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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, June 2, 2016**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

Thursday, June 2, 2016

• (1100)

[English]

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

Good morning everybody. This is the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), the committee is resuming its study of service delivery to veterans.

I'd like to welcome all the organizations here today. From the Canadian Aboriginal Veterans and Serving Members Association, we have Richard Blackwolf, national president, and Joseph Burke, national representative. From the NATO Veterans Organization of Canada, we have Gordon Jenkins, president; and from the Royal Canadian Mounted Police Veterans' Association, we have Mark Gaillard, executive officer and secretary.

I know that some of you have been here before. We'll start with the panel and give you 10 minutes each. From there we'll start the first round of questioning and try to get a second round of questioning in.

We drew straws earlier, so now we'll begin with the Canadian Aboriginal Veterans and Serving Members Association.

Mr. Blackwolf, you're on.

**Mr. Richard Blackwolf (National President, Canadian Aboriginal Veterans and Serving Members Association):** Good morning, Mr. Chairman, and honourable members of the committee.

My name is Richard Blackwolf. I am the CAV national president and a Royal Canadian Navy Cold War veteran. Thank you for the invitation to appear before you and to present our positions and experiences on the questions posed in the committee's invitation.

I am pleased to introduce Mr. Joseph Burke, CAV's national representative. He has served with the Royal Canadian Regiment and the Royal Canadian Army Medical Corps as a flight medic. He is here today to assist in the presentation and to participate in the answering of your questions.

The Canadian Aboriginal Veterans and Serving Members Association is a nationally and internationally recognized veterans organization. We are in our 38th year of representing Canadian aboriginal veterans. The CAV is a full-spectrum veterans organization, with members from all eras, World War II to the present. Our national website on the World Wide Web is nearing 400,000 visits. The CAV has a presence on social media with 20 groups.

We have endeavoured to answer every one of your 32 questions, but today, for brevity, we will highlight.

Joseph will start off.

**Mr. Joseph Burke (National Representative, Canadian Aboriginal Veterans and Serving Members Association):** With respect to the Veterans Affairs transformation plan, the veterans under the new Veterans Charter report there are problems with the documents they receive from VAC. Confusion and anger are caused by phone calls from unknown VAC staff members rather than letters that clearly state the actions or decisions made by VAC. There is confusion with their My VAC Account, particularly at the start. Their banking information is the very first thing they have to enter, rather than at a later time when they more familiar with the program.

• (1105)

**Mr. Richard Blackwolf:** The VAC transformation plan, launched to reduce the complexity of service delivery, has made progress over the years. One example is the reduction in form length, and the simplification of forms. It also includes the establishment of the online My VAC Account, and the new use of telehealth services to contact veterans for VIP and veterans in isolated or rural communities. The adoption of operation codes linked to common injuries that are associated with military occupations is the most progressive step implemented by VAC in current times.

**Mr. Joseph Burke:** With respect to reduced wait times for decisions, we cannot positively make the claim that wait times have been reduced for disability benefit and rehabilitation program decisions. Veterans have reported that their claims have gone smoothly, particularly the operation code types of claims—for tinnitus, as an example.

**Mr. Richard Blackwolf:** In our experience to date, we are not aware of any new initiatives to ensure that a veteran's application is fully filled out and correct. There remains the standard method of filling out a claim—the veteran himself, with help from various sources, such as Royal Canadian Legion service officers and SISIP.

**Mr. Joseph Burke:** The committee heard in earlier testimony that the private sector Manulife SISIP, or service income security insurance plan, provided timely service without problems. The CAV's recommendation for Veteran Affairs Canada, to be able reduce wait times for decisions on disability benefits and rehabilitation programs, is to have a change in VAC corporate culture. This would require legislation to move from a reactive posture to a proactive position to emulate a private sector service provider, starting with VAC being ISO 9000 quality management certified. ISO 9000 certification would bring VAC operations up to international standards, ensuring that VAC services would be consistent in meeting a client's time-related requirements, with performance that is measurable.

**Mr. Richard Blackwolf:** Regarding a 16-week service standard, in our view the response time of four months is totally ridiculous in an age of computers and fibre optics. There is no business plan that we have been made aware of at stakeholders' summits or statements by the minister as to how and when the four-month service standard will be achieved.

There is also a protracted process to obtain aids for living, such as wheelchairs, walkers, canes, hearing aids, and lift chairs, which causes frustration and anger.

**Mr. Joseph Burke:** With respect to complex cases requiring a case manager, we have not had any reports of changes in the way veterans with complex needs interact with their case managers. We were expecting to hear positive reports as the new VAC philosophy of care, compassion, and respect propagated through the VAC corporate culture.

**Mr. Richard Blackwolf:** With respect to the VAC partnership with the Department of National Defence, the VAC has been a consistent advocate for Veterans Affairs to be merged with the Department of National Defence to produce a flat line of communications between DND and VAC where veterans' records could transit unhindered by corporate interfaces and the Privacy Act.

We were delighted to find that the new government's Minister of Veterans Affairs was also a DND associate deputy minister and that the VAC deputy minister, General Natynczyk, was retained in his position. General Natynczyk has a very high level of respect and trust in the veterans' community.

**Mr. Joseph Burke:** In our experience, education is key to a successful transition from the military mode to the civilian mode, especially for those veterans with physical or psychological injuries.

VAC partnerships with companies that are entrepreneurial, in the sense that they are searching for jobs that are in demand and that people with a disability can handle, and designing courses to provide clients' training to fulfill these jobs, are ideal for veterans with a disability who need to join the labour force.

• (1110)

**Mr. Richard Blackwolf:** With respect to the delivery of medical care services to veterans, excluding mental health services, in general, veterans' claims for medical services are not approved in a timely manner. Delays are prevalent.

**Mr. Joseph Burke:** The process is not simple and flexible for the average person. We consider the process unduly complicated, and help is often needed.

**Mr. Richard Blackwolf:** There is satisfaction expressed in the delivery of VAC medical services by our older World War II and Korean War veterans.

**Mr. Joseph Burke:** There is very much a "no" in the satisfaction of the way VAC handles health care services for young veterans. Approval delays when doctors are submitting extension of benefit forms and then having to wait long periods for approvals to continue treatments cause a break in the veteran's treatment with dire effects in some cases.

**Mr. Richard Blackwolf:** With respect to delivery of mental health services, it is our understanding that VAC is responding to veterans' mental health needs when asked and is providing appointments to OSI clinics and other mental health care facilities.

Complaints about VAC information voids and slow responses are common.

**Mr. Joseph Burke:** We were deeply affected by the suicide death of Corporal Leona MacEachern on Christmas Day 2013 who was treated for post-traumatic stress disorder.

**Mr. Richard Blackwolf:** We were deeply affected by that. On Christmas Day, as mentioned, she was being treated for post-traumatic stress disorder at a health care facility. She was allowed to leave for a trip home, and on the way she intentionally drove her car into an oncoming transport truck on the Trans-Canada Highway near Calgary. She wrote a note for the family stating that her death was a "final desperate act" as a result of "protracted battles" with Veterans Affairs over medical benefits for dental work she received in the late 1980s while stationed in Germany during the Gulf War.

We attribute two things to Corporal MacEachern's suicide death, one being the Veteran Affairs culture of delay and denial; the other, the experimental use of psychiatric drugs. Corporal MacEachern's husband stated that she had just had a change of medication. Our concerns led us to post a warning and videos on our CAV national veterans services page on the CAV national website about the dangers of psychiatric drugs. Brain chemistry is a medical field that medical science has the least knowledge of. Drug companies are producing psychiatric drugs and they are being prescribed on a trial basis to see if they work. In some cases, other drugs are prescribed to counter the side effects of the primary drug.

