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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 a motion adopted on September 29, the committee is resuming its study of mental health and suicide prevention among veterans.

On our first panel, our witnesses are Laurie Ogilvie, director of family services, military family services; and Jason Feyko, senior manager, Soldier On.

Welcome, both of you.

We'll start with 10 minutes each, and we'll start with Jason.

Major Jason Feyko (Senior Manager, Soldier On, Director, Casualty Support Management, Department of National Defence): Good morning, Mr. Chairman, and members of the committee.

I am Jason Feyko, the senior manager of Soldier On, a program of the Canadian Armed Forces.

Thank you for the opportunity to appear today to speak with you about Soldier On and how it can support ill and injured Canadian Armed Forces members and veterans.

My role is to lead and manage Soldier On and staff in order to deliver the best program possible to support ill and injured members through sport and physical recreation. Also, as a veteran member who was severely wounded while serving in Afghanistan, I can attest to the power that sport and physical activity can play in an individual's recovery, rehabilitation, and reintegration.

Soldier On became a program in the Canadian Armed Forces in 2007 and is responsible for providing support and services to military personnel, either serving or retired, who sustained a physical and/or mental health illness or injury while serving, whether attributable to service or not.

The program is a highly visible and integral component of the commitment and priority of the Department of National Defence and the Canadian Armed Forces towards providing a comprehensive approach to the care of ill and injured members.

The objectives of the program include to facilitate, support, and integrate resources and opportunities for ill and injured members to fully and actively participate in physical, recreational, or sporting activities; to create awareness of Soldier On among ill and injured military personnel, other Canadian Armed Forces personnel, the general public, and corporations; and to investigate, foster, and enhance partnerships with Canadian organizations and allied nations offering relevant programs and services.

The Soldier On program has four key lines of operations to meet these objectives.

First, communications, outreach, and awareness are very important aspects of Soldier On. It is about raising awareness of available support under Soldier On through various means such as websites, articles, presentations, and social media. This awareness extends not only to the ill and injured community that is eligible for support, but also to Canadians who support Soldier On through sponsorship, fundraising, and donations.

Second, Soldier On conducts over 40 local, regional, national, and international camps annually that focus on sport and physical recreation activities. These range from fly-fishing to hockey, hiking, alpine skiing, and yoga. These camps serve as an introduction or a reintroduction to sports and opportunities, an important stepping stone for many ill and injured members. Not only do they provide a platform to learn new skills in a sport, but they also connect with ill and injured members in a safe and supportive environment. From our experience, this peer support not only endorses inspiration and motivation, but it also reinforces to ill and injured members that they are not alone in their recovery and that there are generous and dedicated Canadians who stand by them. They are not alone, as there are individuals across the country and across the world with similar situations, challenges, and circumstances.

Third, the most important focus area for Soldier On is “active for life”. This is centred on promoting a lifetime commitment to a healthy and active lifestyle. Once the member is inspired or motivated to use sport and physical recreation in his or her recovery, Soldier On has an equipment grant program to which individuals can apply for funds to offset the price of equipment and training to support that active lifestyle.

The last focus area is less populated. However, Soldier On supports those individuals who demonstrate the desire and the potential to compete at the high-performance level. This support is accomplished by working with respective national sports governing bodies to provide time and resources to optimize fitness preparation, sport-specific skill development, and performance. Typically these members transition to receive support from the national sport agencies and the teams they represent. To date Soldier On has supported a half-dozen individuals who competed at the national and international competitive levels.

Soldier On is funded through a combination of government-allocated public funding and the Soldier On fund, an official financial support program of the Canadian Armed Forces benefiting members, veterans, and their families under the support our troops program and the Canadian Forces morale and welfare services.

The Soldier On fund is the most direct way for Canadians to contribute to supporting the recovery, rehabilitation, and reintegration of ill and injured members. The fund has disbursed more than $4 million for the purchase of sporting and recreation equipment, in addition to training and travel expenses for its members to participate in those local, regional, national, and international events.

Since its inception, Soldier On has assisted over 2,200 ill and injured members to overcome adversity, build confidence, and be motivated by participating in sport and other physically challenging activities. Soldier On is delivered in synchronization with, and is complementary to, other programs of the joint personnel support unit, the organization responsible for providing support and services, and delivering programs to ill and injured military personnel and their families, as well as supporting the families of deceased military personnel.

In accordance with their records, as of fiscal year 2015-16, 62% of Soldier On participants have been serving members. However, there's a noticeable shift with more and more veterans accessing the program. This is due to an increase in outreach and awareness, participants acting as ambassadors, and increasing Veterans Affairs integration through a partnership agreement signed in December 2015 between Veterans Affair Canada and the Canadian Armed Forces. This agreement formalizes and provides governance, guiding principles, and mutually agreed-upon specifications that define and assist the interdepartmental relationship regarding Soldier On.

Soldier On is more than just sport. The sailors, soldiers, airmen and airwomen who have participated in Soldier On activities come from different walks of life and experiences. They all have one common bond—their lives have changed. The esprit de corps is evident during the activities, around the hallways, the common areas, the bus rides, and the informal chats as they share their stories amongst one another, some visibly injured, others silently suffering. They come from Newfoundland, British Columbia, Canada's north, and everywhere in between. It doesn't take long to realize that they have another common thread: a shared perseverance to go on, to honour sacrifice, and to “soldier on”.

As I conclude my opening remarks, I offer a few testimonials from past Soldier On participants.

> It is a wonderful experience just being out on the water, challenging myself with new skills, just being with veterans who understand mental health injuries and illnesses.
>
> After the event I now realize how important the camp was to me. The mental and physical pains I have were pushed aside with all the sports. I didn't want to slow down; it was tiring, but it put me in a happy place.
>
> Reconnecting with peers has been the best therapy I could have.

Thank you again for the opportunity to appear, Mr. Chair. I would be pleased to respond to the committee's questions in time.

● (1540)

The Chair: Thank you.

Ms. Ogilvie.

Ms. Laurie Ogilvie (Director, Family Services, Military Family Services, Department of National Defence): Good afternoon, Mr. Chairman and members of the committee.

My name is Laurie Ogilvie, and I'm the director of family services with the Canadian Forces morale and welfare services.

I would like to thank you for this opportunity to talk to you about what we do to support the Canadian Armed Forces members, veterans, and their families.

The Canadian Armed Forces maintains a strong support network for our military families. Today I would like to talk to you about one of those, the military family services program. In my role, I oversee the program. It was formally established 25 years ago. It exists to support families in mitigating the challenges associated with service life, such as geographical relocation, operational deployments, and the inherent risk of military operations.

The program is anchored in a model that promotes coordinated services for health and well-being of military families in their community. The military family services program is accessed through three key points: military family resource centres, the family information line, and CAFconnection.ca.

The family information line is a national 1-800 service for all military families, offering bilingual information, referral, and crisis support, 24 hours a day, seven days a week. Counsellors provide immediate support during a crisis and help connect families with appropriate national and local resources.

CAFconnection.ca is a national information portal that provides information and resources for military members, veterans, and their families.

Lastly, the military family recourse centres are family-governed, provincially incorporated, not-for-profit organizations that are allocated funds through the Canadian Armed Forces for the delivery of the military family services program. The philosophical framework of the military family services program is “by families for families”, and by nature of their construct, the military family resource centres are best positioned to deliver programs and services to Canadian Armed Forces personnel; their parents, spouses, children, and relatives; families of the fallen; and medically releasing members and their families.

There are 32 military family resource centres in Canada, with additional service points in Europe and the U.S. These centres are in place to help families manage the uniqueness of the Canadian military life through various programs and services, in the areas of children and youth development and parenting support; personal development; community integration; prevention, support, and intervention; and family separation and reunion.

Military family resource centres are also local community ambassadors or navigators for military families. Their governance construct and mandate provide the operational flexibility to meet the unique needs of the Canadian Armed Forces' community, and adjust quickly as demographic and operational landscapes change. Though they may have many services in common, no two resource centres are exactly alike.

To establish some consistency for military families, military family services develops and oversees the policies and services of the military family services program, provides technical advice and guidance on service delivery, and monitors and evaluates the success of the program in meeting the unique needs of military families.

It is important to note that my organization, which is military family services, does not maintain a direct management authority for the military family resource centres. Rather, we're the stewards of the military family services program, and allocate $27 million annually to the military family resource centres for their provision of, either directly or through a community partnership, services that support military family needs in the areas of child care, mental health, education, employment, special needs, health care, second language training, deployment support, personal development, and community integration.

We also work very closely with Canadian Armed Forces' partners to address the emerging needs of families. In 2011, we partnered with the director of casualty support management to formalize supports for families following the illness, injury, or death of a serving member.

Military family services funded each military family resource centre to embed a family liaison officer within the local integrated personnel support centre. The family liaison officer provides a suite of services, including counselling, respite care, caregiving support, and community integration.

Also in 2011, military family services partnered with CFMAP for the expansion of long-term bereavement counselling for loved ones of fallen Canadian Forces personnel.

In 2015, to better support medically released Canadian Armed Forces members and their families, Veterans Affairs Canada invested $10 million in a four-year pilot program. The pilot program, entitled the veteran family program, connects medically released veterans and their families to the military family services program for two years from the date of release. It's available at seven military family resource centres for the medically released veterans and their families, and at all military family resource centres for families of still-serving members preparing for medical release.

● (1545)

Family awareness and accessibility of available services has always been a priority at military family services. The modern military family does not access services in person as much as it did when the program was established 25 years ago, and for that reason we have evolved in our approach.

We have expanded our online reach through programs such as My Voice, which is a secure facebook page for families to ask questions, express concerns, or connect with us. You're Not Alone is a collection of resources highlighting available mental health services and programs. The Mind's the Matter is an interactive online psycho-education program for children and caregivers of those with an operational stress injury. The operational stress injury resource for caregivers is an online self-directed resource designed for caregivers of families of Canadian Armed Forces members or veterans living with an operational stress injury. It is an expansive social media campaign.

While I've just provided a very quick overview of the military family services program, it does not begin to paint the full picture. Each family member who uses a program will have a different experience and will share different impressions of the usefulness, or not, of their interaction. This is exactly why we continually evolve and adjust based on the needs and requirements of military families and communities.

Our mandate of “by families for families” remains at the forefront of everything we do and why we do it. We continue to engage with families, listen to them, and provide them with the means to have a voice so that individual experiences can truly shape the program, which is meant to support their unique requirements.

