



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 017 • 2nd SESSION • 41st PARLIAMENT

EVIDENCE

Tuesday, March 25, 2014

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Chair

Mr. Greg Kerr

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• (1530)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): We're under way. I'd like to welcome everybody here and point out that we're continuing our review of the enhanced new Veterans Charter, looking for the various recommendations that will come out of the meetings that we have. We always welcome our witnesses here.

Before we do that, we have a little piece of business. Our member from the Liberal Party looks slightly different from a few weeks ago, and I'm going to ask—

Mr. Royal Galipeau (Ottawa—Orléans, CPC): He's better behaved, too.

The Chair: Anyway, before we go down that road, could I ask the parliamentary secretary to please make a motion.

Mr. Parm Gill (Brampton—Springdale, CPC): Mr. Chair, I also want to take this opportunity to welcome our colleague, and I'd like to nominate Mr. Valeriote for the second vice-chair position.

The Chair: We need a seconder, don't we? I keep wanting a seconder.

Anyway, so moved. Is the committee all in favour of the motion?

You can vote too, Frank.

Some hon. members: Agreed.

(Motion agreed to)

The Chair: Welcome. It's good to have you here.

Mr. Frank Valeriote (Guelph, Lib.): Thank you. I'm proud to be here, actually, and I hope I'll serve the committee well.

The Chair: I appreciate that.

I don't think there's any other business. We'll get under way.

I'm very pleased to have our witnesses join us today. Is there a fourth person?

Dr. Alice Aiken (Director, Canadian Institute for Military and Veteran Health Research): He's not in the hall. I'm not sure where he's gone.

The Chair: Don't tell me he's another one that Peter Stoffer scared off this afternoon.

Voices: Oh, oh!

The Chair: We're going to start. What we do is we hear from our witnesses. We allow about 10 minutes per group. Then we go to

questions around the table, and that's when we get into lively conversation.

We're going to start today with Wounded Warriors Canada. I welcome Phil Ralph, the national program director, and Chris Linford, national ambassador, who will be joining you momentarily.

From the Canadian Institute for Military and Veteran Health Research, we have Alice Aiken, director. I think we've met before. It's nice to have you here.

We also have Mr. Ron Cundell. It's good to have you both here. We look forward to your comments.

Mr. Ronald Cundell (Publisher, VeteranVoice.info): I'm not with her. I'm with VeteranVoice.info.

The Chair: I'm sorry. VeteranVoice.info, yes.

She seems glad to have you sitting there, though. That's a good thing.

Yes, sorry about that. We have three presentations today.

That said, we'll turn first to Wounded Warriors, please, for a few minutes.

Mr. Phil Ralph (National Program Director, Wounded Warriors Canada): Mr. Chairman, and honourable members of the committee, on behalf of Wounded Warriors Canada, thank you for the invitation to appear before this committee and be part of the very important discussion on the statutory review of the enhanced new Veterans Charter.

By way of introduction, my name is Phil Ralph, and I serve as the national program director of Wounded Warriors Canada.

I am proud to be joined today by retired lieutenant-colonel and Wounded Warriors Canada national ambassador, Chris Linford, a distinguished serviceman who has served on a number of overseas operations, including the Persian Gulf, Rwanda, and Afghanistan.

For those unaware, Wounded Warriors Canada provides a wide range of programs offered nationally where gaps in the system have left our Canadian Armed Forces members wanting, be they regular force, reservists or retired, and most importantly, their families as well.

Over the last 16 months Wounded Warriors Canada has shifted its focus and become a national leader in funding national programs on mental health targeted specifically toward post-traumatic stress disorder. At this committee you've heard from witnesses of at least two groups that we proudly fund: Tim Laidler of the Veterans Transition Network, as well as Barry Yhard of VETS Canada. A little later on you'll be hearing from Alice Aiken about a Ph.D. scholarship program that we sponsor as well.

Through the administration of a diverse slate of programs and services, we have heard the personal stories and struggles of literally thousands of servicemen and women and their families. In 2014 we have committed \$1.1 million directly to our programs. As part of this, and through our own personal experiences of both Chris and me in the Canadian Forces, we are here today to provide you with a grassroots feedback on key items and themes identified by this committee as part of this important review.