**Mr. Joseph Burke:** In our view, family members of veterans suffering from mental health problems should receive psychological and financial support from Veterans Affairs Canada. Each family member should have a picture ID card and a VAC account.

**Mr. Richard Blackwolf:** With respect to rehabilitation programs under the new Veterans Charter, veterans' suitability criteria for physical rehabilitation programs appear to be working. Problems do arise when there are gaps in the treatment cycle caused by permission delays by VAC. Quite often they'll come to a point where they have to renew a prescription or a medical procedure, and then they're waiting, sometimes up to four months.

**Mr. Joseph Burke:** Due to the lethality and unpredictable effect of psychiatric drugs, psychosocial rehabilitation programs for the recovery of people with prolonged mental illness, in our view, need heightened screening and DNA testing at the start to ensure clients can metabolize the potential psychiatric drugs they may be prescribed.

• (1115)

**Mr. Richard Blackwolf:** We'll move ahead to our last point, which is important to us, with respect to the Veterans Review and Appeal Board.

We have been made aware that the quasi-judicial proceedings of the Veterans Review and Appeal Board have produced marked criticisms for the board's superficial decisions. The board's less-than-professional decisions continue to support the conviction held by many veterans that the board's main function is to deny claims and for the flimsiest reasons. Members of the Veterans Review and Appeal Board are political appointees. Changing the board's makeup to include more veterans would not reduce the number of claims denied because the board does not function as a democratic body.

The current board seats no doctors or doctor specialists who would be peers of the doctors and doctor specialists providing medical evidence at veterans' first-level review hearings, and again at the veterans' second-level appeal hearings. If the board decides that the evidence of a doctor or a doctor specialist is not credible, then the board should be required to provide the reasons for its decision at the same medical expertise levels specified in the board's medical rules of evidence. Simply put, the board's rules of evidence apply also to the board's decisions.

Thank you taking for taking the time.

**The Chair:** Thank you.

Next we'll have NATO Veterans Organization of Canada, and Gordon Jenkins, president.

Good morning.

**Mr. Gordon Jenkins (President, Head Office, NATO Veterans Organization of Canada):** Did you want to have questions?

**The Chair:** We'll have 10 minutes each, and then each person will direct questions to each person on the panel.

**Mr. Gordon Jenkins:** Thank you, Mr. Chairman, and MPs sitting around the table, for taking the time to be on this committee. You are very important to us veterans as a conduit to the next step, shall we call it. It's very important that we get across to you, and there are so many points. I will try today to stick to three, believe it or not. I've

got my clock, and I'll try to keep it to four minutes. There's more documentation, because I have a bench strength of analysts that you wouldn't believe: an ex-CDS, an ex-VCDS, who have done the homework for me. This is a *Reader's Digest* summary. That's not an ad for them.

Did you know there are at least two categories of veterans in Canada? The World War II and Korean War veterans—war veterans they're called, even by some people who should know better—versus the post-Korean, current-day veterans like me. I did three tours in three lovely places. The servicemen and RCMP who participated in conflicts in Afghanistan, Yugoslavia, and 35 peacekeeping countries, like Haiti, Bosnia, etc.... They're awful places. The stories I could tell you of that would just.... Anyway.

These veterans groups—war veterans and the active part of Korea—have different legislation from the other groups. They're treated differently for benefits. We just had an ex-CDS refused admittance to a veterans hospital. He had served in Korea but in the peacekeeping time. These groups are—and I hate to use the word—segregated. Segregation should have passed, and has passed in most places, long ago. There are no longer federal hospitals for veterans. There are no longer hospitals for war veterans; there's even a waiting list.

All the hospitals—and I think I can say all, albeit I'm not sure about Camp Hill and Montreal—are all now provincial hospitals, which means that each province and territory has different rules and regulations for veterans getting in. I won't get into the different types of beds that Veterans Affairs has categorized. But as a veteran, once I can no longer stay in my home, I join the lineup with everybody.

The modern-day veteran, when he joined, accepted the unlimited liability clause. Do you all know what the unlimited liability clause is? There are some ex-veterans here whom I don't have to.... I'm sure you all know. In other words, it was....

Yes, ma'am.

• (1120)

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** I would like you to explain it for me.

**Mr. Gordon Jenkins:** It means when I sign the paper and put on a uniform—and it's probably very similar in the RCMP, I'm not sure—I'm willing to give my life. I'm willing to do my duty as a Canadian to go to some place for Canada and be shot at, killed, maimed, or wounded, and that is what I signed up for. When you sign and you put on a uniform, that's the unlimited liability clause.

With regard to recommendation 1, the legislation is just not balanced. I'm not saying that they all should be carbon copies of each other, but there should not be this difference between this gentleman, a World War II veteran, and somebody who is post-Korea, like me. I was in Egypt, Gaza Strip, and Beirut. A veteran is a veteran, and all veterans deserve to be treated equally. That was the first one.

The second issue is transition. I got out mid-career. I said never again would I leave my wife and kids at Trenton railroad station as I did three times. The first time was for a year, and I had been married for four months.

A veteran transitions from military life to civilian life. You must remember that a veteran is different from a politician and from a civilian. There are probably three different cultures. Being a veteran is like being a policeman. It's teamwork. You depend upon the person beside you. You depend upon the people in that tank. You depend upon teamwork of the gun crew. There's no competition. Then, all of a sudden, wham, you're, what, competing in a competition. It's two different concepts. Competing means that I'm going to do the best I can to beat these two or three.

DND is now working with VAC, so it's not all negative, but there's somebody else missing from the table, probably the Public Service Commission. There are other people missing from the table, people like me, and I have a person who is I won't say how many years junior to me, who was in Afghanistan. He got out for the same reason I did, mid-career, because of family, and he's transitioned. We could teach them some of the tricks of transitioning, even the psychological ones, because PTSD might surprise you. It's not an Afghanistan phenomenon.

I suffered from whatever you want to call it when I came back after three tours in the Middle East. Anyway, get the people who have successfully transitioned involved. That is my only suggestion there. It's hopefully a positive suggestion.

• (1125)

Along the same lines is my point about bureaucracy, which you mentioned. Bureaucracy has gone to the point of... Until lately it's been a lot of macho males. It's not that we're in the sharp end. It has changed now, but it is not in the nature to go on sick parade. You just don't do it. Why don't you do it? You would be taken off duty. You're looked upon as what they used to call "MIR commandos". You're branded, so you don't go.

Unfortunately, if it's not in a medical file, it never happened. That's the state of things. When you are going for a disability... Many mental issues don't happen immediately. They happen, the studies are showing, two years, five years, ten years afterwards.

**The Chair:** We'll give you 30 seconds just to wrap up, and we'll have to come back in questions.

**Mr. Gordon Jenkins:** The third one I'll skip. I can do it in the question period. I'll wrap up.

Do you as members of Parliament believe that veterans are asking for what they are not entitled to? Do you? Is it a question of money? Is the government doing everything necessary to accommodate very real and pressing needs and make the changes necessary? Your deliberations will determine this. We, as veterans, have done our

part. We need, as the next step, you in your committee to recommend to the government that the government do its part.

Thank you very much.

**The Chair:** Thank you, Mr. Jenkins. I enjoyed your presentation.

Next we will have, from the Royal Canadian Mounted Police Veterans' Association, Mark Gaillard, executive officer and secretary.

Mark.

**Mr. Mark Gaillard (Executive Officer and Secretary, Royal Canadian Mounted Police Veterans' Association):** Mr. Chairman, honourable members, ladies and gentlemen, good morning.

I am Mark Gaillard. I am the executive officer and national secretary and the only full-time paid officer of the Royal Canadian Mounted Police Veterans' Association. I am also a member of the veterans affairs minister's advisory group on service excellence.