As the chief of the defence staff noted, we know from personal experience as Canadian Armed Forces members how crucial it is to have the support of our families. Just as our families look after us, we need to take care of them.

Mr. Chairman, ladies and gentlemen, thank you again for this opportunity and I'm happy to take any questions.

The Chair: Thank you.

We'll start off with a first round of questioning.

Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair, and thank you both for coming today. It's much appreciated, and learning more and more about your services is a tremendous benefit for us in how we can find ways to improve the lives of our veterans and our soldiers.

Jason, your organization is very dear to me, because I found through my life that being involved in a lot of sports has managed me through a lot of issues that I've gone through in my life. I find that in rebuilding my life, it's been very important. It's important for me to see that.

You haven't been around a great deal of time, but have you done any studies to see what sort of impact you've had in situations where you've been able to help, or not help?

Maj Jason Feyko: Yes, in 2016 we did a Canadian Forces research analysis on the impact of Soldier On, to tell us if we're meeting the mandate and to see where we can improve our services. We have done that. The communication aspect is where we can really improve our services as we reach out to more and more veterans.

● (1550)

Mr. Robert Kitchen: By “communication”, you mean communicating to our veterans to let them know more about the program?

Maj Jason Feyko: That's correct and we've come a long ways. We're seeing more veterans come to the program. So far this year it's about 55%—more veterans than serving members. But how do we reach those other veterans who might not be connected directly with Veterans Affairs or have all those different mediums that are out there? We're investigating that.

Mr. Robert Kitchen: Hopefully, through the Invictus Games we will find that your program will actually start to see a little more growth, because of that identity and that communication to veterans across Canada.

Maj Jason Feyko: Yes, we have a team of 90 ill and injured athletes competing in this year's Invictus Games, and we see that as a great opportunity to inspire a nation of people to use sport in their recovery.

Mr. Robert Kitchen: One of the things we've heard a lot about as we look into mental illness and suicide prevention is the loss of identity. That seems to be a big issue, the loss of identity of a soldier once he leaves—whether it's because he wanted to leave, because he had to leave, or because of other circumstances. In your role, have you seen that and can you comment on where you've seen it?

Maj Jason Feyko: I can comment, and Soldier On is a unique program in that circumstance. When a member receives an illness or injury, they're really removed from that esprit de corps that they're used to. They miss the camaraderie and being with all the troops. Soldier On, through our camps, is maybe the first opportunity where they can come back into a collective group. From day one, at that meet-and-greet dinner, there's an instant bond.

They've all served their country, even if it's an allied country. They've all served their country proudly and they've all gone through something significant that has changed their lives. They all have different challenges and issues, but that bond is something to see. It's instant, the camaraderie that happens at a Soldier On event. It's a very important aspect of what we're doing.

Mr. Robert Kitchen: I can support that, because when I go fishing in Tisdale in northern Saskatchewan, it's an experience that you cannot ever lose. It's life-changing to be in that part of the world, so it's very bonding to see that.

Maj Jason Feyko: Right.

Mr. Robert Kitchen: I appreciate everything you do, and thank you for doing it.

Laurie, I come from a military family and grew up as an army brat, so I know a lot of the issues or have experienced those over the years. Can you tell us where you are based, the actual locations of your program?

Ms. Laurie Ogilvie: We have 32 military family resource centres and they're co-located with the main base wings across the country. The veteran family program is currently being offered at seven locations. Those are Esquimalt, Edmonton, Shilo, Trenton, North Bay, Valcartier, and Halifax.

The 32 we have across the country are at every service point. We also have extensive outreach, so for communities like Moose Jaw, where there are families in Southport, we have outreach services there as well.

Mr. Robert Kitchen: I come from Saskatchewan, and when I talk about rural, I'm talking about big distances to go. In Saskatchewan we're used to travelling and our veterans are used to travelling long distances. How do you see expanding that? Can you see a model to expand that into areas of Canada in the Prairies and other parts where people have to travel for five or six hours to get places?

Ms. Laurie Ogilvie: Our main focus is not on necessarily setting up service points for face to face. We're finding that most military families and veteran families aren't looking for the direct face-to-face service but are looking for online services or looking to make a connection with people. Those are the services that we're really trying to expand. Through our CAFconnection.ca, through our family information line, and through each of the military family resource centres with very robust outreach programming, they're able to get in contact with families that won't or cannot drive for five or six hours to get face-to-face service.

Mr. Robert Kitchen: Thank you.

I think my time is up, so I want to thank you both for coming. I appreciate that.

The Chair: Mr. Eyolfson.

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

Thank you both for coming.

Mr. Feyko, I'm very pleased to see that there is such initiative on this. I find that keeping fit is such an incredible part of maintaining not just physical health but mental health as well.

With regard to the activities that members undertake, there are expenses, equipment, travel, and this sort of thing. For veterans, are any of these expenses covered by the Veterans Affairs rehabilitation program?

● (1555)

Maj Jason Feyko: No, all the expenses are paid by donations to the Soldier On fund, which is a non-public fund.

Mr. Doug Eyolfson: Okay. Is there any government funding at all for the Soldier On fund?

Maj Jason Feyko: There is government funding for the administration of the program, some salaries, but the majority of the funding for our program delivery is from donations from Canadians and the Soldier On fund. We're restricted in our use of DND public funding; it is for serving members only.

Mr. Doug Eyolfson: All right. Thank you.

Can you give just a ballpark figure for the annual budget of the fund?

Maj Jason Feyko: On the public side, the annual baseline budget is about $454,000. That's not including the military salaries and some of the other salaries that are included in that. From the Soldier On fund crown trust fund we spend approximately $1 million a year, and last year we raised $789,000.

Mr. Doug Eyolfson: Okay. Thank you.

Do you have any sort of formal partnership with Veterans Affairs Canada?

Maj Jason Feyko: We do. It was signed in December of last year. It's a collaboration agreement to get more veterans to access our program. It's more about communications and how we can work together in sync to make sure the opportunities are distributed across the country to all the Veterans Affairs case managers in all the Veterans Affairs offices.

Mr. Doug Eyolfson: Thank you.

When a Canadian Forces member can't return to work due to physical injury, if they presented to your program, what would be the first step you would take?

Maj Jason Feyko: If they weren't available to go back to work, we would see what they're interested in. They would register with Soldier On, so they could tell us what sports they're interested in, and then we'd look at our operational calendar. If it was golf, we would say, “We have a golf camp coming up. Put your name in; apply for the golf camp.” First-timers would get selected as priority to attend that golf camp, to go to a camp. From there, hopefully they're inspired enough, and if they say “Golf is expensive; I can't afford green fees or clubs,” we would offset the cost of that equipment so they can have an active lifestyle for the rest of their life.

In addition, we set up social media groups that are private for the ill and injured community so they can still stay connected after a camp, or in a golf group so they can see who wants to go golfing on a weekend, for example, and maintain their active lifestyle through that.

Mr. Doug Eyolfson: Excellent. Thank you.

Ms. Ogilvie, would you be able to give us an idea of or identify any positive changes in the management of veterans and the services provided for their families? Can you think of any systematic improvements that have taken place in the past year or so?

Ms. Laurie Ogilvie: The veteran family program is only a year old right now. Of the people who are involved in the program, we're seeing significant increases in their capacity to be able to transition from military to civilian life. It's a short period of time, but what we're anecdotally hearing from many of the people who are involved is that it was a long time in coming and they're very happy with the services that are now available to them. They wish this had been here for years.

There are a number of collateral impacts happening: for parents of veterans or medically released veterans and their families who are receiving services, and children and youth of those medically released members, the services they hadn't been receiving before. There are some additional outputs happening versus just directly to the veteran and a spouse.

Mr. Doug Eyolfson: Thank you.

This may be too broad a question to answer in the minute we have left, but what kind of support do these centres offer family members of a veteran who suffers a mental health problem?

● (1600)

Ms. Laurie Ogilvie: There is a variety of services. It really depends on what their individual needs are. An intake is done with the member or with a veteran and their spouse or their family member when they come in. Based on what their unique family characteristics are, they're either provided direct services or directed to local community services. That interview primarily will focus on what kind of counselling or what level of intervention they are going to require, both from a caregiving point of view and from what the person suffering from the injury will need.

I don't know if I did that in a minute.

Mr. Doug Eyolfson: That was exactly a minute. Thank you very much.

The Chair: Ms. Mathyssen.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much for being here. I have so many questions.

Mr. Feyko, I want to begin with you.

You talked about the second point in terms of the recreational opportunities that you provide: fly fishing, hockey, and hiking. Do many female veterans take part in this? What is the take-up in regard to these recreational opportunities?

Maj Jason Feyko: There are a number of female participants in the Soldier On program. For example, the team for the Invictus Games that are coming up is around 30% female. We don't delineate during the camps. It's conducive to the CF population. It's the same ratio coming to the Soldier On camps.

Ms. Irene Mathyssen: You provide grants for equipment so that people can continue on in recreational activities. Is there a significant take-up of those grants? Do a lot of people get hooked into this program and then take advantage of the grants?

Maj Jason Feyko: Yes, absolutely.

So many people get inspired through one of our camps. Then they ask for the money to buy that piece of equipment so when they're in a stressful situation or they're challenged they can go out for a bike ride, or go kayaking, or go fly fishing just to be active. Over 700 people last year applied for grants.

Ms. Irene Mathyssen: That's very good. That sounds very encouraging.

You talked about the budget and the fact that you have to raise funds through public donors. It always struck me that it's very difficult, and it's hard when you have to rely on the generosity or benevolence of donors.

Do you have any difficulty with regard to funding the program delivery piece?

Maj Jason Feyko: We haven't yet. Last year was the first year that we ended up expending more money than we generated. We're having mitigating strategies being developed to figure out how we can maintain and sustain that Soldier On funding.

Ms. Irene Mathyssen: Okay. That sounds very challenging when you have such great need and there's a shortfall. Have you been successful in terms of that mitigation?

Maj Jason Feyko: We have so far. We haven't been in a deficit yet, or we haven't had any issues whatsoever with the funding on either the public or the non-public sides.

Ms. Irene Mathyssen: Okay. Thank you very much.

Madam Ogilvie, thank you, too, for being here, and thank you for what you do.

You talked about the services and about the fact that no two resource centres are exactly alike. I wonder if you could describe how the services diverge in terms of one community or another. What would that look like?

