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Chair

Mr. Neil Ellis

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● (1540)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good afternoon, everybody. I'd like to call the meeting to order. I do apologize that we are running a little late, but we had a couple of votes in the House this afternoon.

Pursuant to Standing Order 108(2), and the motion adopted on February 25, the committee resumes its study on service delivery.

Today, we have two organizations: Shaping Purpose, with Andrew Garsch, consultant; and Trauma Healing Centers, with Trevor Bungay, a veteran and VP of veteran relations.

As individuals, we have, in person, Kevin Estabrooks, volunteer peer support adviser, and Fred Doucette, veteran and retired peer support coordinator, by video conference in from Fredericton, New Brunswick.

We're going to start. Each organization and individual will have an introduction of up to 10 minutes. If you don't use your whole 10 minutes, that's fine.

Mr. Doucette, you have the floor.

Mr. Fred Doucette (Retired Peer Support Coordinator, Veteran, As an Individual): Thank you.

It's great to be able to present on behalf of the veterans and soldiers who are still serving about some of their concerns. I spent 32 years as a soldier, and then I was employed by the operational stress injury social support program for 10 years. I've seen service delivery before and after the new Veterans Charter. I can say that it's a bit different.

One of the biggest things I noticed with soldiers who are transitioning out of the military into the civilian world, and who are entitled to veterans services, is the lack of knowledge they have of those services once they are out of there. A lot of the information is passed between veterans, and so on. The transition briefings are not up to speed as to what they should be. A lot of the soldiers who are leaving are either physically or mentally injured, and they're not receptive to the changes they're going to go through. A lot of the information that is passed on to them goes over their heads, especially with those who are going out with a mental health concern. The information or education shouldn't just be done in one shot as they transition out. There should be a managing of the individual for maybe up to a year while that veteran accesses all the services that are provided by Veterans Affairs.

Another thing I noticed from the change recently to having Blue Cross take over the service delivery and a lot of aspects of the veterans benefits is that the veterans I know feel they're just dealing with an insurance company, which they are. Before that, when it was managed by case managers, service officers, and so on, it was a lot easier to get stuff across when they were talking to someone face to face. A lot of the veterans feel they're dealing with an insurance company, as if they worked for GM.

One of the biggest things for the vets is what's available and what they may be entitled to. Most of that is handled between veterans. Tonight I'll be attending a support group for a soldier with operational stress injury, PTSD, and there's on average 10 to 15 soldiers at those meetings. The bulk of the discussion is about how to access certain services, because people are not being kept up to speed on things.

The system, as we feel it is now, is more on a pole between pushing stuff forward and the vets who are pulling stuff out to try to get access to it. The delays, the paperwork, and the timeliness of trying to get things done is frustrating for our veterans, especially for those with mental health concerns. I visited vets when I was a peer support coordinator, and I asked them about what was going on with their claims, and did they get a letter or anything. They would say, yes, and that it was on the fridge. I'd go and look at the fridge and there were maybe 10 envelopes unopened there, and I would open them up. The reality between the corporate end of things and the person on the ground is that there's a big void.

Another thing that's frustrating for the veterans is the second-guessing of what they're entitled to. They'll jump through the hoops, it'll go forward, it'll be adjudicated, and then it will be denied for whatever reason. A prime example is about accessing medication that a soldier was receiving in the service when he got out. The classic answer from Blue Cross is, “We don't fund that drug”. It's an approved medication. Now the vet has to work through that to get access to the drug, and so on. During that phase, who knows what's going on with the lack of the medication the vet needs because DND doesn't give you a bag of meds to give you six months once you're out of the military. You're going out cold turkey.

● (1545)

Over the last several years since the new Veterans Charter came in, two things that have happened are the downsizing and the opening of new offices. To my mind, you need the actual person-to-person interaction to get things done. Dealing with the 1-800 number just doesn't work. In fact, if anything, it's going to get a young soldier flagged for being aggressive by arguing with some lady at a call centre. They don't swallow that very well.

The case managers should be involved with every veteran. As they transition through, the ones who have ongoing concerns and problems should remain attached, because not every veteran heading out the door has a ton of problems. Myself, I transitioned quite easy. I waited for things, they came through, and I moved on. It's the troubled cases. A guy is getting out of the military, and by the way, he's getting divorced because of his PTSD and the problems it caused, and now he's trying to split up a household while trying to access benefits. Some of them end up in hospital, plain and simple.

This is another burning point. We have traditional vets and we have the CF veterans, the new veterans. To me, a veteran is a veteran, and the naming of things is wrong. But the new vets, if you want to call them that, understand the Internet. They know how to access documents, websites, and go searching for things that they feel are lacking, that they feel entitled to, or that they're confused about. When they present this stuff, sometimes they're seen as aggressive by dealing with it themselves. People are afraid of the new vets, I think, especially at some of the VAC offices, just because of that. They come in, they want to see somebody, they want to talk about it, and they get shoved off to the system. They have to climb through it and then access the advice they need.

The service delivery across Canada is not consistent. A lot of the vets know guys out in Vancouver, and they'll be on the phone or the Internet talking about service. The Vancouver guy might say he applied for something and got it, no problem, while a guy in St. John's says he did the same thing and they turned him down.

I know there are probably nuances that make a difference. Overall, though, when I was working for Veterans Affairs and DND with OSISS, I noticed a difference in processing between larger centres, smaller centres, and rural areas. The application of the charter is interpreted by the individual dealing with the case. When you start interpreting things, somebody always interprets something in a different way from somebody else down the hall. That adds frustration to the veteran's day-to-day life.

To finish off, what we need is a proper handover from DND to VAC, which is not happening. It's scandalous. They're not realizing that they're dealing with sick and injured soldiers. It'd be nice if they kept you in the military until you were 100% healthy when you walked out the door, but it doesn't work that way. Some people are just starting in therapy, some people are still waiting for operations. It's not the way to hand over a soldier to Veterans Affairs.

There should be detailed briefings, not just one but several over time, as a soldier transitions out and then after he transitions out, on what he's entitled to, what services are available, and how to access them. There should be more case management, face-to-face. The timeliness of initiating or getting the services out to the individual is important. There are some horrible numbers on how long it takes to get something done, and this just adds to the frustration and the feeling of insecurity as the soldier is transitioning out. He wonders how he's going to survive. He wonders about this, and then about that. That's some of the digs in there.

The next thing to see about is the amount of paperwork involved. If we're supposed to be a paperless society, I think we made a wrong turn. It's amazing the amount of paperwork, including the paperwork a soldier has to get signed off by doctors.

● (1550)

I'll tell you now, doctors don't like filling out forms. They like seeing paying customers, not the $50 or whatever it is they're getting to sign a form. The amount of paperwork is ridiculous within the system.

There are a lot of good people working in the veterans world. They're overworked, and they're making things work. When you hear “making things work”, that's not the way it should be. It should be just out there.

The consistency across the country has to be there. You have to start handing out what soldiers or veterans are entitled to.

The Chair: Thank you Mr. Doucette.

Next, we'll call upon Mr. Estabrooks, for 10 minutes.

Mr. Kevin Estabrooks (Volunteer Peer Support Advisor, Veteran, As an Individual): My name is Kevin Estabrooks. I'm a retiring warrant officer. I'm being released from the military with PTSD. I have over 30 years' service between reserve and regular force time, and I've had five tours of duty, including three in Afghanistan. I also work as a volunteer peer support adviser.

I do not have any talking points today. However, I have two issues that I'd like to raise. They're both covered under your suggested questions 1 and 6, the first issue being the lifetime pensions versus lump sum payments. Out of all the individuals and veterans I speak with, these are the two issues that come up the most, so I'd like to bring them to your attention. The change in the charter that happened back in 2005, I believe it was, was not coincidental. It happened when we were going into combat. I think with the new Liberal government, there's a nice opportunity now to correct the wrong.

The other issue I'd like to bring up is similar to what Mr. Doucette said; it's staffing versus online services. I realize that we're all cutting costs and we're trying to put everything online. However, there are services that cannot be provided online. Doing the required administration to show up here today was a little challenging, to say the least. Veterans are going through mountains and mountains of paperwork and seeing wrong turns everywhere. I think the whole issue of service officers needs to be looked at again.

Those are the two issues I have. I have nothing further, and I am open to any questions.

● (1555)

The Chair: Great, thank you.

Next, from Shaping Purpose, Mr. Garsch.

Mr. Andrew Garsch (Vice-President, Program Delivery, Shaping Purpose): Thank you very much for having me here today.

To start, I'm going to tell you a little about myself, so you can fully understand how Shaping Purpose would fit into the Canadian Forces and VAC transition.

I was an engineering officer in the Canadian Forces. I was in for 12 years total. When I was in Afghanistan, in 2008, I had a car bomb explode in front of my vehicle. When that happened, I ended up with a concussion which, at the time, I didn't think was very severe. Over the next months and years, I came to find out that I had actually ended up with a seizure disorder from it. Basically, what would happen is I would pretty much black out, as if somebody turned off the lights, and there would be very little, if any, warning.