It is an honour for me to represent the board of directors of the RCMP Veterans' Association and the many thousands of former members and employees of the force, as well as their families. We last appeared before this standing committee in April, 2012. It is a pleasure to be invited back.

I am a veteran. Now retired, I myself served a total of 40 years as a regular member of the RCMP in British Columbia and in the high Arctic; as a foreign service officer in the now-named Global Affairs Canada; and as a soldier and as a commissioned officer in the Canadian army, regular force and reserve.

Since the creation of the Northwest Mounted Police Veterans' Association 130 years ago, former members of the force have always considered themselves to be veterans. Although not formally defined as such in legislation, former members of the RCMP are veterans because their service and the duties they performed during their careers are not like those performed by other federal government employees. Rather, their duties and conditions of service involve continuous front-line deployment; frequent relocations all across Canada, including to very remote and isolated places; and actual danger to life and to health, both physical and mental.

The 24/7 job of RCMP members is protecting Canadians in every province and territory and often abroad, risking their lives and safety to do so. Their job is more analogous to that of the men and women serving in the Canadian Armed Forces than to that of those in the federal public service.

Recently, this association appeared before a different committee of Parliament to remind parliamentarians that the members of the RCMP were excluded from the Government Employees Compensation Act for this very reason.

Although we frequently refer to veterans as being former “capital M” members of the force, we must always be mindful that the RCMP veterans family consists of more than just former regular and civilian members of the force and reservists. Our association welcomes other kinds of employees, such as voluntary auxiliary constables; public service and municipal employees, such as dispatchers, Commissionaires, and office workers; and temporary contract employees, all of whom frequently serve with and help enable regular members to do their jobs.

As the recommendation in the independent report of RCMP veteran Alphonse MacNeil into the Moncton shootings, which occurred two years ago this Saturday, made clear, these employees are affected by the work they do with the RCMP, and they need our attention and deserve our respect as well.

What do we have to say today about service delivery to veterans? First and foremost, it is very important to remember that the RCMP, not Veterans Affairs Canada, is responsible for providing approved health care benefits to regular and civilian members and to survivors who become entitled to a benefit due to a service-related injury or death. This responsibility flows from part II of the Royal Canadian Mounted Police Superannuation Act, which was first enacted in 1959. Under part II, serving and former regular and civilian members of the RCMP and their surviving dependents can apply for a disability pension through VAC in accordance with the Pension Act for any permanent work-related illness, injury, or death.

It is through this connection with the Pension Act that the Veterans Review and Appeal Board has jurisdiction to review adjudication decisions and consider appeals made by RCMP veterans. VAC does not have the express legislative authority to provide disability pensions to eligible RCMP members and survivors, so since 1959 the RCMP has paid for the cost of disability pensions by way of a quasi-statutory grant. In other words, the RCMP has contracted out to VAC the delivery of services and benefits to RCMP members and veterans and their survivors to which they become entitled under part II of the RCMP Superannuation Act. VAC delivers the service, but the RCMP pays for it.

• (1130)

Mr. Chairman, honourable members, regular and civilian members of the RCMP have been VAC clients for the adjudication of disability pensions since 1948. In December 2002, VAC assumed full responsibility for adjudication, calculation of benefits, and the provision of disability pensions to all qualified current and former regular and civilian members and their survivors.

A decade later, in 2012, VAC provided disability pensions to 10,649 RCMP clients, constituting 5% of all disability pension clients served by VAC. If these current trends continue, it is projected that by 2027-28, the number of RCMP/VAC pension act clients will grow to over 19,000 women and men.

In 2012-13, the RCMP quasi-statutory grant was more than \$118 million. Of this, 90%, or \$108 million, was spent to pay for disability

pensions; 7%, or roughly \$7 million, was paid for disability pensions for survivors and dependants; and the remaining 3%, or \$3.5 million, was spent to pay for special awards.

The special awards are granted to disabled, serving, and former regular and civilian members who qualify for tax-free monthly assistance in the form of three special allowances. These are the exceptional incapacity, attendants, and the clothing allowances.

During the 1980s RCMP veterans who were permanently disabled were also eligible for two other VAC programs related to home care types of services, including the veterans independence program, VIP. VAC had specific authority to provide these programs on behalf of the RCMP to disabled RCMP veterans under the veterans treatment regulations.

However, in 1990 the veterans treatment regulations were replaced by the veterans health care regulations which inadvertently dropped this authority. Efforts have been made over the past quarter century to restore that authority, but for a variety of reasons these have not borne fruit.

I can assure this committee that the RCMP Veterans' Association will continue to pursue the restoration of home care benefits similar to the purpose and scope of those provided to veterans of the Second World War and the Korean War, as well as pre-2006 Canadian Armed Forces veterans, so that our veterans who qualify may continue to live in their homes in their elderly years, and also to help prevent homelessness.

Mr. Chairman, honourable members, the RCMP Veterans' Association is very encouraged by the Prime Minister's mandate letter to the Minister of Veterans Affairs, especially the direction to ensure that the “one veteran, one standard” approach is upheld. Being considered and treated as veterans by the Government of Canada is very important to us. Our association first made this point in 1886, and we have never wavered from it.

Increasing the veterans' survivors pension benefit from 50% to 70% and eliminating the “marriage after 60” clawback clause is welcome news, because many RCMP veterans have pushed for these changes for many years, if not decades.

We look forward to hearing more soon about the proposed changes to RCMP legislation to enact these reforms, including the removal of the “marriage after 60” clause in section 19 of the RCMP Superannuation Act.

Nonetheless, of all the issues confronting RCMP members and veterans, mental health is by far the most pressing issue, especially post-traumatic stress disorder and operational stress injuries. The incidence and prevalence of mental health injuries can and do impact an RCMP member long after she or he has left the force.

The evidence of this fact is compelling, and through research we are starting to better understand the pathology of mental health injuries on the veteran and on their families. Testimony at another standing committee revealed that research into PTSD and OSI impacting first responders, including police officers, is at least 15 years behind that about members and veterans of Canada's military. We need to make up that gap.

Family breakdown, addiction, poverty, and homelessness among veterans are too frequently caused or exacerbated by untreated mental health injuries.

In March 2015, an RCMP veteran died in a Manitoba winter after being evicted from his apartment in a small town and had been living in his car. He was all alone and was found frozen to death. It is shocking that this still happens.

● (1135)

Mental health injuries can affect the veteran and his or her family in other surprising ways. For example, I am aware of one veteran who had a nearly 30% increase in premiums on a life insurance policy. Another reported to me he had been refused mortgage insurance. The reason given was that he had been diagnosed with PTSD and was at risk of suicide. To me, that is the stigma expressed in dollars and cents.

Mr. Chairman and honourable members of the Standing Committee on Veterans Affairs, thank you once again for the invitation to appear before you today. I would be pleased to answer your questions. If time permits, I have prepared a very brief closing statement.

**The Chair:** Thank you. We'll start the round of questioning, and I encourage committee members to address their questions to whom they want to answer, or which group.

We'll start with Ms. Wagantall.

**Mrs. Cathay Wagantall:** First of all, thank you so much for coming today. All of your presentations have been very targeted and clear, which is very beneficial and helpful to us.

We're hearing a lot of the same things we heard previously, which should give us good fodder to come up with some really good recommendations for how to improve the delivery of services, which is basically the focus of our study here. Thank you very much. It's appreciated.

I've heard a recurring theme of mental health and the concern over how behind we are in taking care of those needs in our veterans.

I appreciated, Mr. Jenkins, your speaking to the truth of the fact that our veterans from the First World War and whatnot definitely experienced the same challenges that our current veterans are experiencing; however, I don't think it was acknowledged in any way. I know that from my own step-grandfather.