Ms. Laurie Ogilvie: If you take a smaller community like Goose Bay, the services available in that community are much less than somewhere like Toronto. One of the principles of the military family services program is that we're not duplicating or competing with services that are available in the local community. The intent is to refer to a community service provider directly delivering a service. In Toronto, for example, they may refer families to mental health counsellors in the community, versus what happens in Goose Bay, where mental health services will be provided by a military family resource centre staff person. It depends on what the needs are of a particular community, what the families are saying their needs are, what's also available in that community, and if those services available in the community meet the direct needs of what the military family lifestyle experiences are. In large urban centres like Toronto, there may not be as many as a community like Petawawa, where it is very tailored to the military family or the veteran family life experience.

● (1605)

Ms. Irene Mathyssen: Okay. Thank you.

How important are the services for CF members living with OSI? How can the provision of these services be improved? Is it a matter of training? It is a matter of monetary support? How can we make it better?

Ms. Laurie Ogilvie: I can't really speak directly to the services provided by the Canadian Armed Forces for someone with an operational stress injury, but I can speak to the supports that are available to families of a member who has an operational stress injury. There's a variety of different types of services that are available. Again, no one person, or their requirements, are the same as any other. It's about providing a suite of services or a catalogue of services that they're able to access in their particular community.

There's a variety of different ways that someone can get access to service. Probably one of the bigger challenges that we face, as I mentioned earlier, is awareness of the type of services that are available in a community and getting the message out to people. That remains as one of the key challenges we've been trying to address, looking at every opportunity to be able to do it.

Ms. Irene Mathyssen: Okay, thank you.

The Chair: Mr. Bratina.

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

Mr. Feyko, first of all, thank you for your service. You were severely wounded in Afghanistan. Was that the reason you left the military?

Maj Jason Feyko: Yes, sir. Eventually my injuries caught up to me, and I was medically released last summer.

Mr. Bob Bratina: We've heard plenty of testimony from veterans that it was a difficult time for them and led to many of the problems that we're trying to get resolved. What would you say of your transition from being a soldier?

Maj Jason Feyko: First, my injuries were in 2004, so they're a long time ago, before the creation of the joint personnel support unit and all of these programs that are available now. As one of the first in Afghanistan, I've seen full circle some of the services that are available now that weren't when I was injured. However, I have no complaints with my transition. I was very fortunate with my transition out. Losing that identity is the hardest part of leaving the Canadian Armed Forces. Some of the programs and the close integration that is starting to happen between the Canadian Forces and Veterans Affairs is really helping it along and easing that movement through.

Mr. Bob Bratina: Were you part of that reconstruction scenario? I know our Hamilton soldiers were in Kandahar as part of a reconstruction.

Maj Jason Feyko: No, I was in Kabul in the first Roto 0 in 2003-04, in the city.

Mr. Bob Bratina: The sports and physical education is brilliant. It seems to me it is also a side effect of the organization, the coming together of these former soldiers. That's almost the main attribute of the whole program, bringing these people together again. Is that fair to say?

Maj Jason Feyko: It is. A lot of the participants afterwards say that it wasn't about the hockey or it wasn't about the golf. It was about coming together and sharing those stories.

We always double up people in accommodations and it's surreal when they sit across and say, “I have this challenge. I have these nightmares” and the response is, “Oh, so do I. This is what I do to help. Maybe you should try it.” They start sharing some of those tricks and it goes a long way, and they stay connected for a long time.

Mr. Bob Bratina: The emphasis on sports and physical education is great and you can see the obvious benefit of that. Are there any thoughts of expanding it to, say, arts and culture with guys playing in a band or something that will bring people together? Maybe they're not ready to play a game of golf anymore, or whatever.

Maj Jason Feyko: There has been some, and perhaps the future will bring that, but at the moment our mandate is strictly sports and physical recreation.

● (1610)

Mr. Bob Bratina: Okay.

For our next guest now, thank you very much for your presentation, Laurie. Are there opportunities for veterans to be involved with MFS as employees?

Ms. Laurie Ogilvie: Absolutely as employees, and one of the key pieces of our program is volunteerism. We rely on volunteers at the military family resource centres for the delivery of programs and services and for the peer support, so there's a camaraderie that they would have. The sense of identity extends to the families, and it's really important to be able to go somewhere familiar that they've experienced while they were still serving. So the veteran family program, the current pilot, has seen a huge increase in the number of volunteers who are coming back and giving back to the military family resource centres and the military family services program.

Mr. Bob Bratina: Are the services a work in progress? Is there a constant evaluation process?

Ms. Laurie Ogilvie: There is constant evaluation not only from a local program perspective, but also, we've been studied by the ombudsman in the “On the Homefront” review in 2013, and our chief review services does significant reviews. We maintain performance measures on a quarterly basis to understand what the needs are of military families. We also conduct community needs assessments in each of the local communities so that we can understand exactly what families are saying their requirements so that we can adjust programming.

Mr. Bob Bratina: Mr. Feyko, what would you say about the evaluation process for your group?

Maj Jason Feyko: After every event we ask for feedback from the participants and we always try to tweak the next camp to make improvements in moving forward.

Mr. Bob Bratina: Is there an equal ratio of females taking part in sports and physical education?

Maj Jason Feyko: It's not equal for soldiers—

Mr. Bob Bratina: It's not your 50-50, but in terms of....

Maj Jason Feyko: It's consistent within the ratio within the Canadian Air Force, definitely.

Mr. Bob Bratina: Thanks.

Mr. Ellis, do I have any more time?

The Chair: You have 30 seconds.

Mr. Bob Bratina: Are there a lot of ex-military involved with your program other than the people who are coming to access it?

Maj Jason Feyko: As volunteers?

Mr. Bob Bratina: Like you, yes.

Maj Jason Feyko: There are a lot of medically released members who offer their services and volunteer after the fact with the program, which we encourage.

Mr. Bob Bratina: Thank you.

The Chair: Mr. Fraser.

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

Thank you both very much for coming and making excellent presentations and helping us to understand the good work that you do in helping our veterans and serving personnel.

I would start with you, Ms. Ogilvie. You talked about the online suite of services and described some of the different programs that are available online for veterans and serving members to access. When you were going through that list, it seemed complicated to understand exactly what each one does and how they might interact with each other. Do you feel that is well understood among the people who are being served by your organization, and is there a way it could be better streamlined so that people understand what services you are delivering?

Do you have any comments on that so that we can maybe make some recommendations to improve the way that's delivered?

Ms. Laurie Ogilvie: This past month we released CAFconnection.ca to be able to do exactly what you've just mentioned, namely, to simplify and streamline member veteran and family access to online services and information.

Before last month, it was Familyforce.ca, and yes, it was convoluted, and yes, it was difficult to be able to access and understand. As I mentioned, we're just in the very beginning phases of the new website and the new online experience and are evaluating it on a daily basis to see what what can be tweaked and how we can better serve both member veterans and their families in their gathering of information.

Mr. Colin Fraser: Okay. Thank you.

With regard to the online services, I understand what you're saying that perhaps that is more convenient or more easily accessible for folks, but in areas where there isn't Internet access or high-speed Internet, that could be a challenge. I know that in the area I represent, Internet is not always available.

For these folks it would be better if they had a place to go to receive those services. I have 14 Wing Greenwood in my riding of West Nova, and I know the military family resource centre does an excellent job with the services available to them there, but they're not one of the seven centres for veterans and their families to attend.

I'm wondering if you could comment on how those folks without Internet service would be able to access the programs you're talking about.

● (1615)

Ms. Laurie Ogilvie: One of the mandates of the military family resource centres is outreach, and each of them has very robust outreach processes to be able to access families in different communities. For example, some will have fly-in services to remote communities. Our service centre in Yellowknife services all the north of Canada and provides those services. It really depends on the needs of the families and what they're identifying as their requirements.

Yes, many communities are without Internet access and in those communities, specifically around the veteran family program, we've been partnering with Legions for the delivery of the service. We have one of our staff go to the Legion to be able to provide that place where they can connect and have the service delivery.

Mr. Colin Fraser: Okay.

With regard to the military family resource centres on the 32 bases where they're located—I know the pilot project is only halfway through—do you see that expanding to all 32 perhaps? Have there been any preliminary discussion on expanding the services from the seven centres that are now identified?

Ms. Laurie Ogilvie: The intent of the pilot was to assess the efficacy of the program and the need for it with the medically released population. We've just completed the first year audit and evaluation and have just received the results this week. Those results will be the basis on which Veterans Affairs will determine if the program will be expanded beyond the seven sites, or even beyond the existing pilot locations.

Mr. Colin Fraser: Okay. Thank you very much.

Mr. Feyko, I really appreciate the great work you do with Soldier On. It sounds like a wonderful program, and I echo what Mr. Kitchen said, in that it sounds like a wonderful opportunity as well to partner with the Invictus Games and that it's great to have such participation among our veterans.

You mentioned reintegration being one of the key things that Soldier On helps to develop with a veteran so they can transition into a second or new career. Can you talk a little about how you've seen that work within the veteran community you serve, how sports and recreation help them reintegrate and move into other chapters of their life?

Maj Jason Feyko: Yes, absolutely. That's a great question.

The camps are set up to inspire and motivate a member to adopt an active lifestyle. That's just the first step. A lot of these folks have a hard time just getting out of their basement or out of their house, so coming in and being part of that camp and seeing that camaraderie, hopefully, they can learn that camaraderie can happen not just through military personnel, but other sports organizations.

The intent is for them to go back to their home locations after they've gone to a Soldier On camp. We can help them with the equipment, but then have them participate with the local community sport and recreation on a weekly or daily basis and be social, to reintegrate with society and get out and make new friends through sports and "adapt to your new normal", the terminology that we always use. You have to find that new normal and how you can work within it. We find that sports can really help enable that.

Mr. Colin Fraser: Thanks very much.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you both very much for being here.

It's very encouraging to hear your comments and to realize there are a lot of very good things happening for our soldiers and our veterans.

I really enjoyed the quotes that you gave us, Jason, because I think they really sum up everything that you're talking about with nature, personal physical challenges, and veterans who understand mental health injuries. The one gal talked about how after the event she realized that she needed to get there, experience it, and have that realization. She said that the best therapy was reconnecting with peers.

Are you realizing that this could be a huge advantage in that whole process as far as early intervention goes, to have this as a means of finding mental health in the midst of having to go through all the challenges of transitioning?