On August 13 of last year, the Minister of Veterans Affairs publicly stated:

Our Government continues to demonstrate its strong commitment to caring for, supporting and honouring Canada's Veterans and their families.

Later in that same statement he continued:

Just as importantly, this new spending is built upon the fundamental principles of respect and support for Veterans. That foundation of respect is spelled out in the New Veterans Charter, and the Prime Minister of Canada reinforced it when he announced the New Charter's implementation as the first step toward according Canadian Veterans the dignity and support they deserve.

We simply ask that the committee and all parliamentarians put legs to the words of the Prime Minister.

If the charter and its subsequent changes are the first step, in the Prime Minister's own words, it is clear from the overwhelming and growing support that Wounded Warriors Canada continues to receive that Canadians care deeply about the welfare and care of our veterans and their families.

Canadians are particularly concerned about those who are most vulnerable, and saddened and galvanized by the recent losses of our veterans from suicide.

We fully understand the range of recommendations and issues raised to date at this committee. In particular, we applaud the fine work of the ombudsman to date on these issues.

As such, it is our intention today to frame the overall discussion for you succinctly around the need for early intervention when it comes to health and financial wellness of our ill and injured Canadian Armed Forces members and their families.

On care and support to seriously injured veterans, there is no question that Canadians want the care afforded to Canada's veterans not only to be adequate, but they also want it to be excellent. This has been demonstrated by the ongoing and profound communication that we receive regarding the funding of the programs that Wounded Warriors Canada provides and will continue to provide.

Canadians are particularly concerned that the most vulnerable among our veterans are destined to years of poverty and struggle as the result of the injuries they have received as a direct result of their service to Canada.

Canadians expect better. Without getting into all the nuts and bolts of delivery, etc., we know there are three important areas where action is required: one, commitment to the long-term financial health of our veterans and their families, particularly those most seriously disabled; two, equity in providing benefits based on injury not class of service; and three, streamlined cooperation between the Department of National Defence and Veterans Affairs Canada in order to provide timely provision of the required services.

On support for the families, we have discovered that the provision of excellent care to the injured veteran is not sufficient.

• (1535)

To truly battle PTSD, a holistic approach must be adopted that includes the veteran's family. He or she will not receive true help if the veteran's most important relationships and their primary support systems are not managed well.

With regard to improvements to the way in which the Department of Veterans Affairs delivers programs, services, and benefits set out in the Veterans Charter, we suggest that ongoing assessments be carried out assessing veterans themselves to gather information that will seek to improve the programs offered, gain understanding of the new programs needed, and streamline the process, thus diminishing the stress that often is induced through the application process.

There clearly needs to be a push system rather than the current pull system, which includes early identification of the needs of particularly those who are heading towards medical release and the issues facing veterans as they transition to life after military service. The oft-worn phrase that an ounce of prevention is worth a pound of cure comes readily to mind.

Announced initiatives such as veterans priority hiring for public service jobs are of little help if the veteran is not equipped with the skills requisite for the position. This is all the more true for those transitioning to the private sector.

In closing, we thank the committee for this invitation. We remain at your disposal should the committee have further questions now or at any time going forward.

Thank you.

The Chair: Thank you very much, Mr. Ralph.

We'll now go to Ms. Aiken, please.

• (1540)

Dr. Alice Aiken: Good afternoon, honourable Chairman, members of the committee, and thank you very much for the opportunity to present to you today.

I'm Dr. Alice Aiken, director of the Canadian Institute for Military and Veteran Health Research. I'm also a university professor at Queen's University. Most importantly, however, I'm a veteran, having served 14 years in the Royal Canadian Navy, so what we're talking about is very near and dear to my heart.

I'm sure many of you know that I was the author of the original critical report of the new Veterans Charter just on the financial benefits as they pertain to seriously disabled veterans. I'm well aware that changes have been made since then, but I'm sure that's why I'm at your table.

I'd like the opportunity to tell you a little bit about our institute and what we do.