This is something that we definitely need to deliver much more effectively to our veterans. As you said, it's so key to their ability to transition, to feel valued, and be able to function well in their transition and after they have transitioned. I really heard you on those issues.

I'm just wondering if you could share a little more. I heard the term and concern about VAC culture and that it is impacting the delivery, denial, and delay in services.

Could you expand on that, maybe Richard and Joseph, a little bit for me from your perspective of what needs to be done there so that delivery is better?

● (1140)

**Mr. Richard Blackwolf:** We have a broad range of veterans, of course. Many of them are dealing with Veterans Affairs. One of the problems is that there is this delay and denial. They put in a claim and 18 or 20 weeks later they get a reply back that their claim has been denied. It's so frustrating for them. Some of them try again. We've had many who said they've put in three claims and then they got nothing. Then they quit, they give up.

It's a process designed so that, if you don't stick with it.... We've heard of people who've put in five claims, and they finally get a result, so it's a system of delay and denial. It's quite an awesome thing.

You wouldn't think that when you hear somebody had a successful claim that you would actually congratulate them. We do. We say that they've really accomplished something there. They're almost like stars.

**Mrs. Cathay Wagantall:** Mr. Jenkins, do you want to comment?

**Mr. Gordon Jenkins:** I agree with Richard, and I'd go one further. That's what they're stuck with. What am I trying to say? The legal emphasis is on medical record approach, and that has to change. That was my third recommendation. Thank you for letting me get it in.

Compassion is not written into the legal act or regulations. A paratrooper has jumped out of a plane 50 times and puts in a claim 20 years later. There's nothing on his medical record, so he is denied.

There's this funny word "compassion", and the odd thing is, I was speaking to the chairman of the Veterans Review and Appeal Board, and it's got to start working down. He has seen so much of this. How does he work it into the legal? The bureaucrats, the people at VAC say it's not their fault; they have to go to this regulation for the RCMP, that regulation for post-Korea, or another for the modern day vet.

It must be very frustrating for them, because they have to go by the law.

**Mrs. Cathay Wagantall:** I hear what you're saying. Thank you.

Do I have time?

**The Chair:** You have two minutes.

**Mrs. Cathay Wagantall:** I have never seen what a denial letter looks like. You mentioned you sometimes get a cellphone call, that it's not in writing. Do you have one?

**Mr. Joseph Burke:** I thought I did. I likely do in my bag. They're very—

**Mrs. Cathay Wagantall:** What does it look like? Is there information that explains very clearly why there's a denial?



**Mr. Joseph Burke:** No, and that's what the problem is. I have about a dozen at home, so I can ship you a couple of them. I spent years in the infantry, 23 years in total.

It's quite crass. It is one page. It says "Dear Mr. Burke" at the top. It's all form. I've even had the wrong name sent to me a couple of times. Then it says, "With regard to your claim number..." and then it will say....

I'll use my teeth as an example. Here's a good one for you. I was accepted, and after the implants were put in and paid for, Veterans Affairs sent me a letter and said "We are hereby denying your claim for your teeth, number...". That was it. "Please return the money". I'm still waiting to go to court on it, but no one has ever come and collected the teeth, thank God, but that's how point blank it is. "We are no longer covering this. Please return the money", done.

**Mrs. Cathay Wagantall:** All right.

I'm done.

● (1145)

**The Chair:** You're right on time.

Mr. Fraser.

**Mr. Colin Fraser (West Nova, Lib.):** Thank you very much to each of you, gentlemen, for coming today and sharing your information with us. It will be helpful as we make recommendations as a committee, but also thank you to each of you for your service to our country. It is greatly appreciated.

I'd like to start with the Canadian Aboriginal Veterans and Serving Members Association and ask Mr. Burke and Mr. Blackwolf a question regarding services.

I'm particularly concerned about services in remote and rural areas. I'm wondering if you have any thoughts with regard to a northern mobile unit and the ability for services in the north to be expanded upon to ensure that we have proper outreach. I'd like to hear your thoughts on that and any recommendations you have regarding how we can do that in an effective manner.

**Mr. Richard Blackwolf:** Our experience is that we have good communications. Canadian aboriginal veterans have good communications in the north. As a matter of fact, I get daily hunting reports from the Arctic Ocean. They just nailed a couple of seals yesterday and one young fellow got his first seal.

Yes, there are a number of ways for the remote communities. Many of them now are coming online. I have a group of Inuit friends on Facebook, so the Internet is working its way through the communities. There are good communications via satellite, I would imagine, but as for medical, I know the Canadian Forces medics there and they actually travel up there. They have exercises in the north. There are many cases where they could actually look at the population too.

Also we think it would be a good practice to have civilian contractors, paramedics, who could go to the north and travel to small communities and communicate by satellite phone to doctors in the major centres for advice and also to make arrangements for people to be transported out, because they would triage if they needed to triage. They do that in Australia, so there's no reason why

we couldn't do that here. There are contractors. There are military who go into those areas. I know they go up there on exercises. They could be included at times.

Anyway, there are growing communications across the north in the four Inuit nations. There are four of them. There are some isolated ones, but I can tell you, if I'm getting pictures directly from off the sea, away up above Baffin Island, the technology is there and we could utilize that.

**Mr. Colin Fraser:** Thank you very much for that thoughtful answer.

I'd like to turn for a moment to something you brought up, which I've heard in my riding, and that's with regard to picture ID. You mentioned that family members should have their own picture ID. You used the word "picture". I've heard from veterans that the CFOne card no longer has a picture on it. That is something that is important for veterans to be able to continue identification with the forces as a veteran, to continue that after their release.

I wonder if you can comment on that, please.

**Mr. Richard Blackwolf:** Our position has been that a person should have a staged release when leaving the Armed Forces, and people should be releasing with a picture ID and a VAC account. They may use that account. They've got 120 days to apply if there's a problem at the time. That card could go in a dresser and sit there for 30 years, but they should be able to bring it out and run it through if and when they get problems later in life. Your questions didn't really cover that, but we have a very strong position on that. There should be a staged release, picture ID, and a VAC account when you leave.

● (1150)

**Mr. Colin Fraser:** That's very good. Thank you very much.

Do I have time?

**The Chair:** You have one minute.

**Mr. Colin Fraser:** Mr. Jenkins, thank you very much, and for providing the different IDs as well. We'll circulate them around the table.

I agree completely and you made the point so well that a veteran is a veteran. We need to make sure that's clear in everyone's mind, that there should perhaps be some differences to make sure there are efficiencies and all of that, but a veteran is a veteran and they deserve our utmost compassion and support.

As for the different service levels across the country, I wonder if the recent announcement that there will be more money for more case managers to reduce the ratio of managers to clients from 40:1 to 25:1. Do you feel that will improve the service levels for veterans across the country, and also the different types of veterans, as you put it, that we would like to try to eliminate?

**Mr. Gordon Jenkins:** If I understand the question, you're asking me if in the future this will help the veterans. The answer is yes, in the future. But there's always the theory and the practice.

**Mr. Colin Fraser:** Right.

**Mr. Gordon Jenkins:** How long does it take to hire somebody in the public service of the calibre we're looking for? How many public servants are in the room? You have the appeal period. You have the "must require this". We don't expect to see this for at least a year to a year and a half.

Right now, when I phone or Richard phones. I'm not sure who you phone....

**Mr. Mark Gaillard:** They phone us.

**Mr. Gordon Jenkins:** They phone you, right.

**The Chair:** That concludes Mr. Fraser's questioning. We move to Ms. Mathysen.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you for your presentations. You've touched on so many things, and I want to follow up on some of them.

