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Chair

Mr. Neil Ellis

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• (1535)

[English]

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

Pursuant to Standing Order 108(2) and the motion adopted on September 29, the committee is resuming its study of mental health and suicide prevention among veterans. Today, we have a great panel of witnesses.

As I briefed you before, you'll have up to 10 minutes. You don't have to use it all. I will give you hand signals when we're getting close to the end.

We'll start now with our first group, all appearing today as individuals, both in a family manner and in a serving manner.

We will start with Jeanette McLeod and John McLeod.

Ms. Jeanette McLeod (As an Individual): Thank you, Mr. Chair, and thank you to all committee members for inviting us to offer evidence to this important study.

Again, my name is Jeanette McLeod. For the past 16 years, I have been the spouse of the man beside me, veteran John Kelley McLeod.

When we met, Kelley had already been released from the military service. My first impression of him was that of honesty and integrity, but I also recognized he lacked direction. Losing his military career had a heavy impact on his sense of self. He felt abandoned by the military. He couldn't figure out how to fit into civilian life and he repeatedly expressed regret in his inability to continue his military career.

Pain was both physical and mental, including the consistent feeling that something was wrong, but difficult to understand. Alcohol use became plentiful, to stimulate some feelings and mask others. As the drinking increased, so did the depressive thoughts. Soon I found myself married to a man whose actions displayed an unwillingness to live.

I lived through my husband's numerous attempts to end his life, which were always followed by apologies and empty promises. This time in our lives was devastating, difficult, and enlightening. It showed me not only how fragile my husband could be, but also that I held an inner strength I had never known existed. No one should ever have to discover their power in this manner.

After repeated attempts to get help for his mental injury and addiction, Veterans Affairs Canada refused to help my husband, as they identified his numerous unsuccessful attempts at treatment as

non-compliance. Essentially, he had been assessed as unworthy of their continued effort.

When I would ask for opinions to increase his potential for a healthy future, I was told that VAC had offered everything in their tool box and there was simply nothing left to offer. I could not accept that there was nothing available. He is sitting here beside me today, alive. He is alive because we didn't give up. He didn't give up and I didn't give up.

Rock bottom was a scary place to be. I saw him there and refused to let him remain in the hole. After making a public request on a national scale, we finally managed to get the attention of those who had the power to offer my husband the help he needed. He was admitted to Ste. Anne's, in Sainte-Anne-de-Bellevue, for a period of time and was offered some incredible skills and tools to help him.

It was the right place for him to be at that time, but unfortunately, my anger level had no relief, as I was not offered tools for when he was released and sent home. I struggled with helping him to retain any level of healthy progress because I wasn't advised on how to best help him continue his recovery. They offered him continued treatment through a day program once he returned home, but the distance from our home to the hospital didn't allow us this option. Once again, we were on our own.

Denial of any service entirely is detrimental to our veterans. During the period of hardship that we experienced, denial of services played a strong role. If services were available immediately upon a public outcry for help, my husband would never have been denied this opportunity in the first place.

We often hear the term "veteran-centric" being used in recognizing that each veteran has different needs. If the Department of Veterans Affairs Canada understands and acknowledges that each individual differs, then there should never be a limit on the service opportunities available to them.

I love that my husband is able to sit here beside me today. Many spouses and family members of those lost are not able to have the same opportunity. I recognized my husband's efforts and knew that my own effort was essential in his continued progress. I began researching ways to help him and reached out for support wherever possible.

Improvements to the services began a few years ago. I am thankful for the additional programs, such as mental support to spouses in our situation. It is greatly appreciated that the Canadian government and Veterans Affairs now recognize the value of caregivers. As we are offered more tools to help our spouses, the strain, anxiety, and difficulties will decrease for each family.

Again, Mr. Chair and committee members, both Kelley and I are extremely thankful for the opportunity to speak with you today. We strongly believe that improvements can be made to guide families toward healthy futures.

We'll be happy to answer any questions you might have about our situation and we welcome your comments.

Thank you.

Mr. John Kelley McLeod (As an Individual): Thank you, Mr. Chair, and committee members, for the opportunity to speak today. I'll do my best to get through this. I've been up for almost 24 hours. I haven't slept in years.

To understand veterans, you first have to understand the soldier. There's no greater honour than to serve one's country. Every generation has its wars. Technology changes and conflicts change, but the names never do. The same families are there time and again. I had five uncles at the D-Day invasion. We were in Korea, Somalia, and Rwanda, and I'm sure that somewhere out there is a McLeod who served in Afghanistan.

With a background like that, when you have a problem you wonder, "Why me? Why not them? I'm going to disgrace my family." The truth is that we've had three generations of dysfunctional families, but we didn't know what it was back then. You got drunk, you beat the kids, and you carried on.

The military family is not unlike any family. It has all the same dynamics. It is a bond that no civilian can understand. We are made to endure the worst humanity can offer, and through that we find the best in each other, and the worst. When every decision you make daily will determine if someone you love will live or die, it's a heavy burden to carry, but it is also what makes us a family, bonded for life.

Why do we go into conflicts around the world? It doesn't matter. What matters is the person on the right and the person on the left, and that's basically the only reason we go. Our government has asked us to go. The people want us to go. We go, but we're there for each other, and that's the only thing that matters when we go.

There's one crucial difference between these two families, however. If I'm ill, my family will rally around me, whereas the military family will dispose of me. If you take a man's career and family, and add a mental illness, suicide seems quite reasonable. Add to that the VAC process, and it becomes quite likely.

Coming forward in the military with a problem means, as the very least, that you've committed career suicide. If you do so, then you'll be bullied, ostracized, and accused of all manner of stupid things in an effort to get rid of you.

Being shot at in Somalia is something you expect. You're scared, but you do your job and you try not to get anyone killed. Living among the dead, day after day, month after month in Rwanda is

something we're not designed for. We cannot change it. We cannot stop it. We can only witness it. No soldier is designed for inaction.

With regard to the new Veterans Charter versus the old Pension Act, the new charter allows the military to dispose of us much more effectively because there's no financial commitment to the soldier. The Pension Act took away the financial burden, allowing us that peace of mind.

Every soldier is going to do their absolute best to hide any form of mental illness, but eventually we will fail. It is not a question of whether you have a meltdown; it's a question of when and how bad it will be. When it happens, it usually results in a criminal record, a loss of career, and the end of a marriage, as was the case for me.

Now I have no meaningful employment options, and if not for my pension I would have been a suicide statistic years ago. It can't be a surprise to anyone that if you take everything away from someone, suicide is the end result. There is no argument. Dead soldiers are certainly cheaper for the government. What is an acceptable price for soldiers to pay?

A minister of Parliament serves for six years and gets a pension for life. That tells every soldier that their service to our nation is not as valuable as an MP's, even though our service comes at a much greater cost. Veterans are our best source of recruitment. I tell young people that the military is the greatest experience of your life as long as you stay healthy. If you become injured or ill, or are deemed unfit, the rest of your life is screwed.

The military has no concept of managing individuals. They will deploy the same people over and over again until those people can't continue anymore and are released, while there are able-bodied people throughout the military who never deploy. I have two friends who have deployed numerous times over the years. For one it was nine times, and for the other, 10 times. You can't miss them. They're the ones carrying their medals around in wheelbarrows. Both had to take a release to make it stop. What a wealth of experience was lost there. They each have a wealth of knowledge to pass on in a training capacity, but they were denied this opportunity. It seems to me that more lives would be saved by keeping our experienced members to train the next generation of soldiers rather than throwing them away.

•(1540)

Unfortunately, every soldier is a razor, only used as long as it's sharp and then thrown out. It would be better to go back to the old pension system. Take away that financial burden from the veteran. Put us to work; use us. If you tell a veteran, "You can't be in the military; you can't work in the government sector", what private organization is going to want us? Add that we're mentally ill and nobody is going to want us. If you won't accept us, my God, there are jobs all over bases, all over Canada, all over federal buildings, we can mop your floors, we can drive your vehicles. There are things we can do to still be productive. You're already paying us, so use us.

One other thing, there are three videos I would like you all to watch. They're all on YouTube. One is called "The Sound of Silence". The name of the band is Disturbed and it's a Canadian military tribute. It was done by the Conservative government, so take that for what you may, but it was well done and I think it's one of the greatest tributes to our soldiers ever done. The other one is "We Are Canadian Soldiers". Again, it's another music video. The third one is Mark Tapsell's "When the War Comes Home". It's a small documentary that was done on me, and it explains my story a lot better than I can do here today.

I ask you to watch those three videos and ask yourselves if this current situation we have today is what you really want for your veterans.

Thank you, Chair, committee members. I appreciate the opportunity to speak to you today. I welcome any comments or questions you might have.