The Canadian Institute for Military and Veteran Health Research is an innovative organization that serves as a base for all Canadian stakeholders interested in military and veteran health research, and provides channels between the academic community, government organizations, industry, caring Canadians, and similar international organizations. Our mission is to enhance the lives of Canadian military personnel, veterans, and their families by mobilizing the national capacity for high-impact research.

The research done under the auspices of CIMVHR focuses on outcomes that will rapidly translate into treatments, programs, and policies. In addition to focusing on prevention treatment and rehabilitation, the research is able to rapidly respond to emerging needs for this group of heroes and to have relevance for the Canadian population as a whole. We also work diligently with all stakeholders to ensure that new programs and treatments that are cropping up for the treatment of veterans have the appropriate research built in so that we can ensure they're doing what they say they're doing.

CIMVHR is focused on ensuring that Canada's best researchers are engaged in these projects, which are fully coordinated with national and international agencies to ensure that they complement, not duplicate, existing research activities. We are continuously finding ways to collaborate. One example is through our annual national research forum. To date, we've hosted four such forums. We've engaged over 1,700 researchers and stakeholders, had over 400 scientific presentations, engaged 10 different countries, and we continue to grow.

The research presented has focused on significant aspects of mental health, operational and environmental health protection, rehabilitation, both physical and mental, combat casualty care, transition from military to civilian life, family health and well-being, and most importantly for this committee, health care policies and programs.

We've published three volumes of research and are in the process of starting a new journal of military, veteran, and family health. We expect to launch this online open access journal in January 2015, and anticipate that this will continue the unprecedented growth in military and veteran health research that we've built in Canada. We have a very comprehensive website. We're also on Facebook and Twitter, if any of you are tweeting right now.

In addition to this, and in order to ensure our sustainability, we're building a pan-Canadian graduate program in military and veteran health research. Through the Royal Military College and Queen's, we've offered a very successful webinar graduate course over the last two years. This coming September when we offer it for the third time, one of our partner universities will also offer a course focused on family health.

We've brokered donations of \$400,000 from Wounded Warriors Canada so that we will have a new doctoral scholar in military and veteran health research, with a focus on mental health every year for the next 10 years. We have a standing offer from the Royal Canadian Legion for a master's scholarship. We continue to build the next generation of researchers in this very important area.

My own doctorate is in health policy, so I would ask that any discussions about revisions to the new Veterans Charter be focused and based on evidence. We're most certainly here to help with that.

Thank you.

The Chair: Thank you very much, Dr. Aiken, I see you've stayed busy since we last saw you.

Dr. Alice Aiken: Yes, we are now 31 universities and over 800 researchers, so we're pretty proud of that.

The Chair: I look forward to the questions and answers. Thank you.

Mr. Cundell, please, you have 10 minutes.

Mr. Ronald Cundell: Thank you, Mr. Chair.

VeteranVoice.info is glad to be here and appreciates the invitation. I'll give a quick description of VeteranVoice, or as it is more commonly known, VVi. VVi is an open website that acts as an Internet portal for veterans to read the latest news, information, and benefits that involve veterans. This also includes our RCMP veterans.

VVi's virtual community has a membership of 100,000. VVi also has a Canadian soldiers assistance team forum, or CSAT. This is also an open forum to encourage veterans, RCMP, and currently serving military members to help each other. Be it a problem with a VAC benefit or the daily grind of trying to handle life, it's veterans helping veterans and helping soldiers. I encourage the committee to visit VVi and the CSAT forum to read and understand what veterans are currently going through.

VVi also has a database of veteran information going back 10 years for academics, politicians, veterans, and reporters to use. Three veterans operate VVi: Major (Retired) C.J. Wallace, is the webmaster and the founder of VVi; Captain (Retired) Perry Gray is the chief editor; and my duties are publisher and CSAT forum master. I retired as a sergeant.

I encourage this committee to visit VVi. As already stated in the last four or five meetings, VVi agrees that it's time for this committee to finally write the report to Parliament. By holding these never-ending testimonies, trying to find the magic potion to cure all that ails the new Veterans Charter, you are inadvertently not showing any respect to the veteran community. Instead, you look as if you are procrastinating by not doing your work in a timely manner.