When I was finally diagnosed, in 2010, I was talking to my neurologist, and he said I should be able to stay in the Canadian Forces. As long as I was medicated and the seizures weren't an issue, it shouldn't be an issue with the universality of service. So, I continued on. My chain of command was perfectly okay with that.

They put me on career courses. I was at a staff course, in Kingston. Basically, I was supposed to be getting promoted that year. I ended up being notified, while I was there, that I was actually being released from the Canadian Forces. That didn't even come from my chain of command, because there was an issue with some paperwork that was lost along the way, so my chain of command was actually blindsided by that as well.

I'm not saying that in order to bring up anything malignant against anyone in the Canadian Forces. It's just a fact that happens. There is a lot of paperwork, and sometimes it goes missing.

The manner in which it was delivered was probably the most traumatic part for me, because I was, in my opinion, moving forward with my career, and the injury wasn't an issue. But when I was notified, it completely blindsided me. It was basically like a bigger explosion than that car bomb went off in my life, and it took everything from me. It took away my career, which I'd had for about 10 or 11 years at that point. It took away my confidence. It took away, basically, everything that I thought I was at that point in time. In doing so, it also isolated me from my peers, because I didn't want to be seen as that broken soldier.

That was really hard on me, and it caused me to spiral into a full-out clinical depression. My life was not very good.

I was seeing the deputy base surgeon, instead of seeing a psychologist, just because it was a better fit for me. He was the one who actually told me I was clinically depressed. I could go a lot further into that, but I'm going to move forward in the interest of bringing up Shaping Purpose.

If you fast-forward.... Basically, I got that release message in January 2012. I was actually released in June 2013. I wasn't offered a three-year retention period, because the manning levels in my trade were basically at maximum capacity, so there was no desire to retain me for anything longer than six months.

At that point in time, in June 2013, I started seeing a counsellor at the OSI clinic. I saw them for a good nine months, in addition to the time with the deputy base surgeon.

I had been making gains in trying to put my life back together, but I just couldn't manage it. It got to the point where, when I was seeing the psychologist at the OSI clinic, I was rehashing the same things, and I was coming out almost more depressed than when I went in, at times, because I was still sitting in that depressive hole.

April 2014 is when Shaping Purpose came into my life, through a family friend, who suggested that I check it out. They were at my house, discussing it with my wife and telling her about it. I said, “You have no idea what this would do for military guys.” I explained my whole situation, and they said, “Why don't you come and try it out, and see if it can actually help you out at all.”

So, I went to the session—it's a four-day session—and on the very first day the facilitator said, “You're going to use your inner compass to find your gifts, passions, and values. That will help you plan your life forward.”

I was sitting there thinking, “I have no inner compass. That's why I'm here.”

● (1600)

I thought I was going to fail at that also, but by the second day of the course I was able to realize that I did have an inner compass and I was able to start realizing what my gifts, passions, and values were, by going through an activity binder that's individualized for each person. You all fill it out, but it's done in a group setting of 21 people. Through group conversation and small group discussion, and being facilitated, you start to gain a lot of valuable insight from each other and you get valuable feedback from the other veterans who are there.

By the end of the four days, they take you through a couple of other external factors that can influence your life as you go forward, such as geographical considerations, where you live; financial considerations; social considerations; as well as employment.

Later on, and I'm sorry I'm jumping ahead, we ran one for the Canadian Forces and we actually brought in a Canadian Forces transition adviser who gave a full brief on all the services that are out there through the Canadian Forces that they can access through VAC.

Going back to my situation, I came out of there with a life plan, which was the culmination of the four days. It's basically a set of smart goals, with which I'm sure you are very familiar. It maps your way forward. It uses your gifts, passions, and values and allows you to plan your way forward, because what you are basically coming away with is the idea of what your ideal life would be by allowing you to distinguish situations or opportunities that would provide you with fulfilling activities. Then by doing so, it can allow you to start moving forward in your life.

For me it was very successful. I did the course in July 2014. By September 2014 I told my psychologist I wanted to stop going to see her because I felt I was moving forward in my life. They supported it. At that point in time I went to the founder of Shaping Purpose and suggested that they seek to work with serving members as well as veterans. They were very supportive of that, and they wanted to move forward, so at that point we began engaging with the Canadian Forces transition adviser, Major Jo-Anne Flawn-LaForge, and she helped us to get approval from the director of casualty support management to run five pilot sessions for the Canadian Forces and veterans.

Once we were able to obtain approval for that, we recruited for about four days and we had 85 applicants, but we could only take 21 applicants. We ran that session. The reason that we ran it was in order to basically conduct a research study to show that the program works and is needed for veterans who are transitioning out, because the life plan actually provides a bridge between the Canadian Forces and when they go to VAC. The idea behind that is, if veterans or Canadian Forces members are being released and don't know what they are going to be afterwards.... The whole focus up to this point has been to get people jobs, to get people employment, and get them out of the system, but unless those leaving the Forces find meaningful employment, they are going to stay in the system and they won't be able to move forward. They need meaningful employment. They need something that will bring them from the black hole they are in and help them move forward, whatever the case would be.

In keeping with that, we took measurements using validated psychological measurements—so two survey tools—and we actually did the surveys before and after the session. We did follow-up with the soldiers as well in order to gain the metrics to provide some data to Veterans Affairs and DND. Since that point in time, we've been trying to raise the remaining funds to run the next four sessions. We've almost secured enough funds to run the remaining sessions. That has been done through corporate sponsorship as well as through the New Brunswick Health Research Foundation.

The reason I think Shaping Purpose is so valid is because 27% of the 5,000 regular force members who release every single year report a difficult transition, and I believe a major part in that is that they don't know what they want to move forward to in their lives.

Thank you.

● (1605)

The Chair: Thank you.

The next witness is Mr. Bungay, from Trauma Healing Centers.

Mr. Trevor Bungay (Veteran, Trauma Healing Centers): Thank you very much for having me here today. My name is Trev Bungay and I served 18 years in the Canadian Forces in the infantry. I conducted seven international tours, four in combat in Afghanistan.

It all started after my combat tour in 2007. Back then there was such stigma that you didn't say anything. You bottled it up and you carried on, so I did another two tours on top of that. In 2010, I lost my family. In 2012, I lost my job. I started back with nothing.

When I left I didn't even know that I was supposed to have medical coverage. I didn't know how to get it. I didn't know who I was supposed to see. I had been to all the proper places. I'd been dragged through the MIR a thousand times. I'd been dragged through the psychologist on base. I was given 22 pills a day and told to go home for six months and to see what would happen. What happened was that I attempted suicide.

That day was huge for me. There was a light that turned on that day. Unfortunately, it wasn't bright enough, so three months later, I attempted again. From that day forward, I realized that suicide wasn't the answer. I had lost 15 of my own friends to suicide that year. I watched their children crying on their caskets.

For me to be released as quickly as I was, there was absolutely no need. I needed to be retained. I needed to be able to be there and to have somebody watch me. I was in no state of mind to leave and carry on a new life.

I was starting from scratch. I have a grade 12 education. I'd been in the military since I was 19. I was 37 at the time, with no education and nothing to fall back on.

Things started to really change for me when I decided that I needed to get off those drugs. I needed to get my own help in my own way. I started researching what I needed to do. I determined that I needed a multidisciplinary approach to healing. Yes, I had my medications and I used them properly. I did my psychology every single week. I did massage therapy. I went and saw a nutritionist. I talked to dieticians. I did whatever I had to do because I felt that if I had a healthy body that would result in a healthy mind and I was going to get back on my feet.

Within six months of getting off those medications, I was running two companies. It was all because of that multidisciplinary approach. Back in January 2015, we opened our very first clinic in Cole Harbour, Nova Scotia. We now have one in Moncton, one in Fredericton, and one right here in Ottawa. We're about to open a second one in Halifax and hopefully others in Charlottetown and Sydney this year.

In that little amount of time, that year and half, we've helped 3,000 people. Many of them are veterans from either the military or the RCMP. They come in and they are broken. We put them back on their feet using that approach. Every single one of my clinics has a medical doctor, a psychologist, a massage therapist, a dietician, and a nutritionist. Some of my clinics have occupational therapy, physiotherapy, and chiropractors. We have the whole gamut.

Veterans love the fact that they come into that building and they get to do whatever they need to do for their treatment, and they can go home at the end of the day. All of our services are billed right now through Veterans Affairs Canada, but for some reason, Veterans Affairs Canada will not recognize what we are doing.

● (1610)

There is your first problem. We're helping 3,000 people in a year and a half, and nobody from Veterans' Affairs Canada will say, “Hey, Trauma Healing Centers is down the road, they will help you.” Go to the OSI; nobody wants to go to the OSI. That was the whole point of getting out, they didn't want to be around it anymore. Now they're being forced to go into centres, and they're seeing their buddies in there, and they're going, “Argh”. They're sitting down, and they're having to do 30-minute surveys on an iPad with a pen that's so small they can't hit the button, and if you hit the wrong one, it erases everything and sends it back.