•(1545)

The Chair: Thank you both for your testimony.

Now we have Brian McKenna.

Mr. Brian McKenna (As an Individual): Thank you, Chair.

When most people speak, they say thanks at the beginning as a salutation or a greeting. Mine's a little different. I say thanks because this is an opportunity for us to skip the middleman between the government officials and those of us receiving it at the bottom end, an opportunity to actually tell you how your department's working. Sometimes it's working, and sometimes it isn't. With that, thanks for having me here today.

I'm retired warrant officer Brian McKenna from Delta, B.C. I was recently released from the Canadian Forces last year by way of a 3b, which is a medical release. While serving in the Canadian Forces, I was diagnosed with severe irritable bowel syndrome and intestinal bleeding from an illness I caught in Mazar-i-Sharif, Afghanistan; I also had PTSD from my service overseas.

I'll speak to you today about the process of getting out while having a number of ailments.

First of all, while gender integration is policy in the Canadian Forces, it is still a male-dominated society, so I'll start with the first thing that caused me the most grief as a man, and what I think we should do about it. Many men share this concern that have been in my shoes. We are what we do as men. Put two men who don't know each other in a situation where they need to talk, and within 20

seconds they'll be asking each other what they do. That's how we get to know each other. This committee needs to understand that point. A release from the Canadian Forces is not the end of a job; it's an identity crisis. What am I now? Even our family members introduce us to other people as soldiers. They'll say their brother's in the army, or their sister's in the navy. They'll say their dad was air force—not "was in"; they'll say "was". It's a thing you actually are. It's a culture. A 25-year-old Canadian Afghan vet will have more in common with a Vietnam vet from North Carolina than he will with his next door neighbour, same age, same gender. It's a culture.

I use the case of Canadian indigenous peoples as an example of the pain caused when we as a society try to take away their culture and identity. We've seen what happened to them, so stop doing it to us. Stop telling yourself that every single person in the Canadian Forces who can't get on a plane tomorrow must leave the identity they define themselves with today. There are release cases of necessity, for sure, but they should be extremely rare. There should not be hundreds or thousands a year whom we have no place for.

Second, what do we do about the ones we have to release? A lot of the identity of service personnel is bound up in their love of doing their job for their country, their Canada. There are many ways to continue that. The civil servant jobs of this nation should be immediately open, after a release has been decided—not executed, but decided—for that injured service person before they leave the forces, and then immediately after release for those who aren't injured.

If someone in the Department of Fisheries can no longer serve, they get offered jobs in Immigration or Canadian Heritage before they're released from the civil service. Why not for our vets? There are some programs and policies related to priority hiring that are helping vets now, but you have to release completely to start.

If the military has decided it has broken you and you have to go, it would be a good idea if they could scour the civil service jobs before they release you. The government shouldn't look at these people as a resource to pull from in the future, but rather, people they shouldn't have let go in the first place, even if there's no role for them still in the military.

Third, finding doctors and caregivers is a transition piece that's very important. When you serve, the military handles your health care. You're theirs. When you release, the only part of handling your care is to give you a three-month prescription ahead of time, once only, so that you will have 90 days' worth of those pills in your pocket.

In many provinces, the waiting list to find a family doctor is many more than three months, and the doctors see us coming. They know about VAC processes. They know that VAC adjudicators who are not doctors routinely overturn doctors' findings, and that they will have to fill out the new form, again and again, or that they will have to submit more painfully obvious statements to the VRAB after denial. Without medical training, those people on the VRAB will overturn those doctors' statements.

My experience with medical practitioners was that they are actually okay with the military. The military refers a patient, and the military generally responds to the advice from that person. They hate VAC. When you take steps that make a doctor's life harder, you take steps that make a veteran's health care less secure.

• (1550)

I'll use one example of how that's going to come to bite us really soon. The idea that vets who have a medical prescription for cannabis are going to somehow get in front of a specialist between now and May is a dream. These guys aren't even going to get to a family doctor by that time, and I anticipate that you all know that. No specialist worth their salt is going to rubber-stamp them when they walk in. They're going to have to build a history with these people, study them, watch their progress. You will have a tonne of veterans by May who haven't been able to achieve that appointment. That's what happens when you rush through a policy in six months to save money, and that is frustrating my community like you wouldn't believe.

We've been arguing with the government for 11 years on how to fix the charter. No progress. But you start shedding a couple of dollars on the cannabis policy and you rush something through in six months, and that thing you guys just rushed through suggests I can find a pain specialist in Vancouver by May. You all know better than that.

Fourth, this will be the last point, which will be quite short, before I move on to suicide.

VAC needs to prefund care the same way CPP and EI are funded. In the current system, expenditures on vets' benefits come out of the departmental budget. Therefore, there's constant and extreme pressure on the department to keep costs down. Case managers can feel like budgetary gatekeepers rather than the health care enablers they're intended to be.

It's not a surprise that a Veterans Affairs application for benefits is multiple pages, whereas an EI form has five questions on it. When benefits come out of a prefunded pot or a funded liability, the civil service opens the purse strings a lot more easily. When every cent affects the bottom line of a departmental budget, the pencils get sharper and the denials pile up.

This all leads me to talking about suicide. I cannot give you scientific evidence, but I have lost friends and fellow soldiers to this. Most of us have, and these losses aren't average Canadians, so claiming that they match national levels, as the department has done in the past, isn't good enough. These are people mentally and physically screened to be able to do the job. They are then mentally and physically screened even harder to be able to do the deployment. If they can't hack it, they are pulled off work-up training.

So why then do we have so much loss? To me, it's the pile-on effect. It may not be the tour, but the divorce after the tour. It may be the sexual dysfunction that comes from the anti-depressant and anti-anxiety pills we are forced to consume. It may not be the deployment to Iraq, but the posting to Shilo just after the tour, or a veteran's denial or two. It may be the realization that it's hard to search for jobs or better one's own education during rocket attacks in Kandahar.

I think we are looking in the wrong spot when we search for the big one, the root cause, the smoking gun that led to suicide. I think you need to have emergency funds available and instantly pay people's pension cheques if they get messed up, so that doesn't become the pile-on effect. Stop the checklist form of releasing members and plan a real exit strategy as opposed to ticking off the form to confirm they've had all the briefings. Release way fewer members in the first place.

Suicide is a tragedy. I don't believe we'll ever bring it to zero. I do think we can mitigate the loss by protecting vets from the pile-on effect of multiple problems crashing in, the death by a thousand cuts. If we make sure they have all their ducks in a row with all their administration sorted out and stop having VAC adjudication err on the side of no, we can work to lessen the number of suicides without a new policy or without a new initiative.

Thank you, all.

The Chair: Thank you.

Mr. Grant.

Mr. Kurt Grant (As an Individual): Committee members, I put the uniform on when I was 13 as an air cadet. The truth is, my family was a military family and by the time I was 12 I knew all the drills anyway so that's where I was headed. I took it off when I was 54. That's 41 years in uniform. I've had eight deployments representing my country.

According to Veterans Affairs I'm now officially 136% broken; government math. I spent 15 years fighting with my PTSD before I wrote off my car and went into treatment. It's a tough thing to look at the back end of another vehicle and not realize how the hell you got there. But I'm more than just a soldier. I ended my career as the managing editor of the *Canadian Army Journal*. I have written, published, and edited more than 11 books and 30 peer-reviewed articles. Since my release I've been to at least half a dozen of the major Soldier On type events across this country. I'm familiar with most of the players in the game and have had long discussions about how to prevent suicide and what the effects of PTSD are.

I'm not going to stand up here and talk to you about all of the issues that are around PTSD, and how to treat it and whatnot. That's between the doctor and the patient. You guys know all that stuff anyway. The question is, and further to your point, how do you find purpose when you have something that is not just a job but a profession taken away from you? In my case I'm a writer. My latest book is called "Shiny Side Up on the Road to Recovery", and it chronicles my journey through the medical system. It also chronicles my journey across Canada on a motorcycle, which is the first thing I did when I got out of the military.

I'm also responsible for two fishing events that take people who have PTSD, be they first responders or military personnel, and teach them to fish and get them into an environment where it's safe to talk about their issues. You're going to hear, or have heard, in various meetings, all the stories: "I didn't want to talk about it"; "It was a tough thing". Our first speaker today went on at length about that type of thing. The stigma surrounding PTSD is huge. As much as we want to deny it and as much as we want to sit back and say, guess what, we're going to fix this, it's not going to happen. A cultural change has to take place.

The question on the table here is how to prevent suicide. The answer is, you cannot. By way of example I would say look to the guy next to you. How well do you know that individual? Are you prepared to say that he's suicidal or he's not? How is his life at home? Does he have erectile dysfunction? You don't know that anymore than I do. As a soldier we put those things in the background and we accomplish the mission. That's our job. It's what we do. We don't talk about our feelings.