To show the veterans you are not procrastinating, you can start to complete your report by seriously looking at the two reports and two reviews from the office of the Veterans Ombudsman. As you know, one of these reports is an actuarial, which for some reason no one in Parliament is mentioning.

Over the last three decades, I have watched the wheels of government grind along, and an actuarial that is not mentioned at all by the government is an actuarial that is above refute by being purposely ignored. This actuarial shows the shortfall in the new Veterans Charter, that there is no financial security for the injured and most severely injured veteran post-65. It also proves that right now veterans will be living below the poverty line when they reach 65 years of age.

What other glaringly embarrassing fact is this committee looking for to start the report to Parliament?

The office of the Veterans Ombudsman was created on November 11, 2007. Its mandate was to make sure veterans programs, benefits, and vocational rehab are fulfilling the needs of veterans in a non-partisan manner. Many reports and reviews have been written and presented by the Veterans Ombudsman to the standing committees over the last seven years. Over those seven years, ombudsman's reports and reviews were never publicly accepted or supported by veteran organizations.

The current two reviews and two reports you have in your possession now are approved, supported, and documented with the VAC minister by veteran organizations. To help you understand the impact of what veteran organizations mean, it means a large majority of the veteran population in Canada is currently on the same page, and we are telling you, enough with the meetings, studies, and reviews; write the damn report already. That will motivate parliamentarians to improve veterans' lives now.

These veteran organizations are also telling Parliament for the first time that you created a Veteran Ombudsman, he has done his job. We veterans approve and support what he has done, so take the non-partisan recommendation seriously and act accordingly on said recommendations.

● (1545)

In my own opinion, if your report motivates all parliamentarians to act in a non-partisan manner like they did when they passed the new Veterans Charter back in 2005 to improve the financial security for disabled veterans, it will take care of a large number of other recommendations you have received in the past. This will allow your next round of standing committee meetings to be more focused and effective on a reduced amount of recommendations to improve the new Veterans Charter, such as, how do we hire veterans and train them to help soldiers transition to civilian life or deal with their life-altering injuries while dealing with Veterans Affairs.

These possible veteran employees of VAC can act as a buffer between VAC and the client by helping with applications, benefits, and how spouses and children can get help to ease their stress. It has been proven over the last few years that helping a veteran is more effective than throwing the veteran knee-deep into VAC's applications and rules and into dealing with the Veterans Review and Appeal Board. We know how to approach, help, and listen to that soldier, sailor, or airman who is facing the biggest change in their life.

To sum it up, it is time to move forward and leave the flaws and mistakes in the creation and implementation of the new Veterans Charter where they belong: in the past. You now have a great opportunity to move forward and improve the new Veterans Charter, as you have the approval from the majority of the veteran community in Canada to write your report to Parliament using the two reviews and two reports submitted by our Veterans Ombudsman, therefore proving that the new Veterans Charter is, as promised when passed in 2005, a living charter.

Thank you.

● (1550)

The Chair: Thank you, Mr. Cundell.

We will begin the round of questioning from members. We'll start with Mr. Stoffer, please.

You have six minutes.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): To all presenters, thank you very, very much for coming today to help us in our review.

First, our colleague, Mr. Laurie Hawn, announced the other day that he won't be running again. I want to thank him from our side for the great work he's done for his constituents and all of Parliament. Well done.

To Frank Valeriotte, welcome, sir, to our committee. We look forward to working with you in this regard and, as Mr. Cundell has said, in a non-partisan manner, to move this issue forward.

I have one question for each of the presenters.

I'll start with Wounded Warriors. The other day you folks did a marvellous thing by giving \$40,000 to a fairly new organization called VETS Canada, a veterans emergency transition service headed by Jim Lowther and his wife and others across the country. This is to help veterans who become homeless. I'm wondering if you can explain briefly why that was done. Also, what more do you think will be done in order to help those veterans who unfortunately find themselves homeless? That's my question for you.

