up doing harm to themselves, sadly.

You need to take their strengths and surround them with people who are experts and who are supportive from other professions, and use both, so that they can talk to each other and bridge that gap.

Mr. Shaun Chen: So veterans can play a very important role in complementing the work of professionals and those who are working to serve veterans. I'm trying to connect the two. If there are services, programs and shelters out there that don't have the expertise in how best to speak the language and work with veterans, do you find that there is a resistance to some of those traditional institutions really working to tap into the expertise and experiences of veterans so that they can better fine-tune how they deliver services?

Mr. Philip Ralph: There are some services such as Trafalgar treatment centre in Port Hope. It recently brought on a veteran who went through their programs to be their consultant and their way in so that veterans would feel more welcome, so they could speak to that without changing the evidence-based, really good stuff that they're already doing. They can take the strengths from both worlds.

We need that. We need the strengths from both worlds.

The Chair: That's the end of your six minutes.

Mr. Johns, go ahead for three minutes.

● (1645)

Mr. Gord Johns: In 2018, or recently, has your organization been solicited by Veterans Affairs Canada to serve needs that the government is not fulfilling? Has either of your organizations been referred by Veterans Affairs to do any of those...?

LGen (Ret'd) Stuart Beare: We were invited to participate in the veterans initiatives program. Because of where we are and what we do as an organization, we didn't access that opportunity. It wasn't something we needed, but others did need it, so the answer is no, we didn't.

Mr. Gord Johns: Lieutenant-General, does a caseworker ever give your organization a call and say, “can you help out”?

LGen (Ret'd) Stuart Beare: Sorry, you're talking in terms of serving a veteran versus in terms of program support.

No, we have actually had tremendous co-operation and collaboration at the individual level, working on an individual veteran's files.

The Legion is still an incredibly powerful partner in advocating for and helping unpack a very—

Mr. Gord Johns: Absolutely.

Does either of your organizations get funding from the veteran and family well-being fund?

LGen (Ret'd) Stuart Beare: We didn't ask for any.

Mr. Philip Ralph: We received $245,000 from the veterans.... It was specifically aimed at reducing the backlog of veterans who were waiting to go on the COPE program. We've spent all that money.

Mr. Gord Johns: Was it enough?

Mr. Philip Ralph: It reduced the wait-list by half. I think it was a wonderful initiative from the government. One of the things we say is that nobody's “the” solution. The government's not the solution; the charity's not the solution, but together we can have some strategic partnerships and some important roles.

Mr. Gord Johns: I couldn't agree more.

If the amount of money you got was doubled, would you be able to reduce the backlog even further?

Mr. Philip Ralph: Yes.

Mr. Gord Johns: Great.

The reason I ask is that we put forward a motion in the House to end lapsed spending. There was $1.1 billion left from the previous government and $342 million in this government. It's about $124 million a year of that money going to.... To me, the government's not meeting the 12 service standards, and this would certainly benefit organizations like yours.

If you saw that kind of money being freed up, if it was being directly targeted to the next fiscal year to meet the 12 service standards, do you think, if that money went to the veteran well-being fund, that it would help organizations like yours?

Mr. Philip Ralph: I can only speak for Wounded Warriors Canada and tell you that any government money that we receive.... We will always fund our operations and stuff through the charities to remain independent and agile and do the things we're doing, but if the government wants to partner and help reduce the wait-list....

I think one of the areas the government could really make a huge difference in is providing some stable funding for the credible work of proper service dog providers in Canada. That would be huge. We have managed to corral most of the credible ones under our umbrella, so we've done the legwork.

Those kinds of things, the wait-lists, the backlogs and some of the programs.... We can promise the government, just like we did with COPE, that 100% of any dollars that we get in addition to what we're already doing goes directly to the program and that not one penny goes to the other needs of the organization. There aren't too many people who can say that.

The Chair: Thank you.

That ends our time today.

Mr. Samson has one quick question.

Mr. Darrell Samson: Thank you very much.

I thought Johns was going to give me a few seconds, but he didn't.

One issue veterans in Nova Scotia are telling me about, which is very serious, is that when they have a crisis and they end up in the hospital, they come out worse than when they went in, because the people who are treating them don't know anything about them. They don't know anything about their challenges, and that's a crisis in itself.

In Nova Scotia we're working a 24-hour clinic specialized for veterans who come in.

Are there any comments on that?

LGen (Ret'd) Stuart Beare: Going back to remaining connected, anything you could do to continue to provide and feed that connection is great.

Ms. Cheryl Forchuk: I would also put a plug in for the OSI clinics, and maybe that's something we need to be thinking about in terms of their role and how they connect with other parts of the health care system.

Mr. Darrell Samson: We're looking to connect the clinic with the OSI clinic.

That's a good one. Thank you.

Hon. Erin O'Toole: And we opened most of those clinics.

No one talked about the administrative offices, how are they playing a role?

● (1650)

The Chair: On behalf of the committee, I would like to thank all three of you for appearing today and for all you do for the men and women who have served.

Also, we have a housekeeping matter. Our clerk is moving on.

Karine, this is your last meeting. I'd like to thank you, on behalf of all of the committee, for keeping us organized, travelling with us and keeping us on time.

We have a vote, and this meeting is adjourned.