Most of the suicides that occur are stress-related, which then brings up the question, how do we mitigate the amount of stress that goes on? There are two components to that. The first is needless stress within the military. First and foremost, you're dealing with a military that was invented in the 1700s. You're also dealing with a National Defence Act that was written in the 1800s, yet you're asking us to employ it in the 21st century. There's a bit of an issue here.

The government, by virtue of its nature, and its unwillingness to actually make any concrete changes, is trying to use a Chevette to do a truck's job.

• (1555)

In short, the military is designed for one thing and one thing only, and that is to close with and destroy the enemy. Why are half the leadership involved in project management on projects for which they have no concept of what the hell they're doing? They get thrown into a job because they're no longer useful within the battalion, and now they have a steep learning curve. It's misuse of proper leaders.

That brings us to the question, do you want to take on the "plugging the holes in a sinking boat" approach that has been going on for the past 50 to 60 years? In that case, I would suggest you look to Veterans Affairs Canada, in particular, and turn it into a real working service organization. Bring individuals in, sit them down, fill out the forms for them, help them through the process, make them understand, and then you will have a much higher success rate when the forms go in. As Brian pointed out, err on the side of yes instead of no, and you'll have greater success.

The IPSCs are important organizations, particularly OSISS, because OSISS is, "I know a guy who knows a guy", and that's how we pull the guys out of the woods. If you continue to constantly nitpick and pull funds out of these organizations, then you're going to lose more and more troops.

The question I posed earlier was, how many bullets does it take to train a trooper? Nobody knows, so you cannot sit down and count bullets and give them three or four bullets to pass their exam. That is exactly what's going on right now, because they don't have enough money to give them a case of ammunition, so that they can get good at what they're doing.

Finally, you're not tracking suicides. You have no idea how many suicides there are. The military doesn't track it. The hardest thing, or one of the things, you need to realize is that there are two organizations you need to follow. It's not just the regular force, but also the reserves, because what happens is that when the deployment is over, the reserves go home, and nobody follows them.

You asked, how do we prevent suicides? Try tracking some of these guys and find out what's going on. One of the organizations that I belong to is the Mood Disorders Society of Canada. I'm a special consultant with them on peer review. They've instituted a three-phase study. The question I have to you is, why is it that a civilian organization has to incorporate a study of suicide within the military, when the military is not doing it itself? I don't get that.

If you're going to take an approach of systemic change, then we need to look at a couple of things. First and foremost, the deployments that we're involved in, that we've all gone through time and time again, are broken into three phases. There's the pre-deployment, the deployment, and the post-deployment. These all make sense.

The problem is, they're run on a six-month routine, which was driven down to us from the United Nations, because that's how long a deployment was supposed to take place. I think that nine months to a year is far more effective.

I propose, and have proposed, that the post-deployment phase be broken into several portions. One portion is for classes that educate the individuals on post-traumatic stress disorder. I want to back up a bit here. In the late 1990s, there was a mutiny that took place in the Canadian Armed Forces. As a direct result of that mutiny, three things came out of it. The first thing was better communications between the reserves and the regular forces. The second thing was that the entire training system was overhauled. The third thing was that SHARP training was instituted, and that's the sexual harassment component.

Why is that important? It is because it shows that you can physically pick the military up and say, "That's not how we do things anymore, this is how it's done".

•(1600)

Post-deployment, this is important. We need to institute a concept of education that has been neglected up to this point. You can't drive it from the top; you have to drive it up from the bottom. That means group, that means PT, rest and recovery, and it needs doctors who are available to help people through their issues.

Brian made one extremely good point. He made several, actually, but he made one really good point. You can't depend on civilian statistics to measure what we're going through. The simple fact is that we screen and screen our guys before we send them over, and we still have problems in the end.

The biggest issue that we face is this concept of moral obligation. Why is it that we, as veterans, feel that we are constantly fighting against you guys?

As for medical marijuana, what the hell is the Minister of Veterans Affairs doing trying to tell us how much marijuana I can use? That's between me and my doctor. If you want to fix it, fix the system. Don't fix the individual.

Start looking to put more veterans into Veterans Affairs, so that the department understands. There are lots of reasons we can talk about, but at the end of the day, this us versus them, us versus you, has to stop.

•(1605)

The Chair: Thank you.

Mr. Westholm.

Mr. Barry Westholm (As an Individual): Mr. Chair and members of the committee, thank you very much for having me here today.

I sent you my bio earlier. I did 32-plus years in the Canadian Armed Forces. I retired because of the way they were treating ill and injured people in the transition program.

I have a prepared statement, and then a PowerPoint if we have time. With that, I'll get to it.

The seam of injured military transition remains open, because three successive chiefs of the defence staff have kept it open like an ugly wound on the good reputation of the Canadian Armed Forces. It's a wound that has swallowed many a good, injured soldier, sailor, airman and airwoman, veteran and military family, be it a spouse, a child, a parent, extended family, or friends. It is a wound that has been allowed to fester for close to a decade, while the senior officers of the Canadian Armed Forces put a higher emphasis on more important, to them, priorities, such as redesigning their military dress uniforms.

In doing so, senior officers of the Canadian Forces and the office of the chief of the defence staff have fostered the environment for suicide to which many Canadian Forces members have succumbed. It is not the soldier's fault, nor is it the fault of the family of the fallen soldier. The blame lies squarely at the feet of the senior military commanders, and more specifically, the office of the chief of the defence staff, which has put such a low priority on injured soldier transition, now as in the past. To say they have done otherwise, as

the current CDS has stated recently, can only be the result of three actions.

First, the office of the CDS has been ordered not to act on the injured soldier transition issue by the Minister of National Defence and is purposely misinforming the public.

Second, the office of the chief of the defence staff is defying ministerial direction on injured soldier transition, ordering subordinate staff to delay the action, and is purposely misinforming the government and the public.

Third, the office of the chief of the defence staff is incompetent and cannot fulfill the direction of the Minister of National Defence, and it is purposely misleading the government and the public.

There are no other possibilities, only these three. There are no other reasons available. One needs to look no further than the length of time the office of the chief of the defence staff has taken in not addressing the injured soldier transition issue. With the ongoing CF review now in place, it will be nine years before the JPSU situation is addressed, if it is ever addressed at all.

Our armed forces can complete an impressive number of achievements in that span of time. For example, the combined span of two world wars is 10 years. However, during almost the same time frame, the Canadian Forces brass has fumbled, bungled, and delayed its injured soldier transition program, a program that hasn't even reached the starting line yet. It's not that the Canadian Forces are unmotivated or incapable in this current day and age. The CF has established, from the ground up, the complete infrastructure—hangars, machinery, personnel, and procurement—training, and completed operational readiness verification for an entire heavy-lift helicopter squadron, 450 Squadron in Petawawa. This is a very impressive accomplishment, indicative of a motivated CAF led by an equally motivated chief of the defence staff.

It's just that the CAF is unmotivated or incapable in the area of injured soldier transition. The most tragic indicators of this are the rash of suicides associated with the joint personnel support unit and the Canadian Forces' continued lack of interest in a workable injured soldier transition plan. The cost of this lack of interest has been exceedingly high.

For example, the Canadian Forces couldn't manage to get a JPSU staff member to meet an injured soldier, Corporal Collins, who had summoned up the courage to finally seek assistance from the JPSU. I quote from an article, and I'll supply this later to you.

On Cpl. Collins's first day in the JPSU, the platoon warrant officer and service coordinator were not there to meet with him. He left the support unit frustrated and went drinking at a bar on base for junior-rank soldiers. A bartender tried to stop him from driving off in his SUV, but the corporal didn't listen. As he drove away, the bartender called military police.

Not long after this took place, Corporal Collins took his life in an MP jail cell, which, it would seem, was poorly equipped to have a person like him in there. This incident happened during a time when the shortcomings of the JPSU had been strongly and clearly articulated to senior commanders, including the office of the joint personnel support unit commanding officer and the director of casualty support management, as detailed in my email from February 2011. This is before Corporal Collins's suicide, and I quote:

Consequences of In-Action. At this juncture, the consequences of in-action will be felt, or in some cases are being felt, primarily at the IPSC level. For example, if expansion is not factored in it will effect:

(1) Ability to effectively carry out our mission [to support injured personnel] - If our focus shifts from personnel support, to staffing for positions/infrastructure, our ability to carry out our mission will suffer;

● (1610)

(2) Staff Burn Out - If the ratio of staff to supported personnel [that's our ill and injured] become unsupportable, the IPSC staff themselves will eventually become prime candidates for the JPSU;

This actually did take place when our staff burned out to the point they became members of the JPSU.