Alice, you stated that you needed a report that was based on evidence. Well, sometimes that evidence can change with new things happening down the road. I'm thinking of depleted uranium and possible exposure and of the chemical spraying at Gagetown, for example. Did Agent Orange cause a problem or didn't it? Initially it was thought that it didn't, but then, years later, with evidence, it was proved that it did. If you're trying to give benefits to someone based on a presumption of a chemical exposure and there's no hardcore evidence yet, there's a good chance the veteran may be denied in that regard. That's my question.

Mr. Cundell, here's my question for you, sir. Some of these benefits in the charter, as you so rightly stated, end at age 65. I can't put words in your mouth, but I assume you want these benefits to expire when the individual passes away, not at age 65. That would be my question for you. Thank you.

Thanks to all of you for coming.

Mr. Phil Ralph: Thank you for your question.

Yes, we were pleased to fund VETS Canada last week and announce in a public forum a \$40,000 donation. The reason we chose VETS Canada is that VETS Canada meets with our condition as a charity that the benefits in the programs we offer have to be available from coast to coast. It doesn't matter where the veteran resides, in what province they live, be they regular force, be they reservists, or be they retired. We want the same level of service right across the country.

We received an application from VETS Canada to get their program in every city. The wonderful thing about VETS Canada is that they don't provide all the programs but they implement and they become the bridge for the veteran who's on the street to local programs that are accessed in the communities in which the veteran lives. As an organization we look at our mandate as filling gaps. We see gaps from here to here, and there's a great range.

Of course, when you get down to the street and you're homeless, you've gone all the way down. VETS Canada is the mechanism to bring that person back in from the cold, as it were, to get them back into a place where they have a roof over their head so they can begin their transition back to being productive Canadians and being honoured for their service.

That's why, as with all our programs, we look for organizations that provide first-class service, that can provide innovative service, and that are able to produce services and replicate them from coast to coast. We don't want to be a regional service. We are a national program so that veterans are treated the same from coast to coast. That's why we were pleased to announce our funding to VETS Canada.

• (1555)

The Chair: Dr. Aiken.

Dr. Alice Aiken: You're right that you can't always wait for the evidence to make a decision. I think that part of what you have to do is weigh the existing evidence and make your decision based on that and based on the fact of somebody being a veteran and having served their country.

To use the example of the depleted Agent Orange, the studies that came out of the U.S. were on people who actually had Agent Orange dumped on them, not those who were just in the vicinity of Agent Orange. With Agent Orange it's actually graduated on level of exposure, and unless Canadians were serving with the American military during Vietnam, there weren't really any who had that kind of exposure.

That's where I mean that the evidence is critically important as you make the decision. You may still find in favour of that veteran, and I would certainly never say that anything should win out over anything else, but it's really critical to look at the evidence carefully.

The Chair: Thank you very much.

Mr. Cundell.

Mr. Peter Stoffer: If I may add—

The Chair: No, you're going to take away from Mr. Gill's time.

Mr. Peter Stoffer: Mr. Cundell has some experience. That's why I asked the question.

The Chair: But I don't want it to cut into Mr. Gill's time.

That's why I'd like to get to him if I could, please.

Mr. Ronald Cundell: As with any soldier, sailor, or airman who is facing a medical release, the first thing that goes through his mind is financial security. By cutting off these benefits at 65, you're not giving him any hope for financial security and you're increasing Wounded Warriors' base of homeless veterans. You are not staying current with CIMVHR's research, because these veterans will go off the rails at all times if they're not faced with financial security. To cut them off at age 65 is to put an expiration date on your gratitude to the soldier who sacrificed his quality of life, because injuries don't stay the same.

I sustained my injuries at 36 and right now I'm 52 with a skeletal system equivalent to a man who is 65, the eyesight of man approaching 70, and a lung capacity cut in half. I literally would be going crazy if I did not have the financial security to take care of my wife. So, yes, take them past age 65 until the veteran passes, then take care of the wives and the families.

The Chair: Thank you very much, Mr. Cundell.

Now we go to Mr. Gill, for six minutes, please.

Mr. Parm Gill: Mr. Chair, I also want to take this opportunity to thank our witnesses for appearing before the committee and helping us with this important study.