● (1620)

Maj Jason Feyko: That's a great question, and we have actually asked that ourselves. The second part of our study, which we're launching now, is to find out where in the recovery process Soldier On should be introduced to all the individuals as they go through. That quote said "therapeutic". It's not like a therapy-based type of program, but we do acknowledge the therapeutic benefits of sport.

Mrs. Cathay Wagantall: It's a natural therapy.

Maj Jason Feyko: Absolutely.

Mrs. Cathay Wagantall: That's wonderful. I would love to see the results of that. We are dealing with mental health, and the more we can do to prevent those illnesses from ballooning.... I think this would be a wonderful tool.

Do you talk about diet at all? I've been told that when you're in the service and out there, you eat a lot of the same thing and you're under the same stresses, and then you come back. There's a study going on in the States in which an individual scientist has gotten money to fund her research because they're realizing she's basically filling them with healthy natural foods when they get back, which helps their whole system to change. Along with all of this.... I was a physical education major, so, you know, for health, there is diet, rest, and all of those things together.

Maj Jason Feyko: We do talk a little bit about diet, especially when we do the bigger initiatives, such as the Invictus Games, to make sure the team is eating properly. We do that in concert with the Canadian Forces food guide and with what the personnel support program is developing. We don't really touch on that a lot, but it is something we have done.

Mrs. Cathay Wagantall: Do I still have time?

The Chair: You have two and a half minutes.

Mrs. Cathay Wagantall: Laurie, hearing about what you're doing with families and integrating that into taking care of our veterans, as part of closing that seam, is very encouraging. I'm so pleased to hear about this.

I'm just looking at your notes and the ones I received here, and they talk about funding. I don't know if this is something you can respond to or not. In our notes here it says that in November 2014 the Government of Canada announced a $15.8 million investment over four years towards that pilot project with the military family resource centre and veterans.

You mentioned that in 2015 they started this with $10 million.

Ms. Laurie Ogilvie: The $10 million difference or the discrepancy between the two had to do with the establishment of the initial pilot and then the tailing off of the pilot. There are two phases at either end. The $10 million is for the actual implementation of the direct services to veterans and their families.

Mrs. Cathay Wagantall: So two years have been completed?

Ms. Laurie Ogilvie: We're just coming to the end of our second year. The first year started in October, so it was kind of a half-year.

Mrs. Cathay Wagantall: Right. Is the evaluation still under way, or has that been...?

Ms. Laurie Ogilvie: It has just been concluded. I received the draft report earlier this week. It has to go through our organization and the Veterans Affairs organization to be able to determine if the results of the first part of the pilot have been successful enough to consider moving forward.

Mrs. Cathay Wagantall: Veterans and their families were involved in that, so what's happening now? Are there no services being offered?

Ms. Laurie Ogilvie: Absolutely, services are still being provided and will continue to be provided right now until 2018 at a minimum. Veterans can continue to enter the program until 2018. They will still have two years, which is why there is that discrepancy in the funding. When they enter on that day, they will still have two years to conclude their participation in the pilot, even though the pilot itself may have concluded. Services will still be available.

Mrs. Cathay Wagantall: I know you're saying it's not done and it has to go through the organizations. Is there any good news you can give this committee on how effective it's been, and how many veterans...?

Ms. Laurie Ogilvie: What I can tell you is that veterans and families themselves are very encouraged and very supportive of the program.

Can I tell you where it's going to go? I don't have that information.

Mrs. Cathay Wagantall: Okay.

Am I done?

The Chair: You have 40 seconds.

Mrs. Cathay Wagantall: Okay.

Jason, are you aware of the numbers, as far as how many veterans you're getting early on versus later on? I noticed you mentioned getting them out of the basement. We all know that when we're at the basement stage, that's getting more severe.

Do you see a difference between those you get earlier on and those who come in later? Are you seeing good results in both directions?

● (1625)

Maj Jason Feyko: If I understand the question, it's where they are in their recovery.

Mrs. Cathay Wagantall: Right.

Maj Jason Feyko: We've had people who have been on their own for years and who then finally put up their hand and say, “Yes, I need some support. What can you do for me?” We've had those who have been in a car accident, and a few weeks later they want some support. They are both beneficial, in their own way.

Hopefully, this next study will show exactly what you're looking for.

Mrs. Cathay Wagantall: Okay, thanks.

The Chair: Splitting the time now, Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): We've heard that some military members are struggling, but they still meet the universality of service—so they're still serving—and the closest support they have is often their parent or their sibling or an in-law, or another family member.

In your work in the family resource centres, is there a possibility for those who are serving to transfer closer to that support system?

Ms. Laurie Ogilvie: I can't speak to that.

What I can speak to is that services at a military family resource centre aren't geographically dependent. Where a member may be in Petawawa and his parent may be struggling in London, Ontario, then the parent can go into the military family resource centre in London, Ontario to access services. It does not need to be in conjunction with their adult service member.

Having that adult child move closer to a parent or a family member is outside of my area.

Mrs. Alaina Lockhart: If, through the resource centre, veterans are referred for other services and there is a cost associated with that, is it paid up front, or is that something that's reimbursed to families? Or, are all of your services covered?

Ms. Laurie Ogilvie: It depends on the service that's being provided. For example, if it's respite child care, then those service are reimbursed. If it's access to mental health services and they're not provided provincially, then the family member can come back to the military family resource centre and ask for financial support to be able to access those services. It really depends.

Mrs. Alaina Lockhart: Okay.

I'm wondering if you see that as a barrier sometimes, that people aren't in a position to be reimbursed?

Ms. Laurie Ogilvie: That is a barrier.

We're finding that one of the learnings from the veteran family program is that it is a barrier. That is why in some of the seven pilot locations we have right now, one of the major areas of interest for veterans and their families is financial stability. A lot of programming is taking place—which is not common in the military family services program—around supporting families, establishing and maintaining strong financial ability, and then connecting them to those emergency resources they may need financially to get through something that's happening now, or long term.

Mrs. Alaina Lockhart: Okay, thank you very much.

I'll share with my colleague.

The Chair: Mr. Graham.

Mr. David de Burgh Graham (Laurentides—Labelle, Lib.): Thank you.

I have a number of questions, particularly for Laurie.

When I left home this morning, my wife and my daughter were sound asleep. When I get home tonight, they will be asleep again. The impact on families is obviously something that I think all of us here take very seriously.

I wonder if you could speak a bit to the mental stresses, or just the stresses in general, on a family. It might be obvious, but I think it's important to put on the record what the impact of military service and post-military service is on the immediate family.

Ms. Laurie Ogilvie: The reason for the development of the military family services program 25 years ago was for exactly what you're speaking about. It's an excellent point.

Families at that time weren't acknowledged as an important contributor to operational effectiveness. Families need to support the member for their operational capacity, and vice versa. That really is the key to our program. Where our focus is around deployment, inherent risk, and geographical relocation, it's really about encouraging the family to get the supports they need when they need it. Where your wife may be feeling a sense of isolation because she doesn't get to see you, having a military family resource centre as a place to go, and to be that almost second family, is key to the program.

When it becomes more a matter of her being unable to focus or unable to do all of the caregiving responsibilities in a day because of things that are happening, that's what the military family resource centre is there for. It's to give a bit of assurance to the serving member that their family is being taken care of when they can't be there.

● (1630)

Mr. David de Burgh Graham: Thank you.

Do you get involved at the point of recruitment? When somebody joins the military, do you at that point start warning them of what's going to happen and bring their family into the process, or does it only happen at the end?

Ms. Laurie Ogilvie: Traditionally we haven't done that, but over the last three years we have. At a lot of the recruiting ceremonies, or at the schools, we will do presentations on the type of services available through the military family services program.

I will note that a lot of that information is not something people are taking in at that particular time in their experience. Our big learning has been making sure that the information is consistently provided, at a variety of different points throughout both their career and their family's experience.

Mr. David de Burgh Graham: If I heard correctly, earlier on you referred to the program as giving access to families of medically released veterans.

Is the program restricted to medically released veterans?

Ms. Laurie Ogilvie: The veteran family program is restricted to medically releasing veterans, yes.

Mr. David de Burgh Graham: Why is that?

Ms. Laurie Ogilvie: I can't speak to the exact reason. When Veterans Affairs asked us to be able to support the program, that's what we were provided as a parameter.

Mr. David de Burgh Graham: Okay.

MPs' offices provide a lot of government services. That's one of the things we do. We help facilitate them, especially in places like my riding and Mr. Kitchen's riding. We have very large ridings that are far from government offices.

Has any thought been given to going through us, or using our offices to distribute materials? You are a government department, not an external organization. Has there been anything done on that score?

Ms. Laurie Ogilvie: Not yet, but today now, thank you very much. That's an excellent suggestion.

Mr. David de Burgh Graham: How's my time?

The Chair: That's it.

Mr. David de Burgh Graham: I have no more time.

Thank you.

The Chair: Mr. Brassard.

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

Mr. Feyko, it's a really tremendous program that you run. The thing that struck me is that whether it's attributable to active service or not, you still take people in. That is really admirable.

I want to pick up on something in the direction that Mr. Fraser, and in some ways Ms. Wagantall, was going in. The quotes struck me, in particular the second one, “The mental and physical pains I have were pushed aside with all sports. I didn't want to slow down; it was tiring but it put me in a happy place.”

We're studying suicide and mental health issues. In how dark of a place are those people who come to your program?

Maj Jason Feyko: That's a difficult question to answer, because only the individual would know where they are. We've seen some people in very dark places, where just getting out and doing daily chores is a struggle.

Mr. John Brassard: On the issue particularly of suicide prevention, though, when they come to you, do they open up, or are they able to open up on suicide or suicide attempts and dealing with the effects of it?

Maj Jason Feyko: We've had some people testify that they've tried or attempted it. They tell us that.

We're not in a position to assess or treat those individuals, from a clinical point of view. We do always try, on the bigger events, to integrate our operational stress injury peer support program as well, so there's somebody embedded in the group who can help those members if they're struggling while they are at one of our camps.

We're trying to allow them to forget those dark places and show them other things that can be done to adapt, that they are not alone and there are lots of other programs. Soldier On can be one door. There are lots of programs out there, if they put up their hand and ask for that help.

Mr. John Brassard: Do you facilitate that through your program?

Maj Jason Feyko: We can, through the joint personnel support unit and through Veterans Affairs. Whatever support is needed, we'll reach out. We'll never say no.