(3) Supported Personnel - If our staff is stretched too thin, this will be felt at the supported persons level through reduction of support services/leadership to mbrs posted to the JPSU;

An example is what happened to Corporal Collins, and we know the result of that.

Rather than address the forecasted issues with rational, tangible, and effective responses, the JPSU brass put out what could be described as an FOB document, the suicide mitigation strategy, which has been handed out to you kind folks. The JPSU suicide mitigation strategy was a particularly cruel document as the JPSU staff had absolutely no means of carrying out this important and potentially life-saving strategy because of their undermanned and overtasked situation.

However, the issuance of this strategy to these people made the responsibility of employing it and the responsibility of its failure theirs and theirs alone. By 2013, the situation that Corporal Collins faced in 2011 was now the norm. The senior officers and staff would still not address a now critical and well-known situation in the joint personnel support unit, and their front-line staff had to employ a logistical triage to deal with the transitioning injured personnel. In an excerpt from the JPSU platoon commander's email, it states:

Due to the current manning levels of the [JPSU] Support Platoon (Sp Pl) Staff we have had to take a different approach when it comes to dealing with our posted in ill and injured soldiers as well as some of the routine administration. ...soldiers posted to the [JPSU] Sp Pl will not necessarily be assigned to a specific Section or Section Commander.

The document goes on to explain the situation that faced these people in 2013.

This email was issued after yet another JPSU member suicide, Master Corporal Matiru, a Canadian Forces Base Kingston IPSC, a grossly overwhelmed JPSU detachment. I'll supply the numbers for that.

The well-known shortcomings in the joint personnel support unit did not only impact living military members and families, families of those recently released to the JPSU, like that of Corporal Brumsey, and I'll give you the reference. The situation came to light in 2015, and I quote:

A retired member of the Canadian military with a mental illness lay dead in his home for up to four months before he was discovered, says his sister.

It continues:

Lisa Brumsey blames National Defence and Veterans Affairs Canada for not doing more to help her brother, but officials with both departments said there's only so much they can do.

"I want them to put something in place so this never happens," she said.

"I don't want any other family to go through this or any other soldier or anybody in the military. It's [so] traumatic."

I'll repeat the words from Veterans Affairs Canada and the Canadian Forces, "There's only so much that they can do." This is a truism. I agree with that. There's only so much one can do, but this statement doesn't apply when they are knowingly not doing enough. That was the case for Corporal Brumsey as indicated from the email from the chief of defence staff, a reference which I'm including in this package, which says that we have to do more for post-release.

The JPSU's mandate includes post-release follow-up where ill or injured persons, more specifically those more complex, are contacted after release to see how they're doing. Being so understaffed, JPSU cannot even accomplish that.

The situation of military family transition has been an unresolved issue since 2008, when the joint personnel support unit was first on the drawing board, and much attention has been drawn to the shortcomings of that unit since then, including the Canadian Armed Forces Ombudsman's recommendation, comments from the Veterans Affairs Ombudsman, the Hitachi report, General Anderson's report, many media reports, and internal media communications.

To close the seam, which you want for transitional support, the Government of Canada must send a strong message to the chief of defence staff that any further delay of addressing the injured military transition support system will no longer be tolerated.

Here are some actions that could be included. There should be further recruiting or transitioning in by the Canadian Armed Forces. There should be no further OUTCAN missions or missions out of Canada by the Canadian Armed Forces or deployments of Canadian Armed Forces personnel. The Canadian Armed Forces must offer an extension to those military families currently in the transition-out stream of the Canadian Armed Forces. Staff in Veterans Affairs front-line offices must be staffed appropriately with full-time positions, not part-time.

•(1615)

A Veterans Affairs Canada review of recently released military families must be conducted to ascertain their health. A contingency fund is needed for Veterans Affairs Canada staff to assist needy military families, to be used at their discretion at the time of need. The VAC critical injury benefit should be issued as compensation to all military families medically transitioned out of the Canadian Forces since the stand-up of the JPSU in 2009 and up to the date that it's fixed and operating respectfully.

It is totally irresponsible for the Canadian Armed Forces to continue recruiting and deploying our Canadian Armed Forces personnel when, if anyone were to be injured, the system needed to support them does not exist. The documents I've tabled today and passed to you earlier on indicate a means to resolve that situation.

I look forward to any questions you may have, and thank you for allowing me this opportunity.

The Chair: Thank you.

Again I'll say to all the witnesses that if there's something you've forgotten and you get that information to the clerk, he will get it to all the committee, or if there are any questions that you feel you want to answer in email form or to elaborate on, please do that.

We'll start off with our first round of questioning. We have a six-minute time frame.

Mrs. Wagantall.

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

Thank you so much for being here today, for your service, and for the fact that really you're the people who have the best answers. I don't know why, but often it's the human condition that says we can find answers outside of the people who really live the experience and want to see it improved. That's what I'm hearing here today.

Many of the things, Barry, that you're saying, we've discussed. I think this committee wants to see some real, significant changes. From hearing what the ombudsman has said, hearing discussions here, and hearing witnesses, this has been going on, as you say, for far too long and it needs significant improvements.

Part of the issue is very much what you're talking about with the culture of our armed forces. I'm beginning to understand what it takes to create soldiers who are ready to go out and do what you do and have done. But with that responsibility, we've said around this table, the same level of commitment should be there to say thank you and that we now want to be significant partners in helping you leave and become successful in other ways.

Is there a sense amongst veterans who would be leaving the armed forces that the public service is a structure in which they would very much want to be employed, and what would be the reasons for that?

Mr. Brian McKenna: There certainly is such a sense.

First of all, just on normal releases from the Canadian Forces, if a person is releasing in their late twenties or thirties, I can almost guarantee you that the jobs they're going to are the RCMP, the fisheries officers, CBSA. That's just the natural way it goes. They want to keep wearing the maple leaf; they just might be finished

doing it while wearing CADPAT at the same time. Wounded guys see it the same way. That's one thing I really think needs to be exploited here.

Now, I'll warn you, the civil service union will be resistant to that. Just to put on the table who the actual dragon is that needs to be slain to make this happen, it's not always a government problem. It's a "government of the whole of Canada" problem. This is something we need to work on as advocates. Often when we have a problem we bring it to government, to you.

Really, sometimes it's that a key ADM in the department needs to be fired to solve the problem, not necessarily that there be a change of government. Since we only have access to the government, however, you guys wind up being the brunt of absorption of what we have to offer.

That's what really needs to happen to start solving those problems. You guys need to get into that department. Don't just talk to the guys at the top. You need to brush them aside and go a couple of layers down and get in there. That's where you'll solve this.

But the simple answer is yes, I know tonnes of people would love to keep serving the country, but they don't get that crack; they don't get a shot.

•(1620)

Mrs. Cathay Wagantall: Thanks.

I'd like to also explore a little bit more the frustration over what has just happened with marijuana. In speaking with an individual veteran who is wanting help but for some reason has not been able to get help, we've finally deciphered that the reason is that he's using medical marijuana as his treatment—a prescribed treatment—and that the third-party organizations VAC works with will not treat individuals who are medicating with marijuana. They have to be off marijuana to be—

Mr. Kurt Grant: You're talking about Homewood.

Mrs. Cathay Wagantall: That's right—that type of thing.

Mr. Kurt Grant: The primary reason behind that is that Homewood is an addictions facility. In the hierarchy of things that deal with PTSD, substance abuse is the primary masking go-to methodology. It can be drinking, it can be porn, it can be marijuana, it can be all kinds of stuff—drug abuse. Homewood has a primary mandate to get you off that before it will touch anything else.

It's fine if you come in on an SSRI and you're using prescription drugs. That's fine. They'll deal with your mental issues on that level, but the real issue here is that we have not, as a society, reached the point where we accept that medical marijuana is a viable and usable alternative to pain management. This is the root cause. As soon as we get to that point, then we can move forward.

The other thing, too, is that there is misperception. Marijuana is broken into two components. There are the TCBs and the CBDs.

Mr. Brian McKenna: THC's.

Mr. Kurt Grant: Thank you. I was getting them mixed up.

One gives you a high, and one deals with your pain. Many of the guys I know who are on medical marijuana don't get the kind that gives you a high. They get the one that gives you good pain relief. In fact, I'm on the verge of actually getting some myself, because I'm in chronic pain.

That said, until there is a societal change that accepts that marijuana is a viable treatment system, we'll never make it past that first step.

The Chair: I'm sorry, but you'll have to make this quick, Brian.

Mr. Brian McKenna: Sure.

In regard to that point, I think you're highlighting one of the reasons we need veteran-centric care and we actually need a place to provide veteran-centric care, because when we keep sending people out to the civilian market they wind up susceptible to the policies and programming of the place you're sending them to.