My question is basically for all of you. The committee has been asked by Minister Fantino to conduct this comprehensive review of the new Veterans Charter as it has evolved and as it is prescribed today. Above and beyond the mandatory review of Bill C-55, understanding that we have a very diverse panel of witnesses with us this afternoon, can you tell us if your respective organization called for a comprehensive review, and do you support the committee's comprehensive review of the charter as a whole?

My second question is, to what extent were your organizations involved in the consultation process on Bill C-55?

Let's go down the line.

Dr. Alice Aiken: As we started CIMVHR, I personally was involved in the original analysis of Bill C-55, specifically as it pertained to special needs veterans. Those are people who are deemed to have a disability over 78%, as disabilities go. Is that terminology familiar to everybody?

Prior to that, in my academic capacity, I had sat on the special needs advisory group to the Department of Veterans Affairs, specifically to the new Veterans Charter advisory group. At that time, we certainly found that the financial benefits were not equivalent for seriously disabled veterans, which is 1% of the veteran population, but they are the most seriously disabled. We found that the financial benefits were not equivalent.

In terms of supporting or not supporting the review, once again I would ask that you turn back to the evidence and to what you're hearing from the constituent populations. I think the ombudsman's reports as well are excellent and well done.

• (1600)

Mr. Parm Gill: Perfect.

Mr. Phil Ralph: We weren't directly consulted on any of the changes, etc., but I think it's pretty clear from our presentation, our unanimous support around here in thinking about how the ombudsman's report did a pretty good job of outlining where the shortfalls are. There's no use in going back and saying what could have, should have, would have been done. We would say that we're pretty clear on hearing from our constituency that there needs to be changes made.

The charter was designed to be a living charter. It was designed to be reviewed. It was designed to be improved when there were shortfalls. Address them. It seems pretty simple to me.

Mr. Ronald Cundell: I did deal with the fallout from Bill C-55 in our virtual community.

As I told you, it's a website, open forum, so people could have input. The input was that you're not living up to the way you sold the new Veterans Charter to us. It's not a living document. We're going on nine years and you've only done three improvements, three. That is not a living document. If it is, pull out the paddles, because it's time to bring it back to life.

The ombudsman's report is thorough, in the present and in the now. Then after you write your report and the implementations are done, there are going to be other problems; hence, it's classified as a living charter, as told to us by Mr. Stoffer, consulted by Mr. Stagg, when they brought this out in 2005. It's a living charter.

As I said, you are acting in a procrastinating manner. You're not turning it out fast enough. The veteran community is very upset at the lack of efficiency of these committees and the way you're ignoring our ombudsman, who is methodically going through this in a non-partisan manner.

Dr. Alice Aiken: We put an academic on the ombudsman's team, so he was able to really structure his report soundly.

The Chair: You have a little bit of time left, very little.

Mr. Parm Gill: The other question I was going to ask is for Ms. Aiken.

You mentioned in your remarks about the research forum and the success it had. I'm wondering if you could talk a bit more about that, please.

Dr. Alice Aiken: Certainly.

Every year in November we host the Military and Veteran Health Research Forum. We typically engage well over 400 stakeholders, who are academics, military veterans, the whole group.

It has rapidly become the premier event around the world now for military and veteran health research. Last year we had over 10 countries represented. What we do is bring front-line cutting-edge research to the fore, so it can be taken forward and implemented into policies, practices, and programs that are going to have an impact on veterans in the next six months, two years, five years, immediately. It's not a lot of bench science, which is great and well funded and is needed, but we really work at the clinical knowledge translation end of the spectrum so that we can make an immediate impact and a difference in the lives of veterans and their families.

The Chair: Good. Thank you very much.

Now we turn to Mr. Valeriotte, for six minutes, please.

Mr. Frank Valeriotte: Thank you, Mr. Chair.

Valeriotte, as in chariot. I always have to do that.

The Chair: All right, please proceed, Mr. Chariot.

Some hon. members: Oh, oh!

Mr. Frank Valeriotte: I welcome anything, believe me.

To the witnesses, thank you for appearing, and I hope you don't mind my calling you by your first names. I come from the agriculture committee, and in typical rural friendly fashion, everybody is called by their first names. I'm going to ask Chris or Phil the first question, then Alice, and then Ron.