Mr. Burke, you talked about the fact that you received a denial letter with regard to dental work. Would it have been helpful and is it something that we should suggest or recommend that with these letters there's something from VAC that shows you the way to get the benefit, some support? I'm thinking of it saying something to the effect that you've filled in the form, that this or that was wrong, and you need to provide this extra proof. Would that make a difference?

**Mr. Joseph Burke:** The dental one blindsided me. As I said, the cheque was already cashed, the teeth were already in my mouth. All of a sudden I go to the mailbox and there's the.... I suffer from Brown Syndrome. It sits there for three days before I can open it. But anyway.... And they don't explain it.

There are other instances: with regard to your right knee it's been denied because four years ago you said you were walking okay and now you're not walking okay. It's denied because you had three sprained ankles and your sprained ankle caused your knee injury. That is a very common thing to happen, by the way.

Or it's denied because, in the example of the teeth, they say they're no longer covering teeth for whatever it was. There was none of that in the letter, and none of the letters I have on my file state why. It just states "denied" and it's left up to me.

In the follow-up to that, the problems come from the fact that a lot of our veterans were dealt with by the medical services of the Canadian Armed Forces from start to finish. The one thing Veterans Affairs will ask for is more evidence. We have no control over our files. Veterans Affairs talks to medical services. Medical services has all the files. Where are they going to get more evidence?

**Ms. Irene Mathysen:** Mr. Jenkins, you are a post-Korean vet.

•(1155)

**Mr. Gordon Jenkins:** Correct.

**Ms. Irene Mathysen:** As such, technically, you aren't entitled to long-term care at a veterans' facility.

**Mr. Gordon Jenkins:** Correct.

**Ms. Irene Mathysen:** This, of course, is something that has concerned me very much.

You talked about the fact that every province has a different protocol for these beds. One of the things that I have been fighting

for is the availability of federal beds for every veteran, no matter what arena of service.

Is that something you think would help? Would you support that?

**Mr. Gordon Jenkins:** What was it exactly? You would support federal....

**Ms. Irene Mathysen:** Long-term care for a veteran no matter what arena that veteran served in; so whether it's World War II or a modern-day vet they'd have access to that bed.

**Mr. Gordon Jenkins:** You would go down as a heroine of seven or nine different veterans' organizations. This is my sixth year, my last presentation, I'm now retiring, and this has been number one, just what you described. If that happened, I could retire quite happily, so yes.

**Ms. Irene Mathysen:** You said there was a Korean vet who was refused access. Could you explain that, because that's not supposed to happen?

**Mr. Gordon Jenkins:** It was in the paper. I'm sorry, that's not a shot. It was in the media, shall we say. Nobody reads the paper now.

It was Lieutenant-General Belzile. He was the Chief of the Defence Staff. He applied because he had some medical difficulties where he could no longer stay in the home.

It was not the Korean War. It was called the Korean Conflict. It was never technically a war. The hard part was where we had 178 killed, probably the same as in Afghanistan, and then there was the peacekeeping part. He was there in the peacekeeping part. Therefore, since he was a peacekeeper, no, he was denied access to Perley Rideau, where I used to go to visit my Admiral Hennessy.

By the way, I was Admiral Hennessy's aide. When he died two days later, there was somebody, who happened to be a carpenter, put in the same room.

**Ms. Irene Mathysen:** With regard to General Belzile, I seems that there was hairsplitting going on in the definition.

**Mr. Richard Blackwolf:** It was after the armistice, madam; any service after the armistice, when the war ended, and the shooting ended—

**Mr. Gordon Jenkins:** He became the same as me, a peacekeeper, and I'm entitled to nothing. What we're pushing for is for a VIP in the home right up until the last moment, right. That's how we can only get around it, because Veterans Affairs controls VIP. Long-term care, they gave to the provinces. It's gone.

**Ms. Irene Mathysen:** And that's the problem, and it's in every province.

**Mr. Gordon Jenkins:** Correct, and thank you. You've really hit the nail on the head. I am now your fan.

**The Chair:** Mr. Eyolfson.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Most of my interest has been in this RCMP, simply because I was raised by a Mountie and I know some of the issues regarding what my father dealt with after 24 years, and heard the stories of some of his colleagues and what they went through.

I agree with what you said, Mr. Jenkins. I think PTSD has been around a long time. My uncles who served in World War II had lots of stories of soldiers who came back and started drinking, beating their families, and “accidentally” shooting themselves while cleaning their guns. So we know that it's been around for a long time, and everyone pretended it wasn't.

**Mr. Gordon Jenkins:** I completely agree.

**Mr. Doug Eyolfson:** Yes, and it's always been there.

In the RCMP, in 2014, there was what they called a five-year mental health strategy. Do you think that is having any effect on improving the mental health care for RCMP members or veterans, or is it too soon to tell?

**Mr. Mark Gaillard:** Of course, I'm not in the RCMP. I'm in the RCMP Veterans' Association, and so I cannot speak specifically about how programs and operations within the force are proceeding.

Anecdotally, there has been a lot of emphasis on the Road to Mental Readiness training, which was taken up after it had initially been piloted by the Canadian Armed Forces. Then it was a pilot project I think in Nova Scotia. Now it's being applied force-wide.

I think there's some emphasis that is now going into using Road to Mental Readiness-type training and resiliency training. It will go into the cadet curriculum at Depot Division in Regina, Saskatchewan, so that members, as they come into the RCMP, are better prepared to face some of the mental health issues that they will inevitably confront during the course of their career.

• (1200)

**Mr. Doug Eyolfson:** Again, I appreciate that you're not in the force, but you have experience with veterans, even recent veterans.

Are you finding with your veterans over time, the ones who are transitioning to veterans more recently, that the stigma of mental health is starting to decline, or would you say it's the same as it ever was?

**Mr. Mark Gaillard:** That's a very hard question to answer, and I'm not sure I can, whether it's more, less, or the same. The kinds of people who are in the RCMP now are different from those who had been in many years before. Women have only been able to become members of the RCMP starting in 1974. There is a transition to the newer generation that tends to not, as much as the older generation, stay for a full 35 years for the one career. They're more mobile in their career choices.

I think the average age of cadets coming into recruit training now is about 28 or 29. Some of them had considerable civilian careers before they joined the force. That was not always the case because an 18-year-old guy would come in out of high school and go right into the RCMP.

The downstream impact of that, in terms of mental health issues, is different. I think this is where the research that is being conducted now, not only into the RCMP but into the first responder community

generally, is going to help us understand much better how the mental health pathologies work their way through that veteran population, not only the future veterans or those who are transitioning from the force to retirement or post-release, but also those who have gone before, many years before, who continue to suffer in silence.

We see the impacts in terms of homelessness and social isolation, as well as addiction, as being issues going forward.

**Mr. Doug Eyolfson:** How much time do I have?

**The Chair:** One and a half minutes.

**Mr. Doug Eyolfson:** Thank you. Touching on addiction, we do know—again, I'm a physician, so I'm very cognizant of the fact that substance issues and mental illness go hand in hand. Sometimes a substance abuse problem is actually the first manifestation that there's an underlying mental health issue.

In Veterans Affairs, would you say that members are receiving adequate treatment if they are diagnosed with any substance abuse issues or addiction issues?

**Mr. Mark Gaillard:** Are you talking about Veterans Affairs providing—

**Mr. Doug Eyolfson:** Yes, or RCMP veterans. Are they receiving, from Veterans Affairs, adequate treatment for substance abuse problems?

**Mr. Mark Gaillard:** I'm not sure I can answer that question, either, whether it's adequate or not. I think there's a growing understanding. As I said before, the RCMP is now looking at its mental health strategy through its Road to Mental Readiness. Its occupational health and safety strategies are looking more closely at the issues that emerge, the symptomatic issues that emerge from mental health issues, of which addiction or substance abuse is one of the red flags that is raised that there may be issues with respect to that.