Very good friends of mine have been sent, whether it's a treatment centre for stress or operational stress or addictions, and they wind up having to deal with the rules of that place. They also wind up in a circle of criminals, and people want to know why they don't want to talk about their trauma experiences. That's part of this as well, which is how do we get to that place? We need to start influencing what that place looks like. We need to have control of what that place looks like. That's a way around that.

•(1625)

The Chair: Thank you.

Mr. Eyolfson.

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

I practised emergency medicine for almost 20 years. A lot of times I went home seeing things that had upset me, but nothing consistently upset me as much as what I'm hearing in the testimony here. I am routinely going home from listening to these testimonies not in a good place, because I'm hearing what is happening to people and I know we need to do better. This is why I'm honoured to be here, to be helping to make this happen.

Ms. McLeod, you were talking about how families and caregivers often feel left out in this process. What do the families and caregivers need from Veterans Affairs to help with this?

Ms. Jeanette McLeod: We need the support. That's the biggest thing. There is no support.

Mr. Doug Eyolfson: Okay.

Are there barriers to family members getting information as to what's going on with their spouses? Do you often find roadblocks in getting the information you need?

Ms. Jeanette McLeod: Veterans Affairs has come a long way as far as that goes. There was a time when there was no information and there was no communication with the spouse. That has changed now, in my experience, where my husband has given consent to the spouse being able to receive information.

Mr. Doug Eyolfson: Okay, thank you.

Mr. McKenna—and I have it written here—you talked about how they need something that they can do because, as you said, people are released and they want an identity, they want something to do that's going to keep them in the loop, serving in some way.

Is the principle of universality of service contributing to this?

Mr. Brian McKenna: I think it's a crutch. I think the army takes a good shot at you, but not a great one. Then, once it's given that shot, off you go.

There's a term they have that we call “being on category” and people will cringe when they hear it. Essentially, you get an injury and they give you a temporary category or a temporary suspension of duties while you're getting fixed. There's only so many of those you can go through until it becomes a permanent one and then the permanent one gets assessed. Is he in or is he out?

At the height of military engagement in Canada, during World War I and World War II, we still had over 30% of our force here. This idea that World War III is going to take every single one of the 30,000 reservists and 68,000 regular force and put them in a country tomorrow, it's just not believable. If it were believable, are there really 1,300 every year?

I would buy it, if that number was 40. If we had done a head-to-toe on that person and said there's just no way. I'm telling you that there is a way because one of the jobs I was put into while I was going through that category, once they released me, they then had to transfer a guy in to fill it. There's another family relocation that didn't need to happen. I did the job for two years while injured, proving that I could do it. Then I get released and another family gets uprooted from eastern Canada and sent to western Canada to fill a gap that wasn't there.

The gap that was there is the policy of universality of service. I don't deny that the CDS needs the authority to be able to make sure he's got a fighting force up to a certain percentage and that certain people can't do it, but it's being used way too much, sir.

Mr. Doug Eyolfson: All right.

Are there roles or positions where you could have dedicated positions that would sometimes be held by civilians in the military or give these to.... Do these exist in Canada's military today?

Mr. John Kelley McLeod: Yes, they do.

Mr. Doug Eyolfson: Are they being utilized enough or are they being underutilized?

Mr. John Kelley McLeod: We fill them with civilians now. There are unionized civilian positions now. These should be going to veterans that still have an opportunity to serve in some capacity, but we toss out the soldiers....

The other side of the coin too is that it costs hundreds of thousands of dollars to train a soldier. He has an issue and instead of keeping him in a training capacity or in some other capacity, we throw him out in place of a new off-the-street recruit. You're paying all that money now to retrain this guy to get him to that level. We keep throwing this experience out and this money. If you want to talk about cost savings, hold on to these people and keep them around. Take some of these civilian jobs and maybe switch them out for veterans that can't serve as a service member, but are still capable of serving in some capacity.

•(1630)

Mr. Kurt Grant: If I could just add to that, the military has a shadow organization called National Defence headquarters. It's civilian. That would be the logical place to re-employ individuals.

I know a lot of guys in NDHQ who are ex-military. They step from one job into the next. Some don't even leave the same desk, but it's a perfect opportunity. Paul Franklin, for example, lost both his legs in Afghanistan. The military doesn't know what to do with broken people. They had him pushing a broom instead of putting him in a classroom teaching people emergency first aid because he was a medic.

As a culture, we've come a long way. In 1995, when I deployed, family services was considered a third-line duty behind collecting mess dues. It's not like that now. There's been a steep learning curve and we're trying to do the best that we can. The problem is that we need to educate you along the process. You don't understand what you're dealing with. We're a finely tuned, aggressive animal here that needs to have an understanding of what it is you're sending us into, and how you'll respond to us once we're broken. The truth is that we're not dealing with a great number. Generally speaking, it's about 5,000 people, when you crunch all the numbers.

The Chair: Thank you.

Ms. Mathysen, you have six minutes.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair.

Thank you all for being here. Thank you for your service, and thank you for supporting and loving those who served. I appreciate what you've done and what you bring to this committee.

I wanted to have a chance to talk to all of you, mostly because I want some clarification.

Mr. Grant, you said that post-deployment should be broken down into components. You mentioned education, so that the individual could understand what had happened to him or her in regard to post-traumatic stress. I wondered what the other components were. I wasn't sure I caught them.

Mr. Kurt Grant: Once the battalion comes back there needs to be a time to recuperate, an opportunity for people to sit down and talk about their experiences as a group, PT, medical appointments, talking to a psychologist if that's necessary, an opportunity to

reconnect with their families rather than stepping right into ramp-up training for the next or continued battalion training.

An opportunity to rest and recuperate is a big thing. More importantly, I think...and this is just a contractual issue, I mentioned the NDA and the fact that it was written in the 1800s. The simple fact that we send our reservists home does not allow them the family environment. What I mean by family is that if Brian is my platoon warrant officer, being able to talk to him for nine months on tour is one thing, but then suddenly going away from that and not being able to talk to him again, that's difficult because he knows what I've been through. It's important that I be in that environment and have the opportunity to rest and recuperate before I launch back into civilian society.

Ms. Irene Mathysen: Thank you.

Mr. Westholm, when you were here at the committee before you mentioned the poor condition of the CAF's only transitional support unit. You talked about it again today. At that time you recommended that the military extend an offer of extension should a military family not be prepared to transition because of the situation that they were in. Has there been any movement on this extension? Have you heard about the JPSU situation improving at all?

•(1635)

Mr. Barry Westholm: No. It's been a year now since I first suggested that be done to the transitional oversight committee that's looking at the JPSU and they said nothing about it. But it does segue into something that's been mentioned other places here. When a person is posted to the JPSU they fall out of the Canadian Armed Forces order of battle. That means to say that when they are transferred to the JPSU they transfer with all their experiences. They might have a bad knee, but that doesn't mean they lose that 35 years of experience to do a job. At the same time, the JPSU is understaffed, and it's never been fully staffed, and they're still letting those people go who could fill the staffing positions.

Ms. Irene Mathysen: And that connects with what Mr. McKenna was saying.

Mr. Barry Westholm: That's correct.

Ms. Irene Mathysen: It sounds so appropriate and intelligent to take those skills and utilize them further, yet there's resistance. Why is there the resistance?

Mr. Barry Westholm: The universality of service is archaic. It's based probably in World War I, where you had to go out there and walk around with a cannon. Some of the skill sets that are available through these people.... Again, I look at what's going on with our aboriginal communities. There are engineers, combat engineers, water purification specialists. They have all sorts of people who could be up there and volunteer happily to go, and use them in a non-combat means with all those skills and experience to help Canadians.

Ms. Irene Mathysen: That goes back to Mr. Grant.

Mr. McKenna.

Mr. Brian McKenna: I also think, Madam, in regard to what you're asking, it just shows us that on the surface the military is too small. When you take away the extra people, those were actually our contingency plans to be able to do stuff like this. When you have just the bare minimum all the time you can't afford for there to be broken people in your organization. When you break a couple you have to punt them so you can refill that spot with an able body. That will be the military's approach so far as it only has three of three that it needs, four of four that it needs. If you need four of something in this country you need to get six because you're going break two. Until that's the reality, the military will continue to shove people out the door because it doesn't have the ability to handle that many folks who are broken.

It's easy to look at them and point our fingers, which we do rightfully, but you need contingency plans to be able to execute once you lose stuff.

I'll put it this way, when we sent 3,000 guys to Afghanistan, that meant 9,000. Three thousand came back, 3,000 there, and 3,000 getting ready to go. That's the cycle that Kurt was just speaking of here about how when you get back, you don't have time off. You might actually be in mortar platoon for the next mission because they don't have a mortar platoon because they lent it out to the RCR, who lent it out to the Van Doos, and that's how this goes. If you want what Barry is speaking of—and I want it—and if you want that break that Kurt is speaking of, this is a dollars and cents thing at the beginning, making sure your military has enough size for contingencies. Until it does, it's going to punt every broken guy because they don't have room for them.