Either of you can answer the first question. It is about what I understand from your presentation is an inadequacy or gap in transitional programs for our serving members transitioning into their role as veterans. A lot of them are young, have come in and out during their twenties, and they've really sacrificed their best learning years. As I understand it, one of the better ways to aid them is to help them with skills training to help them find jobs. A job would relieve so much pressure. Imagine the emotional and psychological impact of having a job. I would like you to comment, after I ask the other two questions, about the adequacy of those transitional programs.

Alice, you talked about your interest in health care. Again, as I understand it, there is a reasonable health care service for our acting members of the forces and for their families.

A voice: [*Inaudible—Editor*]

Mr. Frank Valeriote: Okay, well you can comment on that as well.

Then there is an even greater gap or deficiency and breach of continuity when they leave the forces and become veterans and go to a severely diminished service by comparison. I would like you to comment on that, especially on the effect on people who have PTSD and may not even know it, or have PTSD, are being treated for it, and then lose that treatment when they leave the forces and become veterans.

Ron, I keep hearing words like “social covenant” and “sacred obligation to care for veterans and their families throughout their lives by allowing them to maintain a quality of life that is worthy of the sacrifices that they have made for Canada”. That has a specific meaning for me. It means we have to look after our veterans. We have to maintain a quality of life so that, as you say, they don't wind up on the streets after turning 65.

Do you feel that the new Veterans Charter has been applied in a way that this feeling, that sentiment, actually manifests itself in the programs that are offered?

Should those words be included in this legislation in a preamble of sorts, and what would they mean if they were?

Chris or Phil, could you go first?

• (1605)

The Chair: I'm going to have to ask you to be very succinct, please, because we used half his time up for the question.

Mr. Chris Linford (National Ambassador, Wounded Warriors Canada): I think there are some issues definitely with transition programs, especially for young veterans who are injured. Some of them are still getting their brains wrapped around the fact that their lives are profoundly changed.

There is an issue with stigma. Everybody knows the big word “stigma”. Veterans are stigmatized, especially on mental health issues, not just within the military environment, but across Canadian culture in general. If we could address some of those issues, I think it would help a great deal in allowing veterans to feel comfortable enough to come forward for transition training.

There are some shortfalls in that as well. As everyone knows, there are some agencies out there right now that try to provide some

transition training, but I think overall they have been only marginally successful in a very limited fashion. I think some more work needs to be done there. I would say the vast majority of work needs to be done on de-stigmatizing the kinds of injuries that prevent veterans from stepping forward to ask for help.

Mr. Frank Valeriote: Okay.

Alice.

Dr. Alice Aiken: In the military, the military members are cared for by the military; families are not. Families are at the mercy of provincial health care systems. When people are released from the military, they go out into the provincial system as well. You called it vastly inferior. I'll leave that to you to discuss with the provincial premiers.

I do think that the military medical service is—

Mr. Frank Valeriote: I'm talking about mental health.

Dr. Alice Aiken: Okay.

Specifically, the problem is that once you are released from the military, if you have not suffered an injury, you're not a client of Veterans Affairs. We estimate that there are about 750,000 veterans in Canada. Veterans Affairs has about 130,000 clients. There is a vast array of veterans that we know nothing about, people we would never identify as veterans and who may never come forward that way.

When I got a family doctor when I released from the military, she didn't ask me if I was a veteran. I guess I don't look like a typical veteran. We would have no way of identifying that; or I should say, we had no way of identifying that. I've worked with a research team diligently so that we finally will be able to identify it in the Ontario health database, and we'll start analysis soon. That, I think, will make everything change. We really have absolutely no way of knowing, because nobody keeps track of veterans once they're out unless they have been injured.

Quite honestly, if you do go back.... I recently received a not great diagnosis, went into Veterans Affairs, and the doctor said, “That wasn't because of your service. See you later.”

• (1610)

Mr. Frank Valeriote: Okay. Right.

Ron.

Mr. Ronald Cundell: Welcome to VRAB.

The opening statement in the Pension Act was a social covenant. If it was good enough for the Pension Act, why isn't it good enough for the new Veterans Charter? Of course it belongs in the new Veterans Charter.