I think as we go forward, and the research becomes more robust, and we have more longitudinal epidemiological kinds of studies on that, it will become clear whether there's an adequacy or an inadequacy in treatment, counselling, etc.

**The Chair:** Ms. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** Thank you to all three groups for being here. When I saw the list of who we were having, I was thinking it was pretty diverse.

The one thing that all three of you have mentioned is the transition from military to civilian.

Mr. Jenkins, you pontificated very well that change in culture.

Mr. Blackwolf, you mentioned a staged release. I'm just wondering if you could expand on that idea a little.

• (1205)

**Mr. Richard Blackwolf:** We've been advocates of that since we became aware of some of our members who were being released medically, because at times they could be there for two years.

I'll give you an example. A young lady was driving a vehicle, a small Jeep. There was a bus and suicide bomber arrived there and blew the whole thing up and killed the person right beside her, broke both her wrists and her back, but she got out, got her rifle—and they also killed 30 other people around there. But she came back and went through a lot of treatment, but back at her unit, they didn't know what to do with her. They can't be employed or anything. That's when we started thinking, This is where VAC should come in. The person should be starting on their training. They should have an account, and the transition should start there. They're going to be in the armed forces for probably a year or two.

People just releasing normally or having no illnesses should still have a VAC account. They should have a card, and when they release they can put that in their drawer if necessary. For other ones with what we would not call severe disabilities, it should be the same thing, a staged release, so they can actually start their training for the transition courses. They can actually start there in the military, because the military doesn't really have any work for them. So they could be working on that and release out.

That's why we're saying staging it out. But when people leave, they should have their VAC account, card in hand, and carry on from there.

**Mrs. Alaina Lockhart:** Mr. Jenkins.

**Mr. Gordon Jenkins:** PTSD is a two-edged sword because the more publicity we give it with the veterans, the more difficult it is for a veteran. When they walk in the door of a company, a business, they get a rip, "Oh, you're a veteran. We're going to have problems with you."

It's a hard balance and, Mark, you touched on that.

**Mrs. Alaina Lockhart:** Mr. Gaillard, perhaps you could tell us what the transition looks like for the RCMP, too. That's a different perspective for us.

**Mr. Mark Gaillard:** Yes, it is. As I said, the transition model for the RCMP not the same as it is with the Canadian Armed Forces. Traditionally and historically, members would join and would have a full career, would go to 35 years, sometimes beyond, and there would not be this issue of transitioning from the Royal Canadian Mounted Police into civilian life.

There's also the difference that, of course, the RCMP are not soldiers, they police, so they already are in a civilian environment. I've always said that the RCMP are always deployed, but never in garrison. They go with their families into their areas of operation, which are their communities in which they serve, and they do not think of themselves as separate from society. The idea that you transition from small-town life to small-town life in and out of the RCMP is not as stark as it is for those releasing from the military.

This was a challenge to us because of the RCMP's unique culture and traditions and folk ways. Our challenge is to convince RCMP members that they are in fact veterans, and that is a surprise to many of them to think of themselves in that way. When they envision a veteran, they're thinking of people like Mr. Blackwolf and Mr. Jenkins here. That's who they imagine as a veteran. They do not imagine themselves as being a veteran. Therefore, it does not occur

to them in every case that they should be approaching Veterans Affairs Canada for help when they need it.

This touches on the other question about addiction, etc., because it is not the way of the RCMP members to go to Veterans Affairs if they need help and assistance with their transition or with issues related to their service. This is what we want to turn around, and I think this committee can play a large role in that, in convincing or popularizing the aspect that the RCMP, under the "one veteran, one standard" model are in fact charter members of that veterans community, and they have every right and entitlement. They should be able to benefit from that relationship with Veterans Affairs Canada.

It's not so much the transition issue, because they're already in a civilian-like environment, so there's not that same kind of transition for someone in the military going from uniform to nothing or from the barracks to civvy street. It is not as stark as that, and it's due to the dispersal and the unique history of the RCMP. It's a police force, but it's all across Canada, and it's in every community. We're fully integrated into the civilian so-called community beforehand.

• (1210)

**The Chair:** Mr. Clarke.

[*Translation*]

**Mr. Alupa Clarke (Beauport—Limoilou, CPC):** Thank you, Mr. Chair.

Gentlemen, thank you for being here this morning. It is very much appreciated.

[*English*]

Thank you for your military service.

Mr. Gaillard, I just wanted to clarify that the RCMP veterans who have access to VAC benefits, programs, and services are the RCMP veterans who have physical or mental injuries. Is it only them? I mean, your normal retirement pension is another story; it's not from the VAC ministry.

**Mr. Mark Gaillard:** That is correct. Part II of the RCMP Superannuation Act states that if a member or a former member of the RCMP—regular and civilian members only—has had a service-related injury or illness that leads to a permanent disability, then through the Pension Act they are entitled to a benefit. That is under the RCMP's responsibility to do that. However, over time, that has been contracted out to Veterans Affairs Canada to provide that service, including adjudication, distribution of benefits, appeal rights to the VRAB, etc. It's all connected to that section in the RCMP Superannuation Act that relates to the Pension Act.

This is an important note. As the new Veterans Charter came into being, only three groups of veterans were left under the old Pension Act regime. That would be World War II and Korean War veterans, pre-2006 Canadian Armed Forces veterans, and the RCMP. Those first two groups over time will decline, for obvious reasons. The RCMP group will continue to grow. As we understand more about mental health as an injury and a disability, that number will likely explode over the next few years. So here is a portion of the former pre-new Veterans Charter system still in existence and still growing.

**Mr. Alupa Clarke:** That's very interesting. You're answering my second question about whether or not the RCMP is included in the post-2006 new charter. They're not.

**Mr. Mark Gaillard:** They are not.

**Mr. Alupa Clarke:** I guess the goal was that the *invalidité* Pension Act would disappear, but it won't disappear because of the RCMP's injured veterans. That's what I understand.

**Mr. Mark Gaillard:** Correct. The impact of remaining on the Pension Act, as though we were pre-2006 armed forces veterans, means that the caseload under the old regime will continue to grow, and maybe grow a lot, despite the fact that the new Veterans Charter was intended to replace the former system with a new and better system.

**Mr. Alupa Clarke:** Okay. Thank you very much.

Mr. Blackwolf or Mr. Burke, you talked about the fact that Veterans Affairs Canada could have an ISO requirement. Could you expand on this thought, please?

• (1215)

**Mr. Richard Blackwolf:** Well, strangely enough, the federal government requires contractors to be ISO compliant. We're having a problem with service delivery with Veterans Affairs. The way it's set up, it doesn't have standards, per se—obviously not—so we're suggesting ISO 9000 compliance.

I worked in the weapons section for DND. We went through a process there where we went through ISO 9000 and 9001 and the other segments of ISO 9000 to improve our productivity and to make it consistent. Consistency is the whole point of ISO 9000. It's an international standard. That's what we're saying: with all the delays and the problems we're having dealing with this department, our recommendation is that they become ISO 9000 compliant.

**Mr. Alupa Clarke:** Do you think there might be a top-down internal culture in the ministry of denying as much as possible for—

**Mr. Richard Blackwolf:** Yes, there is so much proof of that, we don't need to ask.

**Mr. Alupa Clarke:** As Mr. Jenkins was saying, at the end of your speech you were asking us whether the goal was to save money. I think that yes, of course it is.

I think this has created a big problem in the VAC since we're trying to give help and services to men and women in uniform. We say we honour them; we say they honour the country and serve this nation, but then just like everyone else, they have to enter into this mode of constraint, this money requirement, and everything.