The Chair: Mrs. Lockhart.

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

This is a really good panel with all the experience you bring and your comments. As you know, or may know, we've just finished a review of service delivery, and we did that to take a look at some of the thousand cuts that you mentioned, death by a thousand cuts, of that delivery process, and what we can do to make that process better.

One of the things that came out in a few of your comments today was a sense of purpose, and not having that sense of purpose. We also talked about the transition phase. Is there something in place now that you feel is sufficient—I think I know the answer to this—to help to redefine your purpose, your identity, whatever, when releasing?

Mr. Brian McKenna: There are some good things out there. I've seen lives changed by the Soldier On program. That thing is fantastic. I don't know much more about its structure or how it's funded, but whoever is pulling that lever, keep pulling it, because it is doing very good things.

Aside from that, especially for men, that's a point in life where it's easy to flail. You just don't know what you are anymore. I struggled with that more than I struggled with what was going on in my head, and going on in my guts. Who am I now? For a while, there isn't that much.

Another little secret is, a lot of us do this to find that purpose a little bit again. I have a platoon that I used to have that I don't have

anymore, but I still get to help them. If I can help you guys steer some benefits in the right direction, this can also be part of that.

• (1640)

Mrs. Alaina Lockhart: Mr. Grant.

Mr. Kurt Grant: Actually, I can expand on that. The key thing that we're looking for is a network. We're unique in many ways because we're broken. There's a humility that exists in this panel. We've been through more shit than you can shake a stick at, more than the average guy, and we don't judge each other. When Brian talks about his pain and whatnot, I understand. He doesn't have to explain it because we understand the subtext.

The root of all of this comes down to two things. One is money, as it always is, and the other is accepting the fact that the government of this country has an obligation to us. This is probably the biggest slap in the face that any of us faces, that we are constantly fighting.

We feel like we've been abandoned. We feel like the government.... Pat Stogran said to me the other day, "I never developed PTSD when I was being bombed in Yugoslavia. I developed it when I was dealing with the bureaucrats in the government". That should tell you a whole lot.

All we're looking for is a little support, a nod, and a little help along the way.

Mrs. Alaina Lockhart: Did that help, John?

Mr. John Kelley McLeod: We're driven. We're fit people when we serve. There isn't anything that we wouldn't do for this nation, including giving our lives. I've often said, having suffered PTSD after serving in Somalia and Rwanda, it would have been easier for me to have lost a leg or two, or to lose two arms. People understand that.

When you come back, they do not understand when you tell them "Well, I have nightmares every day. I can't cope with day-to-day living. I don't like being in crowds." For me, being a medic in those trades, everything I did at that moment was life and death. People die on the decisions you make, and you sometimes can't do anything.

I deal with that every day, and there are things that still stay with me today that are as clear as they were 20 years ago. That will never go away for me. Then, on top of that, because I served in Somalia and Rwanda, I spent over a year on mefloquine.

I'm getting older now. PTSD should be mellowing for me. I should be getting better, but I'm not getting better. I'm getting worse. I also have a terminal illness. I don't know how much longer I have, but every day I wake up and make a decision, do I live today or do I kill myself today?

That is everyday existence for me. I've been fighting a long time with this, and so far I'm still here. I don't know what tomorrow will bring. I go one day at a time, and hope that tomorrow is going to be a good day, but it's not always. Some days are hard. This morning was tough.

Mrs. Alaina Lockhart: Thank you, John.

The reason I come back to purpose is that, as much as your experience is different from a lot of civilian experiences, the one thing I know there is experience out there on is helping people transition...identity. I think about a miner, for instance, who's worked for 25 years and who is no longer is a miner. But he's a miner, you know? That experience is out there.

Is that something we need to be building into our transition services?

Mr. Barry Westholm: Absolutely.

This is one of the things where the JPSU can play a big part. When you're in the transition outstream, you are leaving the Canadian Armed Forces. You are going to be a civilian. That's where you should be able to try out different jobs, professions, what it's like to be in civilian communities, and working within a framework other than the military framework. It's letting go of the military, and the military should be letting go of you. However, it doesn't work that way.

As it is right now, you could be standing at attention by a desk the day before you get out of the military. The transition part is totally broken, and it has been since this thing stood up.

That's why we'd really like to see Veterans Affairs Canada take a lead role in helping those transitioning out of the military society, so that they have a great foundation. Then, when they take that first step out the door of the military, it's as someone who has an awareness of what's waiting for them outside.

The Chair: Thank you.

Mr. Bratina.

• (1645)

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

Can I ask how often you actually meet with comrades? You made the comment about your doing this to help your guys, but do you ever sit down with them? What are those occasions like?

Mr. Brian McKenna: That's a really interesting question. I actually have a good-news story in that regard. I was just at the senior NCO's mess dinner for my regiment a couple of weeks ago. Before that it was Remembrance Day, before that a golf tournament, and before that another golf tournament.

That's just because I happen to be in an urban area, the Vancouver area. The command team at the unit I was previously serving in have always done a good job at this. That highlights part of the problem. The medical care or the peer support that I can access in Vancouver is not what you're going to find in Shilo. There are good people in Shilo, but it's Shilo. That's one of the problems that we have across the forces.

I can't tell you that the release process is bad, because I was actually handled quite well in a lot of parts of it, and atrociously in the others. However, in terms of staying connected, yes, I do. I stay connected all the time. Being online certainly helps with that, but it could also make you think you've seen people more than you have. You need to get face to face, shake hands, pull a pint, and do those kinds of things.

Mr. Kurt Grant: One of the interesting things is the proliferation of motorcycle groups. I can name you half a dozen right now that are rolling self-help groups. They're strictly veterans. Among us, there is the word "brother". When we say "brother", it means anytime of the day, anytime of the night, you call and I'm there. That's just the way it is. There's a humility that goes with that. There's an understanding as well.

Do we stay in touch? Yes. One of the reasons I do my fishing event is to create that network of individuals, who, on a bad day, can pick up the phone and call somebody who's local to them that they may not have been aware is living in their area.

It falls to us, as veterans, to continue the connection. That's our job. That's where I found my purpose. The problem is that the medication I'm on takes away all purpose. I sleep to all hours of the morning. It sucks. Again, we fight through it day by day.

Mr. Bob Bratina: Jeanette, can I ask you about Kelley? It says John, but you call him Kelley.

Mr. John Kelley McLeod: It's a marriage thing, sorry.

Mr. Bob Bratina: Does Kelley see his old comrades on any regular kind of a basis?

Ms. Jeanette McLeod: No.

He has just recently started reaching out on Facebook. I look at this as very positive and very therapeutic for him as well. He enjoys it. He enjoys sharing it with me. This is the beginning of it.

So thank goodness for...

Mr. Bob Bratina: Barry, what about you?

Mr. Barry Westholm: Most of my contacts are through the Internet. What I've done in the past is reach out to people who are in the JPSU and I know they're having a hard time. I use my experience to assist them, whether it be getting an extension or something like that, but as far as social, no.

Mr. Bob Bratina: Do you see value in growing this kind of connection for the veterans, because we had the Legion experience. I'm sure that's a whole other—

Voices: Oh, oh!

Mr. Bob Bratina: But you could see how it worked post-Second World War, maybe post-Korea.

Mr. Kurt Grant: First off, the Legion needs to die.

Let me put that out there, and I'll explain why. Those are guys who grew up in a time when it was safe to slap your wife, spank the kids, and kick the dog. Today, you cannot be seen in public, drunk. We've had a societal change.

The Legion has abdicated its responsibility as a government-mandated organization to support the veterans. This is why there are 63 advocate groups that sit in front of committees like this, trying to advise the minister on how to proceed. Pensions is a classic example. Their original mandate stated, "to secure adequate pensions, allowances, grants and war gratuities for ex-service personnel, their dependents, and the widows".

That's right out of the government statement. They're not doing that. The fact that we've gone from a pension in the first charter to a buy-off in the second charter makes no sense at all. I believe that we have stepped up to the plate in our own way. We've taken on this notion of motorcycle groups, or fishing groups, or art groups, or whatever. We stay in connection as best we can, but the problem with PTSD is that it isolates us. We become hermits and it's up to us to continue to reach out to each other.

• (1650)

The Chair: Thank you.

Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair.

I want to thank all of you, as my colleagues have, for your service, particularly you, Jeannette, for being there for your husband as much as you have. I'm sure there are countless stories like yours that exist among the military wives. Being an emergency service worker, I know just how much of a role our spouses play in our careers over the years, of the support that they give us, so I want to thank you for that as well.