All I'm asking for here is for somebody to come in and give us a shot. We're helping these people. We're giving them their lives back. I can give you testimonials; you can watch videos on it; we've done it all. We educate. I go around all year long and speak to Corrections Services Canada, the RCMP, and veterans. They love it. I asked to go into JPSU and just talk to the soldiers who are leaving and say, “You don't have to go out and be alone, there's help.” I was shut down immediately.

One of the biggest services that we offer is our peer support. Our peer support is huge for us because the veterans tell us that they're very happy to have somebody who has been through the motions, somebody who they can call 24 hours a day, somebody who can help them with their paperwork because a VAC can't get to it. The case manager has 700 files on his desk, and there's no way that's going to happen this year.

I guess the biggest point for me to bring up today is that the services are out there to help veterans. Nobody's out there to hurt veterans. I'm a veteran. I'll be the last person on earth who will ever hurt any veteran. We are here to help, and we're going to expand, and we're going to grow with or without you. But we really, really want your support.

Thank you.

The Chair: Thank you.

We'll start the questioning with six-minute rounds.

Mr. Kitchen, you're first.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you, all of you, for your service to your country and to us. That comes from my heart.

Mr. Doucette, you mentioned that it takes about a year to get through the transitioning process, if I'm correct in what you were saying. We've heard an awful lot throughout our meetings on service delivery about how long it takes a veteran to get from transitioning from the Forces to the veteran and going through VAC. One of the suggestions we heard was to start educating the soldier from the moment they enter into the military on the process, the steps they would need to follow, the process that will happen, and what they will be entitled to as they come through, so that by the time they actually finish their career and transition, they're well aware of that.

Do you have any comments on that, whether you think that's a good idea or not?

● (1615)

Mr. Fred Doucette: The military briefs its members on a lot of things in the run of a year. It's a continuation training on things like general awareness, harassment, first aid, quitting smoking, and things like that, but oddly enough there is no formal briefing or discussion of the mental health side of things, none at all, and I can't understand why. I think that has to be built into the yearly training so they are thinking about their mental health and thinking, “If I end up being released, then at least I have some knowledge of what I'm going into”.

The transition is completely from black to white. There's no grey area where you cruise through. A lot of the fellows, as you heard Trevor Bungay say, lose their identities, lose their jobs, they may lose their families, and so on, and now they're standing there not even knowing that they need a health card and things like that.

I think the idea of transitioning should be talked about a lot more. It's no longer a 35-year job like when I joined. There are things that may happen to you where you will not be able to serve anymore. We can't hide the injured fellows like we used to in the 1970s. If a guy had 30 years in, broke his leg, and couldn't go to the field, then they put him on a base job. DND doesn't do that anymore. They track you down because they have a computer system. They find you.

I was a classic case: diagnosed, 18 months, civilian, done, and away you go. No transition, nothing. A few brochures and that was it.

They have to look at it as a whole. If you have 30 years of service, then you should be serving about 31 or 32, and for the last two years you should be going through all the stuff you require to become a civilian.

They do run medical scans, where it's briefings and so on, and it's interesting because a lot of the fellows who go are told, “Bring your wife with you because she will remember what's being said”. You wouldn't write it down, and so on. We're putting the onus on a lot of people to try to help this guy through, and it's sometimes doing more harm than good.

Mr. Robert Kitchen: We've had a lot of talk about family, and I appreciate you bringing up the issue of bringing your wife with you. I think we're all becoming very aware.

Just so that you're aware, I come from a family background with the military, and I truly believe even though I didn't serve. My father did, my brother did, my sister did, and I've grown up with that mentality and understanding the language and understanding the culture. It is a culture, and the family is part of that culture.

When we talk about the two programs—and I'll address this to Captain Garsch and Mr. Bungay—your programs are great. It's good to see that. You have talked about putting the family into the program. Captain Garsch, you have put that into your presentation to us.

Can you comment on how important you see that role?

Mr. Andrew Garsch: Definitely. For the first session we ran, out of the 21 people we had on it, there were two service couples. They found it extremely beneficial because they were able to plan their way out of the military and what they would be doing in unison, so their plans were beneficial for both of them.

I've also had a chance to speak with one of the directors of the MFRC, and they think it would be very helpful for the spouses of the transitioning people, as well. I've been talking with them about possibly being able to provide that.

I think it's absolutely imperative that the family is involved in some way, shape, or form. If the spouse can participate as well, then that's probably best, because the family can plan their way forward as a family instead of possibly one going to the left and the other going to the right.

Mr. Robert Kitchen: Mr. Bungay.

Mr. Trevor Bungay: We try to add family into everything. I always told my soldiers that whether you have one year in or 20 years in, the only person who's going to be standing at the door at one or 20 is going to be your family.

Unfortunately, most of us in our wickedness, during our times of post-traumatic stress and everything else, lose that.

● (1620)

Mr. Robert Kitchen: Unfortunately, you do lose that, as you say. Sometimes that happens before you get to that stage. Including the family earlier would be beneficial.

Mr. Trevor Bungay: I agree 100%. I believe in including them earlier in our centres as well. We recommend sessions with the family, with the wife or husband, and at night we put off sessions for the spouses as well to give them some support. It is probably something that Veterans Affairs Canada should think about, because those services that we offer are free. I'm asking my physicians, psychologists, social workers to come and do this for free. They do because they want to help, but at some point that might change.

The Chair: Thank you.

Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you Mr. Chair.

Thank you to each of you for those perspectives that you bring. I think it was very interesting for us to hear your personal stories on how you transitioned and the contributions that you're making now to our veterans. Thank you very much for that.

I could talk for an hour, but I'm going to depend on my colleagues to ask you a lot of questions.

Mr. Garsch, I'd like to ask you a bit about the Shaping Purpose program. What was it originally designed for?

Mr. Andrew Garsch: The Shaping Purpose program was originally designed for high-level executives who were transitioning from CEO-type levels or possibly an MP or whatnot, but a high-profile job, and thereby retiring and then trying to figure out what they would be doing following that. That was the initial idea.

Following my experience with that and me basically describing how you go through the loss of identity, the isolation, and all of those emotions, it was absolutely apparent that this was a much-needed tool for Canadian Forces members who are transitioning out.

Mrs. Alaina Lockhart: Great. You had mentioned that the first session you ran had 21 spots and 85 applicants. How did you solicit those applications at that point?

Mr. Andrew Garsch: We used some word of mouth, but the majority of them were pushed through the continuing Canadian Forces transition adviser, through the JPSUs across Canada. We also used the VAC case manager system to pull those names.

We have continued the liaison with both of those offices. When we get the money for the remaining four sessions, we're all set to go to push that out.

Mrs. Alaina Lockhart: Okay. Before we get into funding, and I do hope to get there...success rates. I know that you've talked about the research that you're doing, and how you tried to put real numbers around things. Could you tell us a bit about that?

Mr. Andrew Garsch: Yes. We have the participants fill out two surveys before they take the program. We have them also fill out a survey immediately after. Then we do follow-up surveys at one month, two months, three months, six months, and a year. They are also offered follow-up consultations as they go along, so they can discuss their life plan and how things are moving along.

If you are a DND case manager or if you are a VAC case manager, or if you're going from DND to VAC, then all of those people would have a good idea of where you are at in your life plan. They could see if you're falling off the rails or if you're going along. If you're falling off the rails, they could also tell where are you falling off and possibly help you along. Instead of rehashing the same thing when you have your 15-minute conversation every month or two, you'd actually be getting some meaning out of it.

● (1625)

Mrs. Alaina Lockhart: You mean that the interface that they're having with their case workers is more meaningful because of this, because they have a—

Mr. Andrew Garsch: I believe it would be. I can speak from my personal experience. I would see my case manager once a month. I would walk in, sit there for five minutes, they would ask me how I was doing, and I would lie and say that I was good because I didn't want to be there on base because I would have anxiety. I couldn't take being there, and they didn't know me whatsoever. They didn't know at all what I wanted to do, or what was meaningful to me. There was no actual plan.

Mrs. Alaina Lockhart: To be fair you probably hadn't established where you wanted to be, right?

Mr. Andrew Garsch: I hadn't established a thing. It was a moot point of going to those....

Mrs. Alaina Lockhart: Is there a matrix that you use to measure success? Do we have a success number out of that? I know it is difficult to measure.

Mr. Andrew Garsch: When running the research study, we contracted out an epidemiologist from Queen's University to run the matrix for us. This person has done some preliminary work on the first session, and we're going to get more data on that. We're also hoping that by running the next four sessions we'll have enough statistical power from gaining the new numbers in order to show that there is statistical significance behind this program.

Mrs. Alaina Lockhart: From a funding perspective, who's paying?

Mr. Andrew Garsch: I believe 80% of the first session was paid for by the founder, and 20% was paid for by the New Brunswick Health Research Foundation. For the next four, we have two corporate sponsors and the New Brunswick Health Research Foundation. The corporate sponsors right now would like to remain anonymous until we're ready to run the sessions and have the final funding.

Mrs. Alaina Lockhart: So at this point, this isn't a service that VAC is paying for? Correct?

Mr. Andrew Garsch: That's correct.