**The Chair:** Thank you. Your time is up.

**Mr. Alupa Clarke:** It's over?

**The Chair:** Go ahead, please, Ms. Romanado, and you might split with Ms. Rudd if there's time.

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** First, I'd like to thank you all for being here, and thank you for your service.

Unfortunately, I am a little familiar with the unlimited liability as my two sons are currently serving in the Canadian Armed Forces. So I know what it means to sign on the dotted line.

Mr. Jenkins, you brought up a really good point in terms of your medical file: if it's not in there, it doesn't exist. We talk about when people leave the Canadian Armed Forces, whether voluntarily or not, and if it's, unfortunately, involuntarily because of illness or injury, there's a constant fight to prove that the illness was related to service.

I'm going to ask you a question, because I think the problem starts even before that. When you are a serving member of the Canadian Armed Forces, there's something called the universality of service. Now, God forbid that you are struggling with something or you're not feeling well, because it's frowned upon to actually go to seek help, because if you do, something goes onto your file. So for current serving members, whether you just started the forces, whether you're in RMC, whether you've seen action or not, it's frowned upon to seek help, because you don't want to have something in your file.

But, God forbid, later on down the line, you might need to have something in that file to show that you have a service-related injury. So it's chicken and egg. You can't put anything in your file, but then you need something in your file.

So my question is how can we actually change it from the get-go so that if people need help...? I'd hate for people to self-medicate or worse. My son just lost two classmates at RMC, unfortunately, because they were too afraid to ask for help. What can we be doing differently so that folks who need the help get the help they need whether they need it when they're active service members or after?

**Mr. Gordon Jenkins:** That is a super question. I spoke with Mr. Landry who came to see each of the presidents. That's the problem for Mr. Landry at the Veterans Review Board, who is outside Veterans Affairs, as you know, when he has cases come to him. He said right now his hands are tied by bureaucracy and legality. And if it's not in the file, then his 17 adjudicators are stuck.

He asked how to introduce this word “compassion”. He is starting from the top down. And the word “compassion” means, and I use the following example, though I could also use umpteen other ones. I used to work around airplanes, as an air supply specialist. I'm almost completely deaf from working around North Stars. I have nothing on my records. Was I going to complain about that? For the same reason you mentioned, if it's not on the records, it didn't happen. That mentality exists, and it's inculcated, unfortunately, not only in the culture, but also when you get right down to it, if I'm a judge, I have to look at the where do you come under—it's not there.

A good example is along the lines you used about your son. My best friend was in Kashmir. He fell down a hill in Kashmir. He was all alone. He was with a subedar from the Indian Army. He injured both his hips. The nearest medical facility was 60 kilometres away. There is nothing on his records. He gets a refusal letter because it's not in the documents.

This is something for you to bear in mind. You said that you would put it all together and come up with a recommendation.

If you can come up with an answer, then you can make it happen. You can have this tendency go away, and you will be helping the people in Charlottetown who get a very bad rap now—and I say this as someone from a moderate veterans organization.

•(1220)

**Mr. Richard Blackwolf:** Yes, there is something you can do, madam. What needs to be implemented or brought into VAC's consideration or adjudication is the benefit of the doubt; that's not there now. The veteran is not given the benefit of the doubt on an injury because it may not be on his record.

In my first experience of going in with a problem in basic training, you had to drop your drawers for the sergeant nurse, the medic there, regardless what you were in there for, and it was a great impediment for people to go back. It kept us out on the job.

**Mr. Gordon Jenkins:** Benefit of the doubt is the same as compassion. It is not—

**Mr. Richard Blackwolf:** Well, that's—

**Mr. Gordon Jenkins:** Sorry, just let me finish. It is the same word, and it's probably somewhere if we looked in the legislation. Nobody's ever found “benefit of the doubt” or used it.

**The Chair:** Thank you.

Mr. Kitchen, now we go down to five minutes.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Chair, and thank you, all four of you, for your service. I appreciate your talking to us today and giving us some more ideas when we're thinking about how can we provide better service delivery.

Mr. Blackwolf and Mr. Burke, you had mentioned initially the confusion with My VAC. Are you given any training before you come out to say, here's some information on you do it on My VAC, or any of the other programs that are offered to you?

**Mr. Richard Blackwolf:** No. That's why we're advocating that they have a staged release, to become familiar with that software. Using the software, if you go onto the My VAC Account and start the process, the first thing that comes up asks you for your banking

information, and that puts a lot of people off. You know: “I'm here for veterans; why do they want to know all about my banking?” We understand why it's done, if there's money to be transferred, but that could come later in the stage of the program, so that people become familiar with going online, putting in their passwords and stuff, and looking through the account. Then they could get to a point at which they would see the reason, but to hit a person right up front, and especially the older people who are.... When you have an 80-year-old on the site with his granddaughter and the first thing they ask him for is his bank account, it ends right there. The younger people are not so bad, but we're recommending a staged release.

Also, there should be training sessions. In 1980, I was brought in to B.C. Telephone for three or four days to go on its Internet. There could be the same thing at VAC offices. They should have terminals there that you can actually.... They're designed as training terminals, so you can go on and put in VAC stuff that doesn't count; it just runs you through the system. Then you can go in and do your own—

•(1225)

**Mr. Robert Kitchen:** Mr. Jenkins, you look as though you were going to add something.

**Mr. Gordon Jenkins:** It's just your point about My VAC. I happen to have started computers early. Believe it or not, can you guess how long we've been in NATO? It's 70 years. There are more than 220,000 people who are ex-NATO people, and they are generational, despite your saying that it's only going to be RCMP. We, the peacekeepers, are coming down the pipe, but for the people who are, and I won't pick an age, but of a certain age, it's a generational thing, and over that age, they don't have a clue. First of all, they probably don't even have the Internet, so even if you train them.... In my organization, I know I still have to send out paper letters to a good third of them, and I have a lot of young people from Afghanistan, from Bosnia.

Do you understand what I'm saying? It is a generational thing. Not everybody is tuned in to LinkedIn and Twitter and hooked up and—

**Mr. Robert Kitchen:** I appreciate that.

Mr. Blackwolf and Mr. Jenkins, you both mentioned things. Mr. Blackwolf, you and I talked earlier about being from Saskatchewan, and the issue that I deal with in—

**Mr. Richard Blackwolf:** You're from Saskatchewan?

**Mr. Robert Kitchen:** That's right; I'm from Saskatchewan, but I've mentioned to you what I have to deal with and what I'd like to see.

I have a lot of aboriginal veterans in the area. How do we honour them? As you know, when in a pow-wow, the veterans lead the grand march. We respect that, and we show that respect and honour to them. I truly believe that also helps those veterans assimilate and come back into their community after they've left the forces.

We've talked a little bit throughout this committee's work about decommissioning our soldiers. How do we get them out of there, after they've spent all that time, training, and being indoctrinated into the forces?

I say today, for myself, that my father instilled that in me as a soldier, to the point that I have not missed a day of work because of sickness. I don't show it; I don't show up with it.

How do we step further, to take these people who have made that unlimited commitment to us and say, now let's bring you back down so that you can easily assimilate into civilian life?

**The Chair:** You'll have to wrap this up in 30 seconds. I'm sorry about that.

**Mr. Richard Blackwolf:** There is a change from military mode, which is a culture in itself, to civilian mode, and that's what transitioning is all about.

The native people, of course, had and have a pretty strong culture to go back to; it's innate in them. We don't see as many problems with people wanting to return to their own culture. That's not a problem.

Regular people, Canadians in general, really don't have a culture to speak of. I have a lot of good friends on Facebook who are from central Russia, and they have a really strong culture, in terms of their dress and everything. We don't have that in Canada; we've gone into this multicultural thing. People need to transition back into something.