You'll all be glad to know that one of the consistent themes we've been hearing is the loss of identity when you leave the military. The other thing we've talked about quite a bit with some of the witnesses is the issue of employment opportunities, or lack thereof.

Brian, you spoke about how one trains when you're in a military combat situation. One of the things that we've also heard about is not just the lack of retraining, but also the fact that there's a large percentage of military members who don't leave the military with a high school degree. How do we deal with that?

On the issue of education, qualification, and employment, the other thing that we've heard as well is that in Veterans Affairs there has been an increase in the level of degrees, the education requirement to work there. I'm a big believer in peer support. I'm a big believer that those who have experienced being in the military and transitioning should be able to help those who do so in the future.

Here's my question, and I'll start with you, Brian. How do we resolve this issue of re-integrating people into the workforce, whether it's through VAC or whether it's through the civil service, as you spoke about? What's the most optimal way to do that?

Mr. Brian McKenna: I think you're quite right on that one. It almost seems, when you look at some of the positions within Veterans Affairs, that they were written to rule out non-commissioned members of the forces. I tell you, I'll take what I can get out of a master warrant officer over someone with a degree, any day.

Mr. John Brassard: Because of the experience....

Mr. Brian McKenna: Yes.

I don't mean that to knock post-secondary education. I've done post-secondary and I know its value. However, what do we have to teach you to make you understand how to deal with these people? There's no program out there for it. In fact, the reason we're all speaking today is that you're trying to pull that information out of us; you're trying to understand that.

Barry doesn't have to learn that. He should be your case manager, your next hire, right down there. No questions asked, that's the guy, and better than me because he has done some of these things. The government should be tripping over itself to hire Barry Westholm. Instead they'd rather hire someone with a sociology degree who's going to come in and then get burnt out because they don't know how to talk to 25 vets. Come on, the answer is so painfully clear that Veterans Affairs needs to have a hiring quota of veterans.

The federal civil service has no problem saying it needs to have this many indigenous employees and this many females. By far, that department should have a minimum number of veterans in it.

The next thing to go along with that is that you need to steal good ideas and the military has a very good idea about quality control. It's a game of telephone. The commander comes to visit the troops and it is to shake hands, but it's also to see how things are actually going and if the message he entered at the top is the one coming out at the bottom. That needs to happen in the department, particularly on the employment file. What is really happening right now, sir, on the employment file is that we're punting to civilian organizations. True Patriot Love is great, but it should not be a federal government policy to refer you to True Patriot Love for retraining. That should be a complement, an add-on to the programming that's already there.

Those would be the two things I would look at right away.

• (1655)

Mr. John Brassard: Mr. Westholm, now that Mr. McKenna has written you a letter of reference, do you share his view on that?

Mr. Barry Westholm: Once again, on most everything that was said, I go right back to the JPSU and what it could be doing. If you're injured, say you lose your sight, what the military wants to do now is wait until your last six months or so before they start retraining you. Why? If you're leaving and you have three years, that's where it should start. There should be a consolidated effort between the Canadian Forces and Veterans Affairs, with Veterans Affairs leading, to see what that person wants to do, trial a few things to see how it's working, and then point that person in the right direction.

It could be, for example, that if a person wants to be a carpenter in Moose Jaw, it isn't going to work, so we look at something else and we find something. If he wants to be a carpenter in Windsor, if there's a big demand in Windsor for this sort of thing and we think he can do it, that's going to be his final place of posting. We're going to look at the different areas and venues in Windsor where we can do this and we're going to get back to him. You work with this person from the day he enters that stream to transition out, with his family as a group, to the final end product of a person in civilian life doing something for which he is well trained, with all those military attributes in his back pocket to help him. It's very simple.

Mr. John Brassard: That's very good advice.

Mr. Grant, I want to touch on the issue of stigma within the military.

We have actually heard that the stigma of mental illness and suicide, the understanding of it, is improving within the military. What you said earlier sort of counters that. Can you touch on that a bit?

Mr. Kurt Grant: You're still dealing with dinosaurs. There are still people in the organization who do not believe that PTSD is a viable injury, despite all the medical evidence to the contrary.

The root issue is one of education. Again, I come back to the SHARP program where the military was not asked but forced to sit down and endure lecture after lecture on what constitutes good behaviour. The same thing needs to happen within the structure of the military for PTSD and mental injuries.

Education is the key here. That is why I plug it into the post-deployment thing, because while it's true that there were many babies born nine months after the deployment, I can tell you that there were 37 sets of divorce papers sitting on the clerk's desk. There were many separations, and I can't tell you how many boyfriend-girlfriend splits that occurred after guys came home. First, it's the reintegration back into the family, second, into the society, and then accepting the fact that when we take on a job that puts the mission first, to admit weakness is a bad thing. We need to change that type of culture.

Let's be clear; it's not easy to be the man who we all imagine ourselves to be, the guy in the black balaclava, the perfect pilot, the perfect sailor. The road is too long and the hills are too heavy and high. When we end up taking a knee because of the strain that we're put under because we're understaffed, overworked, and trying to do too much with too little, even though we accomplish it... I can tell you that Brian doesn't get to do the job that he would like to do for his troops because he has too many reports and returns to do.

All we're asking is that at some point we acknowledge that it's a tough row to hoe and that what we want is a little help along the way.

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair. Thank you all very much for being here today. It's really a privilege to have you before our committee to help us really take on the important issues you're describing to us. Thank you as well,

Jeanette, for your service by supporting your husband. We all appreciate that.

I would like to continue on with you, Mr. Grant, if I could, following up on the previous question with regard to stigma. Within the forces right now, is there an issue with stigma, people not wanting to come forward because of problems they might have in the unit, or people being worried about promotion? Is that part of the stigma problem you're describing?

• (1700)

Mr. Kurt Grant: Yes. Part of the issue boils down to this. If I admit I have a problem, I'm going to be punted over to the JPSU. That stops my career progression right away. If I admit I have a problem, that I can't do the job, people are going to start looking at me differently. They will decide to pass me over and go to the next guy who doesn't have a problem. It doesn't matter that my PER is just as hard right as the next guy's. It means that I have an issue I'm not willing to deal with, or that I have come up and said I have an issue. That will stop you.

Because of that, nobody's willing to admit they have an issue. Besides, let's be clear here. We're guys, okay? We're primitive beings in many respects. We don't like to admit we have a problem. Our whole society is built around the concept that the guy fixes things, and when you suddenly admit you have a problem and you cannot be everything you think you need to be, that has a profound impact on the way you see yourself and the way you do your job. Self-doubt enters in and it's a big issue. Rather than face that demon, they would just as soon plow ahead and say they're okay.

Mr. Colin Fraser: One of the things you mentioned in your presentation was post-deployment, and the need for education.

Can you expand on that a little bit? Are you talking about formal education for somebody to retrain to enter the workforce, or what did you mean by that?

Mr. Kurt Grant: No. Post-deployment is the phase when you come home and you fix all the broken equipment. You get yourself back in the rhythm of what's going on within the regiment. What I'm advocating is that, rather than focusing on training as your regular run to the ranges, field craft, and that type of thing, start focusing on physical recovery, as in regular PT, education, sitting down with psychologists and psychiatrists, and understanding the process of PTSD.

Remember, PTSD is not something that hits you right away. It took me 15 years before I finally collapsed under it. If you can educate people, if you can sit down and give them the signs and symptoms...and I don't mean flying a Care Bear in to give you a two-minute briefing at the end of your tour. I mean have guys sit around the table together in small groups and just talk about their experiences. The more they talk about their experiences, the more they get those things out in the open.

Mr. Colin Fraser: Part of that would be proactively trying to determine who may have PTSD or early-onset—

Mr. Kurt Grant: This is the thing. I can tell you about lots of my friends. One of them in particular had a drinking problem. We didn't know he had a drinking problem. His roommate didn't know he had a drinking problem. It wasn't until Christmas that he exploded on somebody, and they had to physically tackle that guy and get him to Kingston for recovery.

Why was he like that? Because he was part of Bravo Company PPCLI when they were hit by a mortar, and he was wounded and sent home early. His biggest issue was that he couldn't go back.

Mr. Colin Fraser: Right.

Barry.

Mr. Barry Westholm: When I was diagnosed with PTSD, I was a master warrant officer in charge of a maintenance company that supported a service battalion. When the doctor told me, I thought, "Oh, shit. Okay, I have PTSD." The first thing I asked him was, "Am I fit to serve in the position I have?" It had a lot of responsibility, and he said yes.