Mr. John Brassard: Okay, thanks.

Laurie, I have a quick question as well, if you don't mind.

Of the $10 million—I know you initially talked about $15 million, $10 million—how much of that is going towards administrative costs? You said there was a large volunteer component.

How much of it goes towards actual service costs, to those families?

Ms. Laurie Ogilvie: I don't have that direct breakdown with me right now. I can provide that later. We have done the assessment in year one, and I can absolutely provide it.

The one thing I can say is that in the military family services program, we try very hard to ensure that overhead is insignificant in comparison to delivery of dollars to military families, and we use the same philosophy in the veteran family program. I don't have the exact breakdown with me now, though.

● (1635)

Mr. John Brassard: Okay.

Finally, one of the things we've heard consistently throughout our testimony is the issue of peer support, not just on a volunteer basis, but also in terms of VAC and hiring people who understand what the military personnel have gone through. In your opinion, should there be a priority on hiring those people who've been in the military in positions where they can help or guide people through the process?

Yes, Jason.

Maj Jason Feyko: I agree that they do bring a certain aspect to the table. That's one of the reasons I'm in this position as an injured member being able to give something back, and they do understand the challenges. I would never say I understand everybody's challenges. At the end of the day, yes, it does. I don't know if it should be a priority or not; I can't comment on that.

Mr. John Brassard: I think that's it. Thank you.

The Chair: That's it pretty well? Okay.

Lastly, Ms. Mathyssen, you have three minutes.

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

Mr. Feyko and Ms. Ogilvie, the ombudsman for National Defence has recommended that all the benefits be in place for medically releasing personnel, things like health care providers, so the transition is less stressful and smoother. It's been called a concierge service. I wonder if you could comment on this in your experience with veterans and their families.

Ms. Laurie Ogilvie: That's the model we're using with the veteran family program and with the veteran family coordinators at each of the seven locations. When I talked about the family liaison officer who's currently embedded within the integrated personnel support centres, the connection between the family liaison officer and the veteran family coordinator happens pre-release in order to be able to ease that transition for the veteran and their family before, during, and two years after their release into the community services. We're not using the term “concierge”, but “navigator”.

Ms. Irene Mathyssen: Okay. How long has that been in place?

Ms. Laurie Ogilvie: It's since the pilot started. Before the start of the pilot, the military family services program did not have a mandate for delivery of services once the member had released. Pre-release those services were provided, but at release they were not, which is the reason for the veteran family program.

Ms. Irene Mathyssen: Okay, thank you.

Maj Jason Feyko: The transition services are outside my mandate, so I can't comment on that.

Ms. Irene Mathyssen: I just wondered if you had any thoughts on that, but thank you.

Ms. Ogilvie, I wondered if MFS would have any role in tracking suicides or attempted suicides through DND, and if so have you seen any patterns that might point to gaps in the services provided?

Ms. Laurie Ogilvie: We don't track anything related to member suicides, with the exception of anyone who's calling into the family information line. Because of its being a crisis support line, we will receive calls at times from people who are suicidal. That information we do track for our own internal purposes, but that is not shared with the Canadian Armed Forces; it's a confidential service.

Ms. Irene Mathyssen: Okay.

Mr. Feyko, when you were talking about things that are outside your purview, you said an OSI member is embedded in the group. Ms. Wagantall asked about nutrition. I'm wondering about this OSI member. Would there be any counselling for veterans who are still dependent on things like tobacco, alcohol, or prescribed medication, or is that outside of your purview?

Maj Jason Feyko: That's why we have that person embedded in our camps. He's the subject matter expert or the peer supporter to provide those connections to those counsellors. It's outside the Soldier On mandate.

The Chair: Thank you.

That ends our time for this first round. On behalf of the committee, I'd like to thank both of you for all you do for the men and women who have served us. If you have any questions you want to elaborate on or any information you want to give back, if you get it the clerk, the clerk will distribute it to the committee.

We will take about two-minute break. We have another witness. With that, we'll see everybody back here in two minutes.

● (1640)

(Pause)

● (1640)

The Chair: We have a vote at 5:30 and are going to be running a little tight for time. I'm going to reduce the six-minute rounds to five minutes. That should get us through the testimony.

Welcome, Ms. Thomas. Thank you for coming, and thank you for waiting.

We'll start the round with up to a 10-minute statement from you, and then we will go into a round of questioning. The floor is all yours.

Ms. Stephanie Thomas (As an Individual): Thank you.

My name is Stephanie Thomas, and I am a behaviour mentor for the Anglophone East School District in New Brunswick. I'm in front of you today to speak as the spouse of a veteran with 18 and a half years of service, five tours of duty, two of which were in Afghanistan.

I've typed up a narrative, because the last decade of our lives has been very emotional. I feel like I might have to read it in order to keep myself regulated enough to try to disconnect from some of this emotion.

Mr. John Brassard: I'm sorry to interrupt, Stephanie.

Stephanie's family is with her, and they're back there.

The Chair: If they'd like to join her at the table, we'd love that.

Mr. John Brassard: I would like them to come up and sit beside her.

The Chair: Yes, if you're okay with that.

Mr. John Brassard: That's just to provide a bit of support, because I know you're nervous, Stephanie.

Ms. Stephanie Thomas: Thank you.

The Chair: If you have to take a break, just ask.

● (1645)

Ms. Stephanie Thomas: I'll continue now.

We tried building a sense of community after my husband's release and so we started attending a church. I fell and got a concussion at Christmas in 2015. Then a few months later our son got injured. And Marc took our oldest to church and told the minister that our son got injured, and somebody in the congregation overheard this. But then Marc left the service in the middle, crying, because it was Easter, which is a big trigger for Marc. It was one of the worst times for him in Afghanistan. So he left crying and this person took this as a sense of guilt for his hurting our son and made a call to social services to report abuse, even though there wasn't any.

In this public forum, I'm going to share with you what I feel safe about in this situation, because there are stories that I can only share with my military family, which would get it. But the thing is that when you are released from the military, that family is gone. So you have to find your own family once again.

I'm thankful for the few people I have in my life with whom I can share these stories; and there are other families who have their struggles with PTSD.

Marc's release and care within the military left the impression that he was just another number. And sadly, this has just continued now that he is a veteran.

In 2011, when Marc asked to be posted to a joint personnel unit in New Brunswick because of his OSI, his commanding officer asked, “What's an OSI?”

A group of colleagues were talking negatively about Marc, which was only shut down by a fellow 2 RCR soldier posted to Saint-Jean at the time, who said they didn't know what Marc was like before and that he had actually won “soldier of the year”.

When I expressed my concern about my husband's mental health to his mental health team at the Saint-Jean garrison, he was so heavily medicated he would just sleep all day, shuffle to the bathroom, back to bed, to the table, and back to bed. And when I expressed my concern, I was told, “Well, he's not hurting anyone.”

Our sons would say, “Mommy, how come our daddy doesn't do anything with us? How come other daddies do things with them? Why doesn't our daddy?” That's how it was impacting our family.

Now when we hear about a suicide or another death, because a lot of deaths have happened since people have returned, after that sense of loss comes the horrible thought that, well, the government's happy because they don't have to pay anybody any money anymore.

So clearly what we're doing right now isn't working.

I want to thank you so much for allowing me the time to speak to you. If I didn't have the prior knowledge and experience of working with at-risk youth, I'm not sure that I would have had the same level of understanding and compassion for my husband. There have been many times I've had to leave for my safety and the safety of our children. I was able to see Marc's behaviour as stress behaviour. I knew it wasn't intentional, but I also had to ensure that everybody was safe.

It's really hard to watch the person you love slip away, as Marc would have never treated anybody the way he did after he was diagnosed.

The first year went fairly well. We were posted to Saint-Jean, Quebec, and then things fell apart. We lost our routine, our main support system, and what we had felt comfortable with. He already had a diagnosis that he was medicated for and was on the wait-list in New Brunswick for surgery to repair a broken ankle. We moved, and the file about his ankle went missing, and there was no psychological follow-up to his condition. He didn't get help from the mental health team until I went looking for help at the local MFRC, military family resource centre, and then they got involved. Marc finally got help from the base.

I have stopped my husband from killing himself multiple times. He may be back on Canadian soil, but the war came home with him, and it has wreaked havoc on our family. I've needed extended trauma therapy, not just from hearing his stories but also from living with someone battling this injury. And that's what it is in OSI, an injury, and it needs to be treated like it. Just prescribing medication, whichever method you choose, is not going to get anyone any better. Trauma has to be processed in order to move on. We need to remember that parts of our brain shut down in moments of stress, and our fight, flight, or freeze primal functioning takes over. Short-term memory is suppressed.

Our family has not experienced the level and frequency of violent episodes since Marc got off the heavy psychiatric drugs. He had so many negative side effects that he was prescribed more medication to try to combat those side affects. I just don't understand why it's so common to prescribe medication with side affects of rage, violent episodes, and suicidal or homicidal thoughts. Marc has not tried to kill himself once since he has been off of these drugs.

● (1650)

The whole family is impacted by this trauma. We looked for help when our children were younger, and we were told that they were too young. This should never be told to anyone because there's research showing that trauma impacts even an unborn baby.

What I really want to take this time to do is speak about the hope that is out there. There are three programs that helped bring it back into our lives. The first I will speak about is Can Praxis. I found this out from the social worker I was doing my weekly trauma therapy with at the OSI clinic in Fredericton. We contacted Steve Critchley, one of the co-founders, and got on the program. It was such an easy process and it felt amazing. We didn't have to jump through hoops to get on to this program. It was eye-opening, which is kind of funny because I was blindfolded for the exercise that brought the most clarity.

I could do exercises with a stranger that I had just met that weekend, but when it came to doing the exact same exercise with my husband, the horse wouldn't move because 90% of communication is non-verbal, and that horse sensed the tension between us, and it wouldn't move. That was very eye-opening. We had been in couples therapy since 2009 and we took Can Praxis phase one in 2015, and we finally had something we needed to work on.

The second program that came into our lives was in the winter of 2016 was the veterans transition program. The VTP changed our lives for the better. It was 100 hours of therapy over 10 days, and this was the first time Marc got to work on his trauma within a therapeutic circle of all men—and to think he was almost talked out of going by his case manager because of the cost involved. The money for the VTP is a lot less than some of the other programs that aren't as effective.