Mrs. Alaina Lockhart: Where in the transition would this work best?

Mr. Andrew Garsch: There's been a lot of discussion about when the transition starts, and this would be an excellent tool to have right at the beginning, or as part of the yearly discussion of what to do as you transition out of the Forces.

The immediate need is definitely with the people who have already been advised that they're getting a medical release. As soon as those people are advised of their medical release, they should be able to participate in a special course such as this if they feel they need it. You could take that one step further. If an individual is placed on a temporary category, or TCat, they're entitled to two six-month TCat periods before they go on what's called a permanent category. The permanent category facilitates a release. As soon as it's decided that they're being released, I'd say they should be put on a permanent category, and then they can fend their way forward using the tools of VAC and Canadian Forces.

Mrs. Alaina Lockhart: Thank you very much.

The Chair: Thank you.

Ms. Mathyssen.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Mr. Chair, and my thanks to our four witnesses for being here.

Monsieur Doucette, you said a number of things and I was wondering about some clarification. You talked about the frustrated or persistent vet being seen as aggressive, being seen as a problem. Should there be special training for case managers to deal with this? It would require someone with conflict resolution skills or at least an understanding that this aggression comes from a feeling of not being well served, a feeling of desperation because they're not getting the help they need, or a feeling that they're not getting any better.

Mr. Fred Doucette: For the most part, the case managers are not too bad with the veterans. They usually understand what they're going through. The difficulty is with the people he has to go through to finally get to that case manager. For instance, about 10 years ago, the first time I went to the Saint John office in New Brunswick to give a briefing, it had a nice little foyer, chairs, a coffee table. Now, though, there's a glass wall about two inches thick. You can't even go to the bathroom without getting somebody to swipe a card for you. I don't know where this fear of these veterans comes from. The case managers get to know them a lot better, and they can solve their problems better.

Of course, people are going to be frustrated, but I think they're playing the violence up too much. It's just the nature of people nowadays. You come armed with information and you want to know why you're not accessing these things. You need an answer. That's where the problem starts, right there.

Ms. Irene Mathyssen: So that first line of contact needs to be better trained, and we need to get rid of the glass walls.

Mr. Fred Doucette: I understand the need for some security, but it's a them-and-us thing when you walk in there. I gave this country 30 years of my life, and I had my leg blown off and my head screwed up. You'd think I'd be getting the Cadillac treatment, not getting shoved around. It's the indifference to the cause that's frustrating.

● (1630)

Ms. Irene Mathyssen: You talked about different interpretations of the new Veterans Charter. Does that tell us that we need better training, that you simply cannot have one person interpreting it one way and another seeing it differently down the hall? That would, I think, make any veteran upset.

Mr. Fred Doucette: I think in most cases within the district office, things are pretty well squared away.

However, then you go from the district office, say out of Saint John, and you go to the one—there's none in Charlottetown anymore—in Halifax. Well, they may have another take on certain services. They may know a way of getting something for a veteran that...I wouldn't say it's easier, but less administratively bungled up. I've had veterans say that when they were in Quebec City they applied for this and that and they denied it, and then they moved to New Brunswick and applied again and got it. What went on there?

There are a lot of personal things that come in to working on it. I had a fellow who had to give up the rehab programming because he was too old. He had waited that long. He said, “Maybe I can get three years of good work in.” Then he called me and said, “Fred I'm out of it.” I asked what he meant. He said “I'm going to be 60. I'm not going to go to work now. I started when I was 55.”

A lot of it had to do with his area counsellor. His area counsellor was really PO'd, “Oh, you guys get this support. You get this money. What about us?” The fellow reported him through the system, but the guy is still working there.

It just shows that there are people within the organization who can hold you up if they want. It's horrible to say. However, the lion's share are there to get things through for you as best they can.

I took the new Veterans Charter training in Halifax when it first popped out. I was the only person there who didn't work for VAC specifically. There were about 50 of us, and two things kept coming up, “Who has the signing authority for this part that says you're entitled? Who signs that?” It was, “Well, we are working on that.”

I actually heard some of the people there say, “Well, I've got three more years to serve for pension, I'm not going to get involved in this crap. I'm not going to learn all this here. I'm gone in two or three years.” That whole resistance to change is there, and it was a big change.

It's accessing, hitting the right button, having the right tone, and so on.

Ms. Irene Mathyssen: Thank you very much.

Mr. Estabrooks, I was very interested in what you had to say.

You said that the change in the Veterans Charter 2005 happened just as you were going in to battle.

Could you expand on that? What do you think that was about? I would be very interested in your take on it.

Mr. Kevin Estabrooks: Veterans who were injured prior to that time used to get the lifetime pension, whereas now they've gone to a lump-sum payment. That change, coincidentally, was made at a time when we were warned that we were going into combat in the Kandahar region.

Ms. Irene Mathyssen: I just wondered if you were thinking that because there were going to be a lot more seriously injured veterans that it was rather coincidental, or interesting, that the change occurred at that point.

Mr. Kevin Estabrooks: I don't think I would be alone in that. The veterans I have talked to said, yes, that was quite coincidental.

Ms. Irene Mathyssen: It's very unfortunate.

We seem to have all kinds of financial resources available to take men and women into battle, and then they seemed to have dried up when those men and women came home.

The Chair: Thank you.

Mr. Rioux.

[*Translation*]

Mr. Jean Rioux (Saint-Jean, Lib.): Hello. Thank you for being here. I'm a new member of the committee.

My questions are more factual, and they are for Mr. Garsch.

You said you were released. As Mr. Doucette mentioned, a military career is generally thought to last 35 years. However, based on what you told us, you were released very suddenly.

First, can you explain what happened?

Second, I want to know how long a military member remains in the army once he has been released.

Third, was the pension you received afterward established based on the number of years of service or your salary?

● (1635)

[*English*]

Mr. Andrew Garsch: I was notified by an administrative review. My case manager told me I was supposed to be out in six months. That actually didn't happen because the paperwork got lost, literally, for about a year. Because I didn't want to be in the Forces anymore, because I couldn't take being around it, I put in for a voluntary release. I wanted to be out in 30 days. I was told that, if I did that, then I would actually lose my medical pension that I was supposed to be receiving because I was being medically released. That's how that happened.

As for people who are being released, you have to be in the Forces for 10 years in order to receive a medical pension upon a medical release. It can very easily happen to people that, if they don't serve for the 10 years, they're being released medically, and that pension won't be sufficient to sustain the life that they're living at that point in time.

I believe you were asking how long it took me to receive my payments for my pension. I was released June 19, and I did not receive payment until the end of September or so.

[*Translation*]

Mr. Jean Rioux: How is the pension calculated, for example, if you accumulated 10 years of service or less? Is it based on your salary or the number of years spent in the Canadian Forces?

[*English*]

Mr. Andrew Garsch: It's basically determined by the best five years of pay. If you're in for 10 years, then they take the average of your last five years' pay, and that's what you get a percentage of. I believe at that point in time it was 70% on average.

Mr. Jean Rioux: Now it's 90%.

If you have not done 10 years—

Mr. Andrew Garsch: You don't receive a medical pension.

[*Translation*]

Mr. Jean Rioux: Thank you.

Mr. Doucette, there seems to be transition issues. I'm also a member of the Standing Committee on National Defence, and two issues were brought to our attention regarding integration into civilian life. First, people aren't aware of the services provided, and second, it's difficult to obtain those services.

Regarding the first step, which is to be aware of the services provided, couldn't the Department of Defence prepare military members, for example, six years before the transition? That way, people wouldn't be presented with a fait accompli when they return to civilian life and need to find all the necessary information.

Could that be a solution? Could the Canadian Armed Forces prepare military members for their new life?

[*English*]

Mr. Fred Doucette: There are what we call local initiatives. In Valcartier, the brigade there has all kinds of initiatives that they've built and have in position. They've been really proactive with a lot of things that go on. Other bases like Petawawa and Gagetown are big army units, but the people are changing all the time. When I was working for OSISS, I would go see the new base commander, and I'd get a chance to brief him and make my inroads. Then two years later I would start all over again. Even at the upper levels of DND, I think a lot of the leadership isn't aware exactly what the details are of these soldiers who are going out.

One defence minister told me several years ago that they were dragging them through the front door and throwing them out the back. That was his comment, literally, throwing them out.

There are people who have a lot of education who could probably answer your question and tell you what to do where. The more preparation you give for that individual leaving, the better chance he's going to be able to move on successfully, and so on. It's not to say that everybody is like that. I know a lot of guys who have transitioned out, spent two years in community college, and are working full-time in jobs that they're enjoying. They were just as injured as anybody when they moved out. I think there has to be more push of their information forward. I don't know why it's not being done.

Here's an example. In 1985 they told us we had to start paying long-term disability. You have to have it, no choice. Before, you could opt in and out of it. I said, “Good stuff, long-term disability.” Those are the words. When I began working for OSISS, I was talking to a veteran, and he said, “Oh yeah, I've got to get this back to the insurance company, SISIP, because they're going to cut me off, it's been two years.” I said, “What do you mean?” He said, “I have to go see a doctor, get this filled out, and then my long-term disability will be able to carry on.” I said, “No.” He said, “Yes, it's two years and they come knocking, and if you can't back it up, then they cut it out.”