The French culture is good. I don't think there are too many problems with the people from Quebec who are members. We don't see that. They have a good culture there; it's strong and it's something you can go back into.

That's the whole idea, to have something to go back into.

•(1230)

**The Chair:** We will end with Ms. Mathysen, and we'll be able to give each organization a couple of minutes for a wrap-up at the end, as requested.

Ms. Mathysen, we're down to three minutes.

**Ms. Irene Mathysen:** Thank you, Mr. Chair. I wish I could ask everyone a question.

Monsieur Gaillard, you talked about the transition for RCMP officers not being as dramatic because they have lived within a community and with their families. But I wondered about the officers who have served internationally in operations under the auspices of the UN, in Kosovo, Haiti, etc. Do you see a difference between them when they are injured and needing extra support, and those who have never done that external international service?

**Mr. Mark Gaillard:** That's hard to say. Of the RCMP who have served in overseas operations, Haiti primarily, but other countries as well, including Afghanistan, I don't think there's a large enough

number, and it's probably too soon to tell whether they have special needs as a result of their service-related issues. I think what we're observing, generally speaking, is that PTSD is less a concern because there have not been many traumatic incidents or critical incidents. We know the exception to that rule, for example Moncton and Mayerthorpe, and other examples of that where there's been a critical incident that you can tie back whatever symptoms you have, but for the vast majority of those who do have symptoms, they are more accumulative operational stress injuries.

If one's been in a small community for 30 years, or having moved frequently to different places, numerous tiny incidents add up over time until they reach a critical mass where you begin to exhibit symptoms, either while you're still serving or once you've released from the RCMP. I'm not sure it's easy enough, and I'm hopeful that research will show us if there are special requirements for RCMP and whether there's something unique or indicative of their service overseas that differentiates them from the symptoms and observations we're having with the general population of veterans. It's not just RCMP. Other first responders including police and emergency personnel have also deployed overseas on various missions.

**Mr. Gordon Jenkins:** Could I just add to that?

**The Chair:** You'll have to wrap this up, Mr. Jenkins, in about 30 seconds for this answer.

**Mr. Gordon Jenkins:** I am really surprised at this 10 minutes, one minute.... It really cuts out the discourse and the freedom of being able to speak. I'm sorry, it is like the sandwiches—they are for MPs only. Rules and regulations, I understand.

**The Chair:** I totally agree with you on both issues.

**Mr. Gordon Jenkins:** I'll speak quickly, then. It's very interesting that there's no such thing as PTSD in Israel. They live close to the people, and that's your point. But there is none whatsoever.

My second point is that right now in Veterans Affairs, there is no process for transition. We made that point in our paper, which hopefully you'll read. There are good acts, there are good things going to happen, but there is no process. Thank you, sir.

**The Chair:** Thank you.

We'll finish with a wrap-up, and we can do the reverse order. We'll start with the Royal Canadian Mounted Police Veterans' Association, Mr. Gaillard. We can give you a couple of minutes.

**Mr. Mark Gaillard:** The RCMP Veterans' Association has been honoured to appear before the Standing Committee on Veterans Affairs. At previous Veterans Affairs summits, ministers and senior departmental officials as well as the veterans ombudsman have underlined the fact that all honourably released members of the Royal Canadian Mounted Police have been, are, and continue to be veterans. If you take nothing else away from this presentation, please take this home: the RCMP are veterans too.

We are proud to be recognized as such for our service to Canada since its very beginnings as a nation. Our association is almost as old as the force itself. We are proud of our history, our heritage, and our traditions. We are nearing the Canada 150 celebrations. The mounted police, in many instances, led or prominently figured with Canada on its path to full nationhood since the northwest became part of our great Confederation in the early 1870s, alongside the indispensable and crucial assistance of our first nations, Métis, and Inuit brothers and sisters.

• (1235)

**Mr. Richard Blackwolf:** Thank you.

**Mr. Mark Gaillard:** There is a price. There are 236 names of those who made the ultimate sacrifice listed on the RCMP honour roll at Depot Division in Regina, Saskatchewan. The most recent is Constable David Wynn, killed in January 2015 by a gunman's bullet in St. Albert, Alberta.

Auxiliary Constable Derek Bond, a volunteer was wounded in the same incident. He is now a member of our veterans association.

Soon, sadly, another name will be added, that of Constable Sarah Beckett, who was killed on duty in April in Victoria, British Columbia. Sarah Beckett had only just returned from maternity leave when she resumed duty after the birth of her second child.

We recently witnessed the professionalism and dedication to duty of those who serve in the RCMP from the members and employees at Wood Buffalo detachment during the wildfire crisis in Fort McMurray.

Like them, the courageous members of the RCMP of today continue the mission entrusted to them by Parliament and the people of Canada: to serve and protect Canada and Canadians from coast to coast to coast and overseas as well.

We, the RCMP veterans, who have gone before, proudly salute them, one and all. Thank you very much for your attention.

**The Chair:** Next, from the NATO Veterans Organization of Canada we have Mr. Jenkins.

**Mr. Gordon Jenkins:** How long do I have, sir?

**The Chair:** You have two minutes.

**Mr. Gordon Jenkins:** Thank you for listening to us. You're our conduit for the next step. You've heard all our points. You've listened really well. You've asked some excellent questions. Thank you very much.

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

Last, we'll have the Canadian Aboriginal Veterans and Serving Members Association. You have two minutes.

**Mr. Richard Blackwolf:** Thank you, Mr. Chairman and honourable members.

We're always very pleased to appear here. This is, I think, our third or fourth appearance. Hopefully we've been helpful in answering your questions.

As for Canadian aboriginal veterans, in 2012 we celebrated 200 years of defending Canada. I had a lot of speaking engagements that year. Many people were quite taken aback by the fact that if the 15 first nations hadn't stood with General Brock, we would be in one of the U.S. states at this time. That was the whole point of the attacks in the War of 1812, to drive the British off the continent.

We're still here, you're still here, now as Canadians, so thank you. We have served in all those 200 years, in the Boer War, the First World War.... It's going to be my honour shortly, on June 21 of this year, to attend at Parry Sound in Ontario the unveiling of the monument to Corporal Francis Pegahmagabow, a three-time winner of the Military Medal. Some of his accounts actually could have been at a much higher level. But for the British of the day, as a colonial and as an aboriginal on the other hand, it was the Military Medal. He joins a group of 38 others who, of all the millions who have served, won three. He is a Canadian hero.

We're honoured to do that. We'll be honoured to attend another invitation to go to Australia in the first few days of August to attend at the invitation of the Canadian high commissioner. It's our third trip to Australia. We'll have interchanges there with their aboriginal people and their veterans. We're very honoured to do that.

We're always willing to help out here with any questions from Parliament or the Senate. It's been our duty, and we take it quite seriously. That's why we answered all your questions.

Thank you very much.

• (1240)

**The Chair:** Thank you. On behalf of the committee, I apologize for the tight timeframes that were set out on this. Unfortunately, the rooms are booked; unfortunately, members have other meetings.

We allow briefs to be submitted, however, so if there is anything that you didn't get to tell us here, let me invite you on behalf of the committee to email to the clerk those questions or answers you didn't get a chance to get to, or maybe something you want to add to your great testimony today. The clerk will make sure that we all get copies.

On behalf of the committee, I commend all of you for what you have done for Canada and the men and women among our veterans.

We need to adjourn and go in camera. Could I have a motion from Ms. Rudd to do that?

**A voice:** I so move.

**The Chair:** Thank you.

We will suspend for about three minutes and come back in camera.

*[Proceedings continue in camera]*









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