Out of the VTP came COPE, Couples Overcoming PTSD Everyday. The same psychologist working on the VTP also led the COPE program that we were on. It was so much therapy within just a few months of each other, and COPE has a similar model to the VTP where you sit in therapeutic circles, this time as couples, all with the diagnosis of PTSD.

COPE saw the need for continued intervention past the five-day course, and that's why there are six months of life coaching that follows for their phase two. Wounded Warriors Canada pays for these programs. The level of connectedness, understanding, and compassion from other couples has helped build lifelong friends and bring back that sense of community that gets shattered when you're released from the military.

This is why I say there needs to be a plan. All of these programs have structure and a well-thought-out, designed plan. Every specialist appointment is expensive. Without a plan, where are they going? What are they accomplishing? We need to be working as teams to better service our veterans and their families. We need more programs like Can Praxis, VTP, and COPE, and we need them to continue until the processes taught become habits and a regular part of everyday life. Therapy needs to continue until the trauma has been processed. For any intervention to be successful, there needs to be a plan. It needs to be case managed, evaluated, and adjusted.

If it were not for Can Praxis, the veterans transition program, and COPE, Marc and I wouldn't be together, and if we weren't together, he wouldn't be alive.

I'm going to conclude with a few bullets. I'm going to ask you to remember what the “s” stands for in PTSD. People are already living with an excess of stress. What can we do to relieve or reduce some of the stress?

Also, please consider the financial struggles that add more stress. Families have to become caregivers. I have six years of post-secondary education and I was not able to work. When considering the earning loss, it's not only the veteran's income that is impacted. The spouse sometimes has to give up their career to become a full-time caregiver, which only adds to the financial hardships.

If I hadn't taken a job in December, I wouldn't be able to speak in front of you today because we couldn't have afforded up-front costs to get me here.

This is the same for many who take part in these charity-paid-for programs. Veterans shouldn't have to pass up an opportunity to get better because they financially can't afford it. It rings especially deep and gets me a little bit angry when I think that they're being run by Veterans Affairs certified providers, and Veterans Affairs will not pay for travel.

New veterans have different needs, and mental health injuries need to be taken just as seriously as a physical ones because both are debilitating. The shame of being diagnosed and released before your contract is up, think about what that does to a person.

We need to work on finding veterans' strengths because they are already aware of what they can't do.

Another consideration needs to be the wording when formulating letters to veterans. A letter from VAC can trigger more trauma for families. Marc was injured in a LAV in Afghanistan on patrol. We have a letter from VAC that says that, while they recognize he sustained injuries on tour, it's not related to regular service duty. I don't understand how these sentences can be formed.

● (1655)

Veterans should never have to be told they need to be stabilized before treatment can start. We need to be helping people in their moments of crisis, when they need us most. Why wait for someone to get better before we'll help them? VAC only looks at where you are when the assessment takes place. There are lots of ups and downs that come with mental health diagnoses, and all of the struggles that have brought someone to today need to be taken into account. Listen to families and spouses more. A more accurate picture will be provided than when only relying on time spent in offices with professionals.

I want to say thank you once again, and I urge you to take 10 minutes of your time to watch psychologist Hector Garcia's TED talk, “We train soldiers for war. Let's train them to come home, too”. Think about all the time, money, effort, and resources that Canada has put into our serving Canadian Forces members. What have we done for them since they've been home?

The Chair: Thank you, Stephanie, for your excellent testimony. Time-wise, I'm probably going to have to make it about four minutes each so that we'll get through this. We'll start with Mr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair, and thank you, Ms. Thomas, for coming today and having the courage to talk to us. I could take up this whole conversation, so I'm going to lose time here. I don't know where to start but I'm going to ask a couple of quick questions. If you feel at any time that you can't answer, then by all means please say so.

Your husband served in Afghanistan. One of the things we've talked about here is the issue of an antimalarial medication. Was your husband prescribed that, and did he take it?

Ms. Stephanie Thomas: He was, and he took it sometimes.

Mr. Robert Kitchen: Did he have side effects when using it?

Ms. Stephanie Thomas: He had side effects initially while he was on tour. It was affecting his sleep while he was on tour. Am I not allowed to say that?

Mr. Robert Kitchen: Yes you can.

Ms. Stephanie Thomas: I know, but he's released now, right? They kicked him out.

Mr. Robert Kitchen: Again, if you feel you're breaching any privacy, please.... When he was taking the medications you said he was on, how many was he taking?

Ms. Stephanie Thomas: I'm not sure of the amount he was taking, but I know he said his dreams were horrible and it was impacting his sleep while he was tour. So it felt like he was getting even less sleep. He was in the infantry, so it's not like they get nice sleeping arrangements when they're away.

Mr. Robert Kitchen: No, and they don't sleep in the nicest, most comfortable places either.

You were here earlier today for our earlier presentations, and you saw two programs that we've learned about and a couple of others. I hadn't heard of Can Praxis. It was new to me. I'm just wondering if you would expand on that a little for us.

Ms. Stephanie Thomas: Can Praxis is equine therapy. There are three phases to the program. In the first, you go with your spouse and meet.... I can't remember the number of other couples, but on the first day, all the spouses get together and the veterans work separately. You're working with horses. They have obstacle courses laid out.

Steve Critchley is a mediator and Jim Marland is a psychologist. They work with us through these obstacle courses and build on the communication. What's amazing is that you're there and it gets driven home to you that you are not broken—you are injured, you are wounded, but you are not broken—and that you're worth it. I can't even tell you how many times we heard, “you're worth it”.

Another thing they explained is that if you're a person who is injured and you're jumping in a pile of poo, you're not the only one who is going to be covered in it. That's why they said they wanted to bring the families into it as well, because it's not just the veteran who is impacted by this.

Mr. Robert Kitchen: There's a hashtag #SickNotWeak, which basically expands on what you talked about. A couple of things we've heard and that I mentioned earlier were the issue of identity and his loss of identity. I heard you say earlier that he was stigmatized earlier on, which is another thing that we've learned about in some of our testimony. I'm just wondering if you could expand—quickly, because I don't think I have much time—on the identity loss and the impact on that.

Ms. Stephanie Thomas: It's a family, and you get kicked out of your family. It's gone. Your life has been peachy, you're serving your country, and then all of a sudden you're just not good enough any more. So it's like, who is he? He can't work out any more because of his physical injuries. He feels he can't provide anything for our family. That's why he would try to end his life, because he thought that we would be better off without him. He didn't serve a purpose any more. He was in the military for eighteen and a half years, and it bugs him to no end that he didn't get to finish his contract.

Mr. Robert Kitchen: Thank you very much.

The Chair: Ms. Lockhart.

Mrs. Alaina Lockhart: Thank you, Ms. Thomas, for coming today. You and I first met at a veterans' round table in Hampton. You had heard about it and reached out to us to see if you could come. I think it has been probably a very valuable thing that you did, not only for the course of that round table but also for today.

You mentioned the military resource family centre, and you heard the testimony here as well. Have you seen improvements? How did you access those services? Could you tell us about that?

● (1700)

Ms. Stephanie Thomas: I accessed the service while my husband was still serving. Marc was released in 2012, and it was not available once you were released. I was on the board of directors at the MFRC in Montreal at that time. I had to step down from that, and we no longer could continue with services from there.

While he was serving and we were accessing that service, it was amazing. I used the family liaison officer—I was going to speak to that—and she helped me so much. It was nice to go to a place where there was a culture of people who understood. I've seen civilian psychologists who just didn't get it. Having that level of understanding and compassion was helpful for our family. We used child care services. There were a lot of things we used while he was serving within that unit.

Mrs. Alaina Lockhart: Was it part of of your recommendation or your work that those services are now extended to veterans? Are you pleased with that?

Ms. Stephanie Thomas: I am very pleased that it has been extended to families.

I don't know rank very well. It's something that I never.... There was someone who came to speak at our board of directors meeting, and I got up, crying, because that was the first time I heard that I was no longer going to be able to access the services I was using. The meeting couldn't continue, because we didn't meet quorum anymore after I left. I got too emotional. It was just too overwhelming for me to stay.

I'm very happy that it's now....

Mrs. Alaina Lockhart: Good.

One of the things you talked about was the upfront cost to accessing some of the services, and how that has been a barrier. We heard that from military family resource centre as well.

Can you expand on that and give us some examples of how that's been a barrier for your family?

Ms. Stephanie Thomas: Yes. I wasn't able to continue working. My husband got his diagnosis after 2006. He is a newer veteran. He's under the lump sum payout. When he received his, he was working full time, and I was also still able to work. After we had only his pension, every time I would go back to work in order to increase our family income, he would try to hurt himself, so I had to stop that. We were living on just his pension. We had to sell our house in Quebec because we could no longer afford it. We wanted to be closer to family in New Brunswick, but we also couldn't afford our house in Quebec.

If we didn't have the money for accessing services such as COPE or Can Praxis, people lent us money to pay the upfront cost and we reimbursed them when we were reimbursed.

Mrs. Alaina Lockhart: That's even though they're approved services through Veterans Affairs.

Ms. Stephanie Thomas: They're not approved services through Veterans Affairs but are providers. They're both going through studies. That's what's happening right now, from my understanding. The psychologists and social workers running them are all certified providers for Veterans Affairs.

Mrs. Alaina Lockhart: Have things changed as far as the service for your children is concerned? Have you been able to access adequate services for your children?

Ms. Stephanie Thomas: Our case manager now is approving psychological services for our children. Yes. They are now six and seven. When I first started looking, they were younger. It's been two years now that they've had services.

Mrs. Alaina Lockhart: Unfortunately, that's my time.

The Chair: Ms. Mathyssen.

Ms. Irene Mathyssen: Thank you very much, Ms. Thomas. I'm grateful for your testimony. I think that what you had to say pulls things together. It sheds light and brings clarity.

First, I want to say thank you to your husband for his service, but thank you for loving him.

You said some things that disturbed me very much. I wonder if you could comment. I went to a mental health conference, and they talked about the fact that we want to pigeonhole people and provide labels for their injuries and mental health instead of addressing the trauma. You talked about addressing the trauma rather than giving all kinds of medicines that have a debilitating effect on the individual. Obviously it's important.

Can you underscore what difference it would have made to you and your family had that basic understanding been there?