Here's something I had believed, that I was going to be taken care of as other soldiers would be on this long-term disability, but it had all these caveats. Nobody told us. We just assumed that it was long term.

● (1640)

The Chair: Thank you, Mr. Doucette.

Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair.

Thank you, each and every one of you, for your service to Canada and for being here today to share your experiences with us so that hopefully we can make some thoughtful recommendations.

I'd like to start with Mr. Bungay if I could.

You mentioned that your services are not recognized formally through VAC but it does pay the bill. By recognition, I suppose you mean it's not encouraging people to take advantage of your services. Is that right?

Mr. Trevor Bungay: That's right. We applied for the multi-disciplinary through Veterans Affair Canada probably a year ago, and we've still had no response.

With our company, it's very easy for us to say “this is what we offer”, but that's just what we offer. If Veterans Affairs Canada or a veteran requires something else, whether it be education or some other form, we can do that. We can add in or take away anything that needs to happen. When somebody comes in our door, they see all of our staff, and then a health care plan is developed for that individual.

Mr. Colin Fraser: You mentioned the number 3,000. Out of that number, how many are veterans of the Canadian Forces?

Mr. Trevor Bungay: About half of them are.

Mr. Colin Fraser: Has VAC paid for all of those or are some...?

Mr. Trevor Bungay: Yes.

Mr. Colin Fraser: You say that you're opening new offices. It seems as though this is expanding quite rapidly, which is excellent news.

If people wanted to travel to one of the clinics, could they travel to take advantage of the services in Halifax? I'm from Yarmouth, for example, and Greenwood is in the riding I represent. We have a lot of military folks in West Nova.

Mr. Trevor Bungay: We have people coming from all over right now. People from P.E.I. come to Moncton. People in Sydney in Cape Breton come to Halifax. People in Yarmouth come to Halifax.

Mr. Colin Fraser: Does VAC take care of the travel expenses and overnight hotel stay if they need those?

Mr. Trevor Bungay: Yes.

Mr. Colin Fraser: How long does the program typically take?

Mr. Trevor Bungay: They're there as long as it takes for them to recover, but we're not a 24-hour clinic. You come in one day, do your services, book your next appointment, and come in again.

Mr. Colin Fraser: Okay. Thanks very much.

Mr. Garsch, you mentioned the term “meaningful employment” and helping them find meaningful employment. Can you expand on that a little bit so I can understand the successes you've had?

Mr. Andrew Garsch: I can give you an anecdotal story.

We had one individual who participated in Shaping Purpose, and prior to that he had been on disability and in the VAC vocational rehabilitation program. He had taken some university courses at UPEI. He lived in Fredericton. He spent over a year away from his family at UPEI, all on the government's dime. After that year of either a two- or four-year program, he decided that he was no longer interested in doing it. There were no repercussions, and there shouldn't have been. It was just that it was recommended that he take that course, and he was told that there were employment opportunities with that, and he had no other idea of what he wanted to do. He just said okay because he was used to being told what to do, and he had no other idea what to do.

He actually participated in Shaping Purpose. He came away with his life plan. In doing so, he actually started to use some of the programs that are out there. One of them was Prince's Operation Entrepreneur. That's a program provided by the Canadian Forces. He's becoming an entrepreneur. He has his own business plan and everything all done up.

Mr. Colin Fraser: That's a really important success story to hear. Thank you.

Mr. Doucette, you mentioned that within the transition from being a member of DND to being a veteran, sometimes things with Blue Cross don't work well, because sometimes drugs that are covered when you're in the Forces are no longer covered by Blue Cross when you're a veteran. Do you have any specific examples of types of drugs that aren't covered that we could look into?

● (1645)

Mr. Fred Doucette: I dealt mainly with soldiers who had an operational stress injury or mental health concerns. Most of the drugs would be in the range of antidepressants, anti-anxiety pills, and so on and so forth, and that was a big concern.

The other big concern was with starting your whole prescription life again once you get out, because the DND ones literally stop. If you need meds for another month, you're going to have to get at that pretty quickly. You have to get in to see a doctor, and the doctor is just going to take what he knows and work through it; he's not just going to blindly sign off on the prescriptions you say you were getting.

Some of the medications are life-saving too, so that's a big concern with regard to that transition.

Mr. Colin Fraser: Thank you very much.

The Chair: Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you.

It is encouraging to hear about some of the potential we have to deal much better with our veterans in meeting their needs in a real way.

First of all, Trevor, you talked about the paid professionals you have working with you. I saw excitement when you were talking about them and the volunteer side of what they do. These are people employed by your business. Correct?

Mr. Trevor Bungay: I have 35 employees right now. That includes six physicians.

Mrs. Cathay Wagantall: Around this table we've heard that it's difficult in a lot of situations for OSI clinics and things to find the people willing to serve in those roles, and yet here you are...

Mr. Trevor Bungay: That's because I'm willing to pay them a lot more than they deserve, but if that's what it takes to have a veteran come in and not commit suicide on my watch, then I'll pay every dollar.

Mrs. Cathay Wagantall: Okay. As a businessman you're able to do that and be successful, and yet it seems that we have issues on the other side of paying. The challenge is that these are people who are professionals. They can earn a good income over here, and you know the usual situation of earning less here. You see the value then in making sure that they're paid well, even though from your perspective it's too high.

Mr. Trevor Bungay: I don't have a choice. If I don't have a doctor, then they're not getting help.

Mrs. Cathay Wagantall: Okay. They're committed to their roles and your business. You seem pleased with how they're meeting your expectations.

Mr. Trevor Bungay: If I had more doctors, then I could have an office in every city in Canada, but we're having as much difficulty as you guys are.

Mrs. Cathay Wagantall: Okay.

Mr. Trevor Bungay: Yes, we do have to pay them more, but I walk into a doctor's office and I ask him for one or two days a month. That's all I'm asking for, one to two days a month. I'll fill your schedule. You come in. You see the patients. You take care of them. We'll pay you.

Mrs. Cathay Wagantall: Are you getting the billing covered by VAC?

Mr. Trevor Bungay: Yes.

Mrs. Cathay Wagantall: The money should be there to take care of this.

Mr. Trevor Bungay: For most of it, yes.

Mrs. Cathay Wagantall: For most of it.

Mr. Trevor Bungay: We have to pay more in order to get them to work.

Mrs. Cathay Wagantall: Right. Okay.

You mentioned that you were having trouble getting on this list with VAC to be a referred source.

Mr. Trevor Bungay: It's multidisciplinary.

Mrs. Cathay Wagantall: Right. I don't know if this committee is aware of how many groups are on that list, how they got on there, and what the criteria are. Were you given—

Mr. Trevor Bungay: I don't have an answer to that. My operations manager has done all the applications for four of the clinics, but I don't have an answer for that one. I'm not sure exactly what it takes.

I know that you do have to have a certain number of services and a certain types of services. If you meet a few of those, then you're multidisciplinary, which we do.

Mrs. Cathay Wagantall: Okay. I have another challenge, I'm from Saskatchewan. We don't have an OSI clinic in our province. We have people who need help, and their travel is not covered to get to see their psychiatrists or psychologists. It's interesting that in the circumstances—

Mr. Trevor Bungay: We're trying to bring on some telemedicine to help those people who are in the outlying areas. For example, my brother has an eight-hour drive to see a psychologist.

Mrs. Cathay Wagantall: Yes. Exactly.

Mr. Trevor Bungay: It's not even sensible. We are trying to bring telemedicine onboard to help those people, so at least they can talk to somebody. We don't like to do the medical side of things over a computer. That's not something we believe in.

● (1650)

Mrs. Cathay Wagantall: No.

Mr. Trevor Bungay: When it comes to talking to somebody, I can be standing right in front of you, or we can talk to you through a TV, and we're still getting the chance to do a bit of therapy.

Mrs. Cathay Wagantall: That's good to hear. We'll have to follow up on that.

Andrew, it looks like parts of the Shaping Purpose could be done earlier. We were talking about preparing soldiers or Armed Forces—and I understand the role is to become Armed Forces—but at some point life is going to transition.

I look at gifts, and passions, and values. Those are things...could they be discovered well in advance, so that you're not left...or do you feel it has to start happening once they're in that process of being released?

Mr. Andrew Garsch: I think there's value in doing it before they're being released, but I also think that their—

Mrs. Cathay Wagantall: Follow-up?

Mr. Andrew Garsch: —gifts, passions, and values will change when they're leaving the Forces, because they're going to be without the ethics and values of the Canadian Forces. If you go 12 to 30 years in the Canadian Forces, then that's all you know. You live and breathe it. When you don't have that in your life anymore, and you're not putting on that uniform, then you are a different person, and it's a massive culture shock going from the Forces into the civilian world.

Mrs. Cathay Wagantall: This is in between processing from the career transition assistance program, and then there's the vocational rehabilitation program. The word "rehabilitation" in there sounds like you are sick, rather than making a transition. That's just something I noticed. Who will be paying for this? It's all tax dollars; it's all the government, between DND and VAC.