Then, because I was a master warrant officer in charge of these troops, there was a secondary responsibility I had, at least I felt I had, and that was to let the people I worked with know I had PTSD. It's a leadership issue, as well. When you're in a position like that—and it's sergeant and up—you have to remember that there are people counting on you, and you have to come forward and let them know that you have PTSD, you're not fit to hold this position anymore, and get help. You can't hold it in.

For me, I had introduced myself to my command team partners. At the right time, after they got to know me a bit, I said, "By the way, I have PTSD." A couple of things happened with that. In one case, the guy wouldn't talk to me again. The relationship was over. He was a major. I was an MWO. He was just thrown right off by the fact that his sergeant major had PTSD, and he couldn't really accept that. The relationship really was junked.

The other guy asked a lot of questions about what happened, how it was going, what I was doing. It became more of an education, and that's the perfect way it should work.

Nobody wants it—got it—but everybody can share the experience, especially if you're at the top, or near the top. Let the guys know that it's not a career ender. But you have to let people know, because you're in the military in charge of weapons and, really, it's for the mechanical health of the battalion that you're okay and you can still function.

• (1705)

Mr. Colin Fraser: Okay.

The Chair: We're out of time. Sorry.

Mr. Colin Fraser: There's not enough time.

The Chair: Yes.

Mr. Kitchen.

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

Thank you all for coming today and for your service to our country. I include Ms. McLeod in that. I come from a military family, and I know that when you marry into the family, you are part

of the team. A lot of people don't understand that in Canada, and that's been part of a lot of the discussions we've gone through.

Out of interest, could I see a show of hands of those who have taken mefloquine. Thank you. You may know we've done a study on this issue and we have some information on it. We can chat about it.

Anyway, I want to follow along a bit further.

What we do with reserve soldiers, when they serve and are deployed, as you're aware, is that we basically provide a position where their jobs are protected—or are supposed to be, I should say. They sign up and off they go. When they come back, the assumption is that they will go back into it.

As you've said, Brian, oftentimes they're just totally lost from the system, and where do they go? I'm just wondering. Do you have any suggestions on how to track them? What's a good way to make sure we track that information so that we know what's going on with not only our regular force but also our reservists?

Mr. Brian McKenna: Sure. One of the things that you might not know with that is that there is legislation out there to protect jobs while people deploy. That can be a double-edged sword. When you look down in the States, employers know to look for that, and now on a lot of employment applications in the States it says, "Are you a member of the Guard? Are you a member of the Reserves?" That can be a double-edged sword, but I tell you—this is another interesting thing—the vast majority of people in the reserves are class A, so what you would think of as a reservist, on weekends, one evening a month in the summer, that kind of thing. Then you have class B, which is where they get pulled in to fill a full-time spot and put on a full-time contract.

You may not know that those jobs are not protected while they deploy. If you think about the irony of that, the government and the military asks the civilian sector to protect the jobs of their reservists while they deploy, but the reservist who put in full-time jobs back here in Canada, they do not protect them while they deploy. Most people will have to give their job up to go, and the answer you always get is, "Oh, it's a professional term of service; it's not a job that you were in." Just be aware that those in the Canadian Forces are one of the biggest culprits of unemploying reservists when they come back from their tours.

What do we do about it?

Right now, we're in this situation where generally the battalion you used to be in phoned you after a couple of months, and that's a good thing. Your home unit will do as much as they can, which is also a good thing and shouldn't end. I look to what my friend on the left, Kurt, here said, and he said it in stages, and the order of what he said is important, so focus on this part, if any. You come home and you need the break, because someone briefs you on the plane coming home or the day after. We could make a laundry list of things you're thinking about then, but it isn't this. You need the time to get back, repair the body, repair the mind, get into a physical routine, and let the kids get used to you. Then we take you into the education piece of how to be healthy and how to assess your own health.

You're not going to be in that frame of mind on day one, and you're also not going to be in a position to be looking for a job in the last month of being on tour. One of the biggest things that kills you on tour is thinking about things other than your tour. We cannot have reservists thinking, a week before they come home, "Oh my God, I'm on this patrol but I'm really thinking, am I let go from my job?" That's where we need to go. That's what I think.

• (1710)

Mr. Robert Kitchen: Thank you.

Jeanette, you talked about support or looking for support. What sort of support? Can you break that down for us? What sort of support do you feel would be helpful for a family member, and whether that support for the spouse or support for the children is going to help them deal with the things that they're dealing with and assisting the soldier who is part of that family unit?

Ms. Jeanette McLeod: I would have to say it's the training. When I met my husband, he had already been diagnosed with PTSD. I had no experience at all, and although you contact VAC and they know that he's in a relationship, there still is no communication for the understanding of post-traumatic stress disorder.

Mr. John Kelley McLeod: I'm a full-time job for her. She can't work because she's constantly looking after me, just keeping me level, keeping me where I need to be just to get through each day, which is the case for a lot of spouses and a lot of family members.

I have three sons who I haven't seen in years because my ex-wife thinks I'm absolutely crazy and that they wouldn't want to have any contact with me, and now they just don't want to. I've paid a heavy price. I wouldn't be here today if it wasn't for Jeanette, I'll tell you right now.

What she is talking about, the catalyst for getting help for me, bringing in the National Post and everything, was a former standoff I had with a SWAT team in Trenton that ended with me hanging myself. That was it for her. I was sent to Ste. Anne's Hospital in Montreal, the only VA hospital left at the time. Dr. Provençal himself ran a two-month PTSD program. It was quite effective and it was a very good program, and it was back at the time when we didn't have any programs. He had the only working program. It was all-encompassing with financial counselling and occupational therapists. He had everything structured for every day, and it was a great system. Whatever happened to it, I don't know. Now you've closed down Ste. Anne's Hospital.

For soldiers deploying injured and going into civilian facilities, civilians, first, don't have the time, and second, don't have the

knowledge of what these guys require. Military medical people understand military people. They understand what they need. They understand what they're going through because they've been through it. Don't put these people in with civilians because the civilians aren't going to understand, and they're going to get frustrated. They're going to get angry because of outbursts or other things that are happening with the veteran. Put them in with military medical people who understand where they're coming from.

The Chair: Thank you.

Ms. Mathysen will end with three minutes.

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

I want to go back to the time when you were receiving services after you had been released. I wondered if you can recall, first of all, if the services helped? Did you have faith in the people delivering those services, and was the service explained to you in a way that you understood what was being offered and you felt good about what was being offered?

Mr. John Kelley McLeod: I don't know who my VAC worker is.

I had one for years, and then she was gone. Then I went through three others within a two-year period, and then they were gone. I don't know who my current one is.

Ms. Irene Mathysen: So you couldn't make a human connection...?

Mr. John Kelley McLeod: No.

Ms. Irene Mathysen: Mr. McKenna.

Mr. Brian McKenna: Yes, that was a lot of the experience. They were doing a checklist like they were preparing to pack a Jeep to go back overseas: does it have this, does it have that? That was my experience. They had the checklist, and it was, "Have you been through this? Have you heard this? Have you received this package? Have you seen this page?" It wasn't, does it make sense to you? Nor did anyone take a real crack at trying to keep you in the system. It was just so they could then say a year later, if there was a problem, that they had ticked every box and done everything.

You certainly felt that was what was going on. That's what happened.

• (1715)

Ms. Irene Mathysen: Are there any other comments?

Mr. Kurt Grant: My experience with family services was rather brief. I had a 22-year-old graduate sitting in front of me asking me about my family life, so that ended rather quickly.

We've fallen into this "cover your ass" scenario where everybody wants to make sure that they ticked all the boxes, "Look, there's my list." He went through it, but the issue again comes back to the problem of PTSD. It affects your cognitive ability, which means, when I sit down and you talk to me, I probably won't remember half of what you said. Administrative incompetence is one of my bugaboos, and I will stand up and lose it rather quickly.

It's difficult for us as members, but I think, when you speak about family services, the biggest service you can do is to put Jeanette in contact with other women who are going through the same thing. By offering that, she feels that she's not alone. We've talked at length about our groups and our ability to connect with ourselves, but the women are left behind and by providing services to the family on that level...

Again, the military has gone through a huge learning curve, from third behind collecting mess dues to actually being somewhat pretty close to where we should be. I think that would be the biggest

benefit, but again this comes down to political will and a sense that you have an obligation as a nation to look after the individuals who have willingly put themselves on the line.

The Chair: Thank you. Unfortunately, that ends our time for today.

I want to thank everybody for your testimony today. Thank you, and your other family members, for all you've done for our country.

I'm going to have to break. I know a lot of members on the committee would like to thank you personally for your testimony today. We have to come back in camera for five minutes. Again, the knowledge you all brought to us today has been amazing. I can't thank you enough for taking time out of your day today.

We will suspend and we'll come back in four minutes, if we could.

[Proceedings continue in camera]

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