● (1705)

Ms. Stephanie Thomas: I think it would have had a tremendous impact on us. Once the trauma has been processed, the triggers aren't as severe. He would have had time.... I feel that if he had had trauma therapy, we wouldn't have had the experiences we had. I might not have needed therapy for as long as I did, because he wouldn't have been traumatizing all of us had he dealt with his trauma.

Ms. Irene Mathyssen: I found your statement about the commanding officer asking what an OSI is absolutely mind-boggling. It seems to be a very destructive kind of response. Do you think, based on your experience, that there's a lack of awareness among those in the chain of command about what this injury means?

Ms. Stephanie Thomas: We were posted to St-Jean, so we were at the school in St-Jean, and I believe the same level of understanding was not there. If we had still been at Gagetown, I think there would have been a different level of understanding. There may also have been a language barrier. I'm not sure. If French had been used—I think it's TSO. Maybe if he had said that...I'm not sure if it was a language barrier or not.

Ms. Irene Mathyssen: But still, there is a gap there.

Ms. Stephanie Thomas: There is a gap, for sure.

Ms. Irene Mathyssen: We've heard from some spouses that they come face to face with an injured spouse and they don't know what to expect or how to deal with the injury. They asked for training and support. Would that training and support be something that you would support? Do you think it would help?

Ms. Stephanie Thomas: Definitely. I have accessed an OSI 101 course from the OSI clinic in Fredericton. I have been on a few different courses. I also have a psychology background. I have a degree in psychology, so that has definitely helped with my level of understanding.

Ms. Irene Mathyssen: Okay. You said that the case manager tried to discourage your husband from taking the veterans transition program because of the cost. Is cost and money getting in the way of helping our veterans and their families?

Ms. Stephanie Thomas: Yes. When something would come up and we would call, trying to see if my husband could get approved for a service, the comment given was, “Oh, so you're just looking for more money.”

Ms. Irene Mathyssen: Instead of acknowledging the reality of his injury?

Ms. Stephanie Thomas: Yes. My husband was in the treatment centre at Sainte-Anne-de-Bellevue. He did go through that stabilization and residential program. He had done a lot of programming and he kept trying to injure himself. He was seeing different psychologists and kept changing because they didn't seem to get the right perspective. Instead of maybe working as a team, everybody said, “Oh, let's blame this on Marc. Why is nothing working for you? What's wrong with you? Let's create a different diagnosis for you.”

Ms. Irene Mathyssen: And the self-injury should have been a signal, shouldn't it?

Ms. Stephanie Thomas: Yes.

The Chair: Mr. Fraser.

Mr. Colin Fraser: Thank you very much, Mr. Chair.

Stephanie, thank you so much for being here today and sharing your story. I know we're all very grateful for your courage in attending today. This is going to be very helpful so that we can make recommendations to the department and, I hope, fix some of these problems.

I want to touch on something that we've heard from various witnesses while we were doing this study, regarding peer support. Other veterans or former service members have been matched up to assist veterans to feel better about themselves and their situations, explaining things that maybe only somebody who's been through it themselves can understand.

You touched on that yourself when you talked about other military families that you talked to. Do you have any recommendations or thoughts on what could have been done during the transition phase through peer support that might have assisted your husband or your family, if you had been identified and matched up with people who had had similar experiences?

Ms. Stephanie Thomas: I think...if the follow through were actually to happen. It took a while for my husband to realize that people with the OSISS program were peers who also had issues. He tried to access the service, and people never got back to him. I think the follow-though probably would have helped a lot.

There also has to be an interpersonal connection, because not everyone is going to get along with everybody. That's just human nature, and that's okay. Sometimes you're going to be more connected to another person, but the peer support would be very helpful. What works for me isn't going to work for my aunt here. We're all different people.

● (1710)

Mr. Colin Fraser: Okay. And are there peer supports for family members that are formally arranged? Is there an organization that does that? Help me understand how that would work for family members too.

Ms. Stephanie Thomas: There is OSISS, which is operational stress injury social support, for both families and veterans. It has finally worked out for me now in New Brunswick. I tried accessing it in Quebec, but I was an anglophone living in Quebec and it just didn't work out.

Mr. Colin Fraser: With respect to access to services, we heard from a previous presenter today with military family services, who talked about a suite of online services that are available. Do you access online services and do you have any comment on what services online could be improved upon to make things easier for families?

Ms. Stephanie Thomas: The services that I access online would be the private groups through COPE and Can Praxis. There are private chat rooms and groups there. It's people I've done some trauma stuff with, built a deep connection with. I wasn't aware of the ones that she spoke about today.

Mr. Colin Fraser: When you put the emphasis on the “s” in PTSD, I think you've identified the stress that happens when members are transitioning upon being released. I think you hit the nail on the head there.

With the stress in their lives and the impact that can have on the family, can you make any further recommendations that we could identify in a report that would help alleviate some of the stress at the first instance of a service member's release? It seems to me that the stress is overwhelming at the beginning, and it only gets worse from there. You have somebody who is losing their identity perhaps, and, obviously, there are mental health issues involved, and perhaps medication. All of these things are perhaps compounded by financial difficulties as well. Is there some way we can get in there before these stressors compound?

The Chair: I apologize, but you will have to give a short answer.

Ms. Stephanie Thomas: I think people need to know when they're being released that they're not going to get paid for a while. That would help. Also, it's having psychological services for everybody.

Mr. Colin Fraser: Right away.

Ms. Stephanie Thomas: Yes. right away.

The Chair: Thank you.

Mr. Bratina.

Mr. Bob Bratina: Thank you.

Are there better or best days? Is it ever like the old times, or are they gone forever?

Ms. Stephanie Thomas: It is more common now that he has done VTP twice. He did it once as a first-time veteran and once as a para-professional to liaise between the new veterans and the professionals. He's also done COPE and Can Praxis. Since then he has got off the medication, and you can see it in his eyes. People comment on it. So, there are some days.

Mr. Bob Bratina: Some of the old Marc is still there.

Ms. Stephanie Thomas: It's starting to come back.

Mr. Bob Bratina: That must be very touching for you. Can you anticipate bad sessions?

Ms. Stephanie Thomas: Usually it's a letter from Veterans Affairs, hearing about another suicide. We've had to figure out his triggers. The shower in our house is a trigger. If he has to have a shower, that is a stressor. We can't have ceiling fans because that's like a helicopter. There are things that we have had to identify and then get rid of in our house.

Mr. Bob Bratina: Do you think there is any way you could have been helped to anticipate these things? Did you have to learn all of this as it happened?

Ms. Stephanie Thomas: It can be done with the help of the psychological team that's involved and if someone is doing a good trauma history and actually working on that trauma, instead of just doing talk therapy, which can take a very long time. It wasn't until people did a deeper history that we were able to identify some of the issues.

Mr. Bob Bratina: How often would you say you're able to sit with another woman or other women who are experiencing this and just exchanging things?

Ms. Stephanie Thomas: In the community I live in, I have two great girlfriends who also have husbands who served in the military and have PTSD. The three of us try to get together and walk as often as we can with our dogs. Sometimes it's once a week and sometimes we go a month without it. It depends on life and scheduling.

● (1715)

Mr. Bob Bratina: We hear about this from the veterans themselves. We hear about the sports and the physical education, how they're getting the teams together, and just the getting together. So, that's as important for you.

Ms. Stephanie Thomas: Yes, because other people just don't get it. It's nice to have people who listen without that judgment.

Mr. Bob Bratina: Are your children transitioning into a better understanding? What's it like for them now?

Ms. Stephanie Thomas: It's getting better now that Marc has identified where he needs to change. The veterans transition program initially is 10 days but over three different weekends. On the first weekend, things instantly changed with our children, but for us, not so much; it was worse. Then, the second week it was so much better between us, and then our children. It helped him identify that he's not alone and that he can still be a good dad. It is getting better, but it's hard. We talk about daddy having an empty head and you can't see all the injuries you have.

Mr. Bob Bratina: Because they should be aware that their father is a hero. He served his country.

Ms. Stephanie Thomas: I find that Marc and a lot of the newer veterans have a hard time with that word. That's a hard one to swallow for them. He doesn't even have veterans plates, because he's not there yet for himself.

Mr. Bob Bratina: Isn't that part of the problem—

Ms. Stephanie Thomas: Yes.

Mr. Bob Bratina: —the self-esteem that's no longer there that should be there?

Ms. Stephanie Thomas: They're focusing on all the bad things and saying, “Oh well, I could have done this differently; and what if I would have done this, and what if, what if...?”

Mr. Bob Bratina: Thanks.

The Chair: Ms. Wagantall.

Mrs. Cathay Wagantall: Thanks so much, Stephanie. I appreciate this beyond words.

I just have to ask a couple more questions about mefloquine. It has become quite an issue that has come to me with our veterans.

Did he have a choice as to what anti-malarial drug he could take?

Ms. Stephanie Thomas: No, I don't believe so.

Mrs. Cathay Wagantall: Okay.

I got the sense, and we've heard this other places too, that you take it or you're reprimanded. So the choice was to disobey without their knowing and to keep the appearance up. Is that correct?

Ms. Stephanie Thomas: That's correct.

Mrs. Cathay Wagantall: From what you talked about, I underlined the words, “meds don't heal trauma.” We have an issue in this country with overmedication, let alone what has happened with our soldiers and our veterans. How did he get off his meds? I know psychiatrists don't want to....

I've had scenarios where they're given and given, but they do not want to help you come off. So how did that happen?

Ms. Stephanie Thomas: We found a psychiatrist who believes in alternative medicine.

Mrs. Cathay Wagantall: What's the alternative?

Ms. Stephanie Thomas: He is on an anti-anxiety medication. It's his one prescribed medication. However, he was in support. We saw a naturopathic doctor and was hospitalized during this transition time of getting off it. He tried nabilone for a while to help transition off that, and then he got off that as well. He didn't like that; he doesn't want to have anything to do with it.

Mrs. Cathay Wagantall: That was a very brave psychiatrist to take that on.

Ms. Stephanie Thomas: Yes.

Mrs. Cathay Wagantall: Representatives of the veterans transition program testified here. It's an amazing service. When I asked, the witness commented that his professionals are expensive—

Ms. Stephanie Thomas: Yes, they're amazing. Yes.

Mrs. Cathay Wagantall: —but that they're worth it. Could you comment at all about that?

Obviously, I'm over-conservative a lot times. I'll save money and end up having to spend more money. I really sense that's what we're doing with our veterans, to invest upfront versus the ongoing costs, which probably have fallen without even the cost of the meds.