Mr. Andrew Garsch: In my opinion, it should be joint. I've had conversations where people have said that DND should be paying for the services because the guys who are in are going there with DND. So if they're using a CanVet program, that's VAC's money. When you look at it, if they already have a plan to transition out and they're not using a SISIP or a CanVet program, you see it's a massive savings for VAC. I think the easy thing would be just to say a 50/50 split, or let somebody else figure it out.

Mrs. Cathay Wagantall: One more question—

The Chair: Sorry, we're out of time.

Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): As all of us have done, I want to thank you all for being here. I think it speaks to something that we've heard in testimony, that you need the face-to-face occurrences. We need it as well. People could have sent us slide decks or CDs, DVDs, or whatever. To have Canadian soldiers in the room with us and talk about these things is really remarkable.

I've tried throughout my life to actually make myself as informed as possible on issues for soldiers. There's always the historic interest. Sarajevo was an example. But then there is the personal side, which first came out in a book that I read in 1976, by Ron Kovic, called *Born on the Fourth of July*. He was a Vietnam veteran quadriplegic, and so on.

There have been some books written. Mr. Doucette, you wrote a book, and I'm wondering, because it was an honest look at soldiering in the context of Sarajevo, did you sell a lot of those books?

Mr. Fred Doucette: Well, I don't winter in Florida with the money I made from that.

Mr. Bob Bratina: Well, it's too bad.

Mr. Fred Doucette: What was great were the comments I got from soldiers and veterans when they said, "Jeez, that was me." They identified, and so on and so forth.

My second book is *Better off Dead*: That's a comment they told me a lot when I was working with the operational stress program. It's their stories. I think there were about a dozen stories of individuals I dealt with who were willing to write it up..."Yes, I want people to know." There are aspects about the family, about sexual assault, about Veterans Affairs and the dealings it has with the veterans. It's nice to be able to say, "Well, if you want to know, that guy will come and talk to you; it's not made-up stuff."

The best thing was when somebody said, "Fred, you know, if I hadn't written in your book I'd probably be dead." One person said that; so all the time writing it and trying to get it published was all well worth it as far as I was concerned.

There is a lot of information out there, but there's not much on the personal side of the injury. You can read papers and doctors' stuff. That's what that book is about, anyway.

● (1655)

Mr. Bob Bratina: What I'm trying to get at here is the general awareness.

For instance, Mr. Estabrooks, in your experience, how many people in the general public can you have a real conversation with about the issues that you faced? Are there very many at all? I know that your peers, your fellow former soldiers, would understand that, but in the general public can you talk to anybody about what you have been through?

Mr. Kevin Estabrooks: It's improving, sir, but I still find myself caught off guard. I try to be very open with what I've gone through, and every once in a while you talk to someone and you can see by the look on their face or their reaction that they don't believe in PTSD to this day, or they're not interested in talking about mental health or hearing about it.

As far as a percentage is concerned, that would be difficult, but I would say we're still very small. Probably 20% or 30% are aware of mental health issues, and it's growing. But there's still a lot of work to do, sir.

Mr. Bob Bratina: Mr. Bungay, I'm interested in your Trauma Healing Centers, and the fact that you have a RMT in your group. I've read a lot of stuff that states hands-on healing is exceptional in its own way, beyond just making your headache go away or something.

Mr. Trevor Bungay: It's huge. The services that we offer, they're all holistic. Whenever I speak to RCMP, Corrections Canada, whoever—never the military, oddly enough—I always talk about the spokes in the wheel. We talk about how you are the wheel, and there are certain spokes that you need to sort of heal. Yes, medication is one of them. There are certain staples that you need like medication, psychology, and nutrition.

Everybody may not need massage therapy. For me, I do yoga every day. That helps me. I know some people who like to go to the range and shoot. I know some people who like to go to yoga or they like to get a massage. They like to walk the dog. Whatever it takes, but it's a combination of the spokes that sends the people to recovery.

When I say recovery, we're never going to be out of this. We're always going to have post-traumatic stress, but I can tell you right now, if you could see me from 2013-14 to where I am today, you would pretty much say that I've recovered. Yes, I have my moments, don't get me wrong, I still have my moments, but when I have my moments now I know how to deal with them.

Mr. Bob Bratina: Mr. Garsch, your approach is different from the therapies that we heard from the Trauma Healing Centers. How do you think they would harmonize?

Mr. Andrew Garsch: Basically, it's assessing what tools in the tool box need to be used. That's really what it is. Individuals who feel like they're having a difficult transition, and there's 27% who leave, if they want to take part in Shaping Purpose, it may help to plan their life forward. They can then identify what tools are out there that they actually need to go and access. If it's Trauma Healing, if it's Prospect, or if it's Prince's Operation Entrepreneur, whatever programs are out there, the programs are a way of identifying tools from the tool box that you need to use in order to move forward.

Mr. Bob Bratina: Thank you.

The Chair: Thank you.

Mr. Clarke, and we move to five minutes.

[*Translation*]

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

Mr. Bungay, Mr. Garsch, Mr. Estabrooks and Mr. Doucette, thank you for being here.

[*English*]

We, as committee members, are fully aware of the courage it takes to come here and share with us your personal stories, so thank you very much for taking the energy to do this. For us, you're very precious as witnesses today because I think you all are doing something right now in life that puts you in contact with a lot of veterans each day, every day, so I have some general questions that I would like all of you to answer, one after the other. Maybe we can start each time with Mr. Doucette.

Because you hear veterans every single day of your life and hear their problems and concerns, can you please tell me what, according to you—because here we're studying service delivery, so sometimes we have to ask specific questions on that—is the number-one problem with service delivery, that is to say, from what you've heard?

Monsieur Doucette, please.

● (1700)

Mr. Fred Doucette: The fellows I talk to all have mental health concerns, so for the most part, it's trying to find a therapist. A lot of them do not want to get a VAC therapist. You go up to the OSI clinic and have your therapy there, and some of them feel uncomfortable with that. There are a lot of therapists out there in the community, especially around Fredericton now, who specialize in trauma therapy, and that's what they need. Once a person is in with that therapist and moving along, just leave it alone until it makes its own course.

I think in a lot of places the problem is therapists. I had guys in northern New Brunswick who couldn't get a therapist. They had a therapist who would drive around every week. Not everybody lives in Ottawa, Toronto, or Montreal, you know. A lot of the times the guys with these mental health injuries, they go away. They want to get away. They want to hide. Then when they finally do step forward and say, “I need help”, there's no recourse for them to get it.

[*Translation*]

Mr. Alupa Clarke: Mr. Bungay, you have the floor.

[*English*]

Mr. Trevor Bungay: I would think the biggest complaint we hear would be the standard Veterans Affairs Canada, “No, that's not good enough. Try again”.

I can tell you right now, one of the claims I put in, a legitimate claim, was being in war. I'm not lying to them, but they're calling me a liar. It really hurts. Then I had to go back. For one of my claims, I had to go to a hospital 10 times. The first time they called me and said they sent the paperwork to me. In the letter, they said they would send it to the doctor. I called a couple months later and they said I was supposed to bring it to the doctor. I said I was going to scan them a letter and send it to them right away. I did that and she apologized. She sent it to the doctor. They ended up losing the paperwork anyway. This claim has been going on forever. It's still not dealt with.

These are the situations that veterans get into, and they wonder why the veterans are so frustrated. You're leaving the military, losing your family, losing your job. You just lost 75% of your friends because you're not in there anymore, and now the one entity that is supposed to be looking after you is giving you the runaround. That's where the frustration is.

Mr. Alupa Clarke: Mr. Bungay, would you say that the delay-and-deny response is based on reality, or that it's more perception?

Mr. Trevor Bungay: No, it's reality. I can tell you that I've heard it a thousand times from case managers.

Mr. Alupa Clarke: Would you say it's based on a problematic administrative process, or on some intentional workings?

Mr. Trevor Bungay: I really can't answer that question. All I know is my case manager told me I was supposed to put this in, get it back, and then put it back in again. What?

Mr. Alupa Clarke: Mr. Garsch, what is the number-one problem with service delivery?

Mr. Andrew Garsch: I'd have to say that it's overly impersonal. When guys meet with their case manager, they wind up retelling the same story or they get shuffled from one case manager to another. There's a lack of concern.

Also, when the individuals want to start moving forward with some retraining, before they can participate in the Voc rehab, they're forced to stay in this psychological realm until they're deemed healthy by their case manager. I know a few guys who have said that.

The Chair: Mr. Estabrooks.

Mr. Kevin Estabrooks: I would say it is staff versus online services, hands down. There needs to be more personnel along the whole route to facilitate these things. We can't just slough it off and say it's online.

The Chair: Thank you.

Ms. Mathyssen.

● (1705)

Ms. Irene Mathyssen: Thank you, Mr. Chair.

Trevor, I want to pick up on something Mr. Fraser asked you in regard to the fact that VAC won't recognize the Trauma Healing Centers. You said vets don't want to go to OSI clinics. We've been to one as a committee. I wonder what makes them hesitant or reluctant to go to the OSI clinic?

Mr. Trevor Bungay: In my opinion, it's that it feels like you're still in the army. It feels like you're walking into an institution where they're just there to tick the box. I've been to OSI. It was the first place I went. I gave it a shot. I tried, but they were asking us to do things that we probably weren't capable of doing at that moment. There was a certain amount of homework, and you had to be there at certain times. In one case, you needed to be in 15 minutes early so you could go through a 30-minute survey. I've heard from a couple of vets that they felt like they were walking back into the military life, and they just didn't want to do that.

With centres like mine, you're walking into a civilian establishment where there are veterans on staff, but there are also people who have no idea what's been going on, or how you've been dealt with throughout your career. They start fresh with you and build a friendship, as well as a professional relationship.

Mr. Kevin Estabrooks: As well, it's like going to the MIR, the medical infirmary room on base. You go in there, and all the military personnel are there. I personally asked to see an off-base counsellor for that reason.

Ms. Irene Mathyssen: It's like an admission that there is something terribly wrong, and people are afraid of that.

Mr. Kevin Estabrooks: Absolutely.

Mr. Trevor Bungay: That's right. You have to realize that the worst thing you can do, when you have post-traumatic stress, is put yourself back into that environment. When you're getting out and you have post-traumatic stress, you are constantly going back on base. I literally almost killed the pharmacist with my car because I blacked out going through an intersection, knowing that I was going on base. I drove my car straight through an intersection and onto a sidewalk. I just blacked out because I had been so stressed out about that time.

The JPSU is on that base. The MIR is on that base. When you go to Restigouche Road, it's all soldiers.

Ms. Irene Mathyssen: It's like a flashback.

Mr. Trevor Bungay: It is.

Ms. Irene Mathyssen: You have very clearly explained what it is you offer to VAC, yet they keep sending folks to the OSI clinic. Is it because that's what they've always done, and it's all they know how to do?

Mr. Trevor Bungay: Yes, pretty much.

The Chair: Thank you very much.

We should have five minutes if we do just the first round again. We'll start with Mr. Kitchen.

I believe you want to split it with Mrs. Wagantall.

Mrs. Cathay Wagantall: There has been a change of plans.

The Chair: Okay.

Mr. Clarke, go ahead.

Mr. Alupa Clarke: Thank you very much, Mr. Chair.

Mr. Bungay, if I correctly understood, you said there are two problems with the JPSU. First, it's on the base. Second, they are closed-minded; for example, they don't accept your services.

Now the question is for everyone, starting with Monsieur Doucette, please. What's wrong with JPSU, besides those two things?

Mr. Fred Doucette: Do you mean the JPSU or the OSI clinic?

Mr. Alupa Clarke: The JPSU, please.

Mr. Fred Doucette: Well, it's an access point. We used to call them a holding platoon; we all had them. Once they know you're going to be released, you are posted over to the JPSU, literally, from your home unit. That allows your unit now to bring somebody in behind you. Before, the units would have up to 90 people on categories, so they've created this organization you go to. Again, it's, “Come in and report.” It's almost like being in the old unemployment system. You had to come in every week to say, “Hi. Are there any jobs?” They'd say, “No”, and away you go.

People get what they want out of it. Some don't; some do. A lot of them are just satisfied that they don't have to go into their unit anymore, and they're just waiting for the day when they're let go. It's pretty grim, when you talk to the fellas. There is no enthusiasm in actually being there. It has a detrimental sort of feeling to it. It's another step. You've lost your unit, the guys you served with. You're with a bunch of people you don't know. Next thing you know, you are transitioning out to a civilian world that you don't know.

● (1710)

Mr. Alupa Clarke: Mr. Estabrooks, what would you add that is wrong with the JPSU?

Mr. Kevin Estabrooks: Probably just that they are severely understaffed. For job placements, for example, there is one individual in the one in Gagetown. He places absolutely everyone who comes in through that job. I forget the numbers, but it's absolutely ridiculous. He has about nine places that have opened up and said they would take people. He has an impossible task.

Mr. Alupa Clarke: Thank you.

Mr. Garsch, go ahead.

Mr. Andrew Garsch: Personally, I didn't have an issue with the JPSU itself. For me, it was definitely the anxiety of driving out to the base, the 20-minute drive, white-knuckling, palms sweating, and heart just going out of my chest.

Mr. Alupa Clarke: Robert, thank you very much.

Mr. Robert Kitchen: Thank you very much.

Thank you for the chance to ask you again.

We heard it from Mr. Doucette, and comments from all of you.... The comment was about second-guessing by VAC after DND has made decisions on health care issues. Is that a common consensus from the people you talk to?

Mr. Trevor Bungay: Is that in regard to injuries in the military being diagnosed and then refused afterwards?

Mr. Robert Kitchen: Correct. Would you like to start, Mr. Bungay?

Mr. Trevor Bungay: Yes, it happens all the time. I think it's DND's duty to make sure they know everything that's wrong with those soldiers. Who better to know what's wrong than the doctors who have been watching them for their whole careers? They do have first-hand experience.

Depending on what CU, and that's the hospital care delivery unit.... You know, I had the same doctor for five or six years. When it was all said and done, at the end he knew exactly what was going on. He watched me deteriorate, and he tried to help as much as he could. At the end of the day, when he wrote his report, he said, “This is what he's going through, what he's been through, and this is what needs to happen.”

For me, I wasn't letting it go, and I was going to get what I wanted. But the frustration with veterans is the no, no, no. They know that most of them are going to go, “I can't handle this. I'm out of here.”

Mr. Robert Kitchen: Mr. Doucette.

Mr. Fred Doucette: A lot of people give up on the system.

You'd be surprised at how many veterans out there made that initial access, were refused, and just walked away from it. The anxiety, frustration, anger, and all that, didn't weigh enough to carry on with pursuing whatever it was they were trying to get.

This is common, even with World War II vets. When my dad was refused the war veterans allowance, he said, “Well, the government said....” That's what he said. I said, “Well, no, try it again.” He eventually did, but it was that attitude.

With the mental issues the guys have, they just say, “I don't need this anymore. I don't want it. I don't care what comes with it.”

Mr. Robert Kitchen: Thank you.

The Chair: Thank you.

Mr. Eyolfson.

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

Thank you all for coming here, and thank you for your service. It is very much appreciated.

We've talked about the deficiencies in OSI. Are there things that are working well with OSI, and are there things within that system that they might be able to improve to make it better?

I'll start with Mr. Doucette.

Mr. Fred Doucette: It's education. Education is the thing. Period.

Understand the injury. If you have a busted hip, it's too easy. You look at an X-ray and you see the marks and that.

On the mental health side, the people dealing with these veterans have to have some knowledge to it. I think mandatory education programs to bring people up to speed with what they're dealing with would make a big difference.

Mr. Doug Eyolfson: Would you say there are things that are done well there?

Mr. Fred Doucette: Over the past several years, yes. Some of the case managers are doing amazing work. There is more info getting out to the veterans, but it's piecemeal.

As some of the fellows have said, most of the knowledge comes from word of mouth, from somebody who accessed it, and this is whether it was a success or failure, or whatever it was.

● (1715)

Mr. Doug Eyolfson: Thank you.

You mentioned that when you're in active service, you're under the care of a Department of National Defence physician. Then you're under a different physician under VAC.

When you transition and you are under Veterans Affairs, are you assigned a physician by Veterans Affairs?

Mr. Fred Doucette: No. That's another big problem. When you're released, nobody gets you a doctor. Nobody facilitates that.

A lot of fellows who leave are lining up with the provincial list to try to get a doctor. Other than that, they go to one of the walk-in clinics. The walk-in clinics aren't designed to fill out paperwork and sort out your concerns.

That's something that's missed, a lot.

Luckily, I had a family doctor, so I just slid in under the door, “I'm back in the family now, so help me out.” But in a lot of cases, people have no doctor at all.

Mr. Doug Eyolfson: That sounds like a major deficiency.

I'm a physician myself. I work in emergency, and regularly see patients who get all their care through the emergency department because they've been looking for a family doctor for months. I find that quite disturbing that one isn't assigned at that level.

Mr. Andrew Garsch: I was released in 2013, June. I was told to put in my application for a physician six months ahead of time, so I did it around the January timeframe. I didn't get a doctor until this past year, so in 2016.

Up until that point in time, I was waiting at 5:30 in the morning, in the dead cold of winter, to go and get paperwork signed by a doctor at the walk-in clinic. In Fredericton, you had to be there at 5:30, because the doors opened to the building at 6:00, then you waited outside the clinic from 6:00 until 7:30, and then the office opened its doors at 7:30. Then you put your name on a list, and if you weren't in the first 20 or so people you were not getting seen that day because it was only open until 12:00.

Mr. Doug Eyolfson: In my humble opinion, that's appalling. I think we all owe you an apology for that deficiency in the system.

Mr. Bungay, in regard to your Trauma Healing Centers, what would you say is the most common ailment or problem that you see? Are you able to pinpoint the most common one that is seen at your centres?