Ms. Stephanie Thomas: Yes, exactly.

Mrs. Cathay Wagantall: Do you have anything you'd like to say in that regard?

Ms. Stephanie Thomas: It would be wonderful to have psychologists all over the country who have this belief system, so you don't have to pay for them to travel across country to deliver a program. I say this because they're only allowed to practise out of province so many times. So that fantastic psychologist can only come once or twice in a calendar year. It would be wonderful to have that training into veteran-specific psychologists or a mental health team.

Mrs. Cathay Wagantall: That certainly applies in our case. We have rural ridings where our veterans cannot get the help they need and they have to travel to get it.

Thank you so much. We really appreciate it.

The Chair: Thank you.

Mr. Eyolfson, I guess you're splitting your time. You have about a minute and a half each.

Mr. Doug Eyolfson: Thank you for coming. I can't imagine what you've been going through. Thank you for the courage to step forward to tell this story. I know that watching a loved one go through something such as this must be just horrendous.

You talked about the VTP, the veterans transition program. How long after Marc's release did he get involved with that?

● (1720)

Ms. Stephanie Thomas: Marc was released in August 2012. He got in the VTP in the winter, so it was January 2016. This is brand new for us; we're in it one year.

Mr. Doug Eyolfson: Had you been made aware of that at the time?

Ms. Stephanie Thomas: No.

Mr. Doug Eyolfson: How did you first become aware of it?

Ms. Stephanie Thomas: My husband found it himself. This is something that I think even gave him a bit more. I had to leave due to a safety thing and he was looking for help for himself and somehow stumbled upon it and got into the program.

Mr. Doug Eyolfson: He just somehow stumbled upon it. It doesn't sound as though anyone went out of their way to make him aware this was available to him.

Ms. Stephanie Thomas: No, definitely not.

Mr. Doug Eyolfson: Please tell me if you are not comfortable answering this. This might be borderline personal, too personal. When someone goes into the military, their whole family goes into the military, and so I ask in regard to your mental health, have you personally ended up receiving any psychological support or treatment through this process?

Ms. Stephanie Thomas: Yes, I might have been talking too fast. I had extended trauma therapy at the OSI clinic in Fredericton.

Mr. Doug Eyolfson: Okay. I apologize; I missed that.

Ms. Stephanie Thomas: Yes, that was me going for myself.

Mr. Doug Eyolfson: Okay, good.

Was that service helpful to you?

Ms. Stephanie Thomas: It was extremely helpful, yes.

Mr. Doug Eyolfson: Good. Thank you.

I will pass on.

The Chair: Okay, Mr. Graham.

Mr. David de Burgh Graham: I do have a few somewhat unrelated questions to each other perhaps.

For the first one, I have the same preamble that you should feel free not to answer. You say your husband's name is Marc. What's his thought of your being here today, and what's his reaction to that?

Ms. Stephanie Thomas: He's proud of me and he told me to say whatever I need to say.

Mr. David de Burgh Graham: That's a very good answer.

I only joined the committee about a week ago, so I am learning a lot about this very quickly. We heard quite a bit of testimony about how boot camp breaks you down into a soldier, and when you leave there's nothing to build you back up into a civilian.

In your view, when Marc came back from the war, what would have been the perfect process? He would still have had the trauma; he would still have had the experiences. What is the correct process, which in a perfect world we would do so that we could then pass it on? I know it's a difficult one.

Ms. Stephanie Thomas: In my opinion, it would have been initial help. He got psychiatric drugs pretty soon after I urged him to get help, because instantly I knew there was an issue. But it was a lot of fear. They've been trained. They know how to pass those tests that they've been given about their psychological well-being. They know what they need to say in order to...say, “Oh, you need help.” But he went and got the help right away, so initially he got medication.

I think it's initially dealing with the trauma right away, instead of something happening, and “Oh, here's some beer and we'll get together.” That isn't going to solve anything.

Mr. David de Burgh Graham: Right. You also mentioned the cost of the VTP. Can you give a sense of what your out-of-pocket costs have been over the past four years in taking care of him? I know that's a difficult one. I think it's important to put it on the record.

Ms. Stephanie Thomas: I don't think I could put a ballpark figure because we paid for a naturopathic doctor. That's not covered. The things for his neurotransmitters, the supplements, aren't covered. I wouldn't even be able to put a figure. I'm sorry.

Mr. David de Burgh Graham: It would be a big number.

Ms. Stephanie Thomas: Yes.

Mr. David de Burgh Graham: Thank you. I appreciate it.

The Chair: Thank you.

Mr. Brassard.

Mr. John Brassard: Stephanie, thank you, and thank you to your family for being here. I get a sense that you and Marc are a very good team together, and I suspect he's probably listening at home. So I am going to say, “Thank you for your service, Marc.”

But I want to talk again about mefloquine. First, was he ever told that there were any potential side effects from mefloquine?

Ms. Stephanie Thomas: I can't answer that. I'm not sure.

Mr. John Brassard: Okay.

You don't know anything about informed consent, whether he signed it or not?

Ms. Stephanie Thomas: I don't know anything.

Mr. John Brassard: Maybe that's information he can pass on to us subsequent to this.

With the concoction of drugs, the pharmaceuticals that he was on, was medicinal marijuana ever an option for him?

Ms. Stephanie Thomas: Yes.

Mr. John Brassard: How did you find the difference between being on the concoction of drugs he was on and the medicinal marijuana?

Ms. Stephanie Thomas: Medicinal marijuana was better, but that also had to leave our house. Just recently, he's tried the medicinal oil, and I don't know why, but I see a difference with the oil than with....

Mr. John Brassard: Right. Because there are different methods. There are creams; there are oils. Do you know how many grams he would have been prescribed in that?

● (1725)

Ms. Stephanie Thomas: I don't know. He didn't use it very often because of the stigma of that. He didn't want that. We volunteer in the community. He did not want anybody.... Here's the public forum, gosh. Sorry, Marc.

Mr. John Brassard: It's important because we're talking again, Stephanie, about dealing with PTSD, dealing with occupational stress injuries. One of the things we've found over the course of the past several years is that a lot of those who are suffering are trying to get off the opioids. They're trying to get off the concoction of medications because they're finding that medicinal marijuana, in whatever form, whether it's smoking it, oils, cannabutter, or whatever, is giving them their lives back.

I love the walking the dog.... You're involved, I suspect, with a lot of other spouses as well. What's your sense, from the others you're talking to, on that experience of being on the concoction of pills versus other treatments, whether naturopathy or otherwise?

Ms. Stephanie Thomas: I'm not sure I understand the question. Are you wondering if they're taking the same method that we're taking?

Mr. John Brassard: Right. Are they taking the same path that you're taking? Do you know if they're engaged in medicinal marijuana, etc.?

Ms. Stephanie Thomas: Some have tried. Other people are totally against it. It's something that was never part of their lives. They never experimented with it.

Mr. John Brassard: Right.

Ms. Stephanie Thomas: It's getting over that bridge to look at it as a medication. Once you're in the military, that's very much a no-no, so it's getting over that mindset as well.

Mr. John Brassard: Yes.

One of the things, again, is that there is a big difference between recreational and medicinal.

Ms. Stephanie Thomas: I know. That's exactly what I had to say to my husband.

Mr. John Brassard: Also, one of the things we're finding is that it's not as is soldiers who are suffering from PTSD or OSIs are sitting around a campfire smoking joints. They are using it because they are finding symptomatic relief as a result of it.

Thank you so much.

The Chair: Thank you.

Ms. Mathyssen, you have the remaining two minutes.

Ms. Irene Mathyssen: Thank you very much. I appreciate that.

I have a couple of questions. One of the things I have discovered from talking to veterans is that a veteran has to go to a psychiatrist in order to get the benefits of the treatment and the support, and that psychiatrists always resort to the opioids, the heavy drugs. A veteran who doesn't go to the psychiatrist is in trouble. The psychiatrist who doesn't believe in alternative therapies is a problem. Was that part of your experience and Marc's experience?

Ms. Stephanie Thomas: It was until we found a different psychiatrist. We were in the hospital because he had tried to injure himself, and we met a different psychiatrist who had a different perspective and was willing to try this. I was very adamant. I had printouts of every medication he was on, with the side effects. I said, “I don't want my husband on this anymore.”

Ms. Irene Mathyssen: With regard to the medical marijuana, when it was prescribed, did anyone talk about the different components? There is the medicinal part, and I can't recall the initials.

Mr. John Brassard: It's THC.

Ms. Irene Mathyssen: Yes, and then there's the hallucinogenic. It's well known that the medicinal or therapeutic part is available. Did anyone ever talk to you about that?

Ms. Stephanie Thomas: That's the nabilone. That's what the psychiatrist tried. That's a prescription form.

It took a process in order to get that approved, because it's not approved for this. There was the whole step by the psychiatrist, which took a lot of his time. The pharmacy was working filling out paperwork after paperwork for Veterans Affairs and Blue Cross to actually get it approved.

Also, while it was approved for Marc, that's not going to help another person get it approved, which is another frustrating component.

Ms. Irene Mathyssen: Okay.

You said that Marc did take mefloquine, and he experienced some negative side effects. Was there anyone on the ground monitoring, keeping track, or making sure that they were watching out for the safety and health of men and women on the ground who were taking or were compelled to take mefloquine, or do you know?

Ms. Stephanie Thomas: I'm not sure. I don't know.

The Chair: That ends the round of questioning.

I had just one clarifying question. I think somebody asked you about the amount of money you had spent out of your pocket, and you didn't have a total amount. Could you just give us an idea of what programs cost? Are they $20 or $50 or $1,000 out of your pocket? Could you just give us a base figure so we have an idea of what some of the costs are?

● (1730)

Ms. Stephanie Thomas: The cost of our plane ticket out west—I live in New Brunswick—could range from $700 to over $1,000. Also, every time you'd see a naturopathic doctor for supplements, it would be $300 or $400 a month.

The Chair: Okay. That gives us an idea. If you want to add that up and send it or anything to the clerk after, we can add it to your testimony.

Ms. Stephanie Thomas: Okay.

The Chair: You did very well today, Stephanie.

Voices: Hear, hear!

Ms. Stephanie Thomas: Thank you.

The Chair: On behalf of the committee, I want to say that was just amazing. Thank you and your family for all you've done to testify here today.

With that, the meeting is adjourned.

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