Mr. Trevor Bungay: There are two, which are post-traumatic stress and chronic pain.

Mr. Doug Eyolfson: All right. Thank you.

You had said, Mr. Bungay, that VAC is not referring people to your service. Have they given you a reason that they're not?

Mr. Trevor Bungay: No. I asked them to come here probably 500 times last year, to just sit in front of somebody and talk and explain. I've invited many officials to our Ottawa clinic.

We've had many days, open house days, where the Ottawa city police chief has left with so many brochures. I had to order another 1,000 because he knows his police officers can use the services. But Veterans Affairs has its own agenda.

Mr. Doug Eyolfson: All right. Thank you.

The Chair: Ms. Mathyssen.

Ms. Irene Mathyssen: Thank you, Chair.

I would like to ask this question of all of you. Essentially, have you used the veterans appeal board, and if yes, can you tell me about the experience?

Monsieur Doucette.

Mr. Fred Doucette: Yes, a couple of times. It's interesting. The reason that I ended up in front of the Veterans Review and Appeal Board was they didn't understand the cumulative effects on the human body after serving 30 years in the infantry. They wanted a specific target injury. “When did you fall?”... “I fell hundreds of times; I don't know how much that attributed to it.”

It wasn't a very good experience. It reminded me of an orders parade in the military. You're sitting there. They're on the other side of the table. They get a commissionaire. You give the oath. You have your lawyer...“I haven't done anything wrong. All I'm here for is to get you to realize I got hurt in the military.”

For the mental health guys, I've attended many review boards with a veteran who has a mental health concern because I would know that he was starting to melt down. I've stopped them. I've said, “We have to get him out of here and get him some air.”

We made recommendations on how to set up a circular table, and a bit of a "Hi, how are you doing, sir? Great weather”, but they march in, bing bang, “I'm so and so and so and so.” It's not a very good experience. In a lot of cases, the veteran isn't even asked to speak, it's all through his—

● (1720)

Ms. Irene Mathyssen: The lawyer.

Mr. Fred Doucette: The VAC lawyer, yes. It's not something that people want to do.

A lot of them don't realize that you're only one step away from the big no, because all you have after that is to appeal your decision, and it's a paper appeal, and they can say no, and after that it's just up to you. So it's not good.

Ms. Irene Mathyssen: Okay. Thank you.

Are there any others in regard to VRAB? Yes, Mr. Garsch.

Mr. Andrew Garsch: I put in an appeal for the seizure disorder. I read the interpretation of what a major seizure was compared to their interpretation of the table and the appropriate timelines. Because I experienced it, I knew what a major one was, what it felt like, and what I went through. And their interpretation of my description of the seizure was that they were minor seizures.

Mr. Kevin Estabrooks: I went through one as well. As Mr. Doucette said, it was very much like night court. You have a quick briefing in the hallway with your lawyer, you're marched in very quickly, you plead your case, and it's over before you know what happened.

Mr. Trevor Bungay: I'm starting the process right now. Call me in a few months.

Ms. Irene Mathyssen: Okay. It sounds rather adversarial.

I wanted to get back to you, Monsieur Doucette.

You mentioned sexual assault in regard to injuries. One of the things that has become clear is that there's a reticence about talking about it and about addressing it. We went into the VAC website and there's nothing about sexual assault on that service page.

I wondered, do you regard that as a deficiency? Do you see it as a service-related injury, and should it be connected to mental health, like PTSD? We know that women who have been assaulted suffer that injury for a lifetime.

Mr. Fred Doucette: Within the military, I've dealt with probably five or six in the 10 years that I worked for the operational stress injury social support program.

As you say, it's a hidden thing. It happens, especially if you were sexually assaulted while serving, and there are things going on to try to track a person down.

DND is really—you've seen by the program that they announced a year ago or so about taking care of that side of the fence—still ham-handed at it. It should not be something determined by the military police. It should be civilian police, and it'll get done.

The hard part of the injury is dealing with it when you get back and fall under that microscope. We have all seen how it happens with women that it's up to you to prove that happened, instead of them working a system. Some of the ladies go through hell. It is service-related because they're overseas. As far as I'm concerned, anything that happens overseas is service-related. That's where most of the injuries happen.

It's sad. All VAC needs is a diagnosis of post-traumatic stress disorder related to service. They can get into details if you were blown up in Afghanistan or this and that, but I haven't heard any of the ladies I've dealt with who have had problems getting their claim, or their diagnosis, or whatever, through the system based on being sexually assaulted while in theatre. It's terrible, and it's something that DND has to look at. They can't sweep it under the table any more.

Ms. Irene Mathyssen: Thank you.

The Chair: Mrs. Lockhart will end with five minutes.

Mrs. Alaina Lockhart: Thank you very much.

Thank you for that question, Ms. Mathyssen, because here we have four veterans who, by all accounts, are doing well now, and all of you have gone through the appeal board. I think it's important that we have an appeal process, but the fact that four out of four of you—I don't know if that's a random sampling or not—have experienced that, I think, is an acknowledgement that there's a problem with the process.

I don't want to finish by sugar-coating anything. I think you have all given great testimony that'll be helpful to us, but I often like to ask the question, is there anything we're doing right now that we shouldn't be in case we throw out the baby with the bathwater? Are there any positive things you see right now that show we're on the right track, or that we need to make sure we reinforce and that we can't stop doing? I hold that up to anyone.

● (1725)

Mr. Kevin Estabrooks: What we're doing right now is appreciated. The interest is there. We get the information from the sources. That can be done in reverse, too, by visiting units across Canada, as opposed to just making decisions in isolation. This kind of feedback, I think, is absolutely on the right track.

Mrs. Alaina Lockhart: Thank you.

Mr. Andrew Garsch: I would say that CTAP has a multitude of programs in there that, if they're used appropriately, can be extremely beneficial for the vets. Those are the ones, if they know about them, then they can be accessed easily. It's just a question of being able to get the information to the vets, because sometimes when you're going through that process people are talking, but you're not hearing.

Mrs. Alaina Lockhart: You called it CTAP?

Mr. Andrew Garsch: Yes. It's the career transition assistance programs from DND. I know that CANVAC, which is contracted by VAC, provides vocational rehabilitation services, as well. I've never dealt with them, so I can't speak to that.

Mrs. Alaina Lockhart: Thank you.

Mr. Bungay.

Mr. Trevor Bungay: I think along the same line as the guys. Veterans understand that what is being offered is still a little more than for some people who retire and who aren't in the military. Having two years with 75% pay to figure out your life.... Most of the people we talk to day to day we tell that two years is two years, but you're going to blink, and it's going to be gone, so you need to figure out what you're doing right now.

I think that offering help in those areas is definitely allowing veterans to concentrate on something and to see where they want to go on their path, and maybe they don't in the end. For example, I started off as a real estate agent because I was into housing and I liked that whole idea, so they paid for me to go to school and learn to be a real estate agent. That got me on my feet because I don't believe that a veteran sitting at home and doing nothing all day is beneficial to anybody. It's definitely not beneficial to him. Within months you'd be trying to blow your brains out.

I think that putting them in those services and allowing them to figure out what they need to do—go to school, get a job, or whatever—is something we are doing well, although I don't think that a timeline is a smart idea because, in that state of mind, you don't know what you want to do.

Mrs. Alaina Lockhart: Right.

What I hear you saying, I think—and please correct me—is that we need to focus to make sure that we provide the services to get people on track so that they can use that time to effectively get on track.

Mr. Trevor Bungay: Right.

Mrs. Alaina Lockhart: Mr. Doucette.

Mr. Fred Doucette: Same thing.... Just facilitate their moving through the system faster, because some people want change. It's like, “Okay, I'm done, it's over, and I have to get moving again.” You have to grab them when the time is right. When they have that enthusiasm is when you want to be able to offer these services to them.

The other thing is the consultation, as we're doing today. Again, it's education, it's learning. Hopefully the members will step out, and there will be pieces and nuggets that will stay with them, and that's important, and education comes in a thousand ways. So more consultation and more from the horse's mouth, if you want to call it that, I think it will make a big difference.

Mrs. Alaina Lockhart: Great.

Really, that was our intention in doing this service delivery study, to hear from as many horses' mouths as we could before we decided where we want to go for our next study, and to drill down on any of these topics.

Thank you very much.

The Chair: Great.

On behalf of the committee, I want to thank every one of you, as individuals and organizations, for coming here today and taking your time. I can tell you, it's been very educational, and we thank you for all the work you do to help the men and women who have served our country so well and continue to serve.

With that, I have to remind everybody that on Thursday, I believe we have the ombudsman who will be here. In the second part of the meeting, we will go into discussion on our next service delivery of mental health. Could everybody just think about witnesses between now and Thursday? This study will be ending quickly, and we'll probably have a meeting or so on mental health, and then come back to the report. Getting the witness list started will give our clerk some time to set up the meetings.

After Thursday the subcommittee can break off and do a work plan on the next.

With that, thank you, again.

I need a motion to adjourn.

So moved by Mr. Bratina.

(Motion agreed to)

The Chair: This meeting is adjourned.