We joined the military because we believed in our country; we believed in our democracy and in our way of living. Look at this way: you broke 'em; you bought 'em. Okay? The problem is you broke 'em, and now you're selling 'em off and throwing 'em out. They get a pat on the head, a lump sum, and a “see you later”.

VAC does not keep track of suicide rates. VAC doesn't keep track of the non-members.

An injury is diagnosed and she has to fight.

It's controversial. You do have a social covenant with us. We did your job. We went where you wanted us to go. We're not asking for the world. We're asking for respect, and we're not getting it right now. That's why you have the Equitas lawsuit right now.

To sum it up, you broke us; you bought us. Don't abandon us. Put it in the new Veterans Charter. There is a social covenant.

Mr. Frank Valeriote: Thank you.

The Chair: Thank you very much.

We now go to Mr. Hayes, please, for six minutes.

Mr. Bryan Hayes (Sault Ste. Marie, CPC): These questions are going to be directed to you, Ron.

I actually took your advice and went on to your website and did a somewhat comprehensive review of the website.

First, I went to your information section, and I looked at the new Veterans Charter. That section goes to the Veterans Charter of 2006, which is fine, but what I was looking for is the flow of how I would get to the area that spoke to some of the new enhancements that were made, i.e., I was looking specifically for the \$75,800 that was recently put in towards university education and retraining. I had difficulty finding that.

I'm wondering how you ensure your information is current and relevant. Was I just missing that, or was that information not available?

Dr. Alice Aiken: Can I make one comment just to start?

When I did the review of the new Veterans Charter—I'm a veteran with a Ph.D.—

Mr. Bryan Hayes: My question was for Ron.

Dr. Alice Aiken: —and it's very difficult to read through. That's just a comment. I found it difficult to figure out.

Mr. Ronald Cundell: Further, we update our website as VAC updates theirs. Did you search VAC for that info?

Mr. Bryan Hayes: No. You heard my question. I can't say whether I did or I didn't.

Mr. Ronald Cundell: What I'm saying is we can only update what is provided for us. The Veterans Affairs website, it's a FUBAR, okay? It's a cluster. We can only update as fast and as best as what we can get.

Mr. Bryan Hayes: But you provide a lot of information—

Mr. Ronald Cundell: Yes, we do.

Mr. Bryan Hayes: —not just on the new Veterans Charter. There is information about numerous things.

In terms of your threads, I looked at some of the discussion topics.

Mr. Ronald Cundell: You mean on the CSAT?

Mr. Bryan Hayes: I mean on your website. You had a section on discussion topics. One of the thread titles was “Frustrated? Fed up with the system? Have an opinion about political parties? This is the place to 'voice' your opinions.” I accept that.

I was looking for an area that might have a thread titled “There's currently a study being undertaken by the Standing Committee on Veterans Affairs on the Veterans Charter. We would like to have your feedback on what you would like to see included.” I didn't really see that.

How do you choose your thread topics? Who determines what your thread of discussion is going to be?

Mr. Ronald Cundell: I do. I go by the e-mails that are sent to me. They ask me questions, and I try to get them the information as best as I can. I pick up the phone. I don't care who I have to phone. That's how we create the threads, and we're always changing that. We overhauled our website since our service provider was charging us too much money for our periodicals. We're just three veterans funding it.

Mr. Bryan Hayes: Fair enough. In terms of your moderators, I looked at some of the threads, and I saw a “bigrex”, and a “little rock”, and a “Rags”, and there were probably a few others. How are your moderators chosen? Do you do a background check?

• (1615)

Mr. Ronald Cundell: Everybody's a moderator. I'm the overall decider. There are three rules of CSAT: do not attack a vet; watch your language; and don't make threats against anyone. I have banned members for threats, for language, and for anarchy statements, let's say. I decide who is on and off. When you join, you're a moderator.

Mr. Bryan Hayes: There was a statement made that I read and I didn't feel it was appropriate, so I would like to get your thoughts as to why it stayed. The statement was:

The closest thing this idiot ever came to trenches is maybe in the form of a coat. He probably wore a Fedora as well and pretended he was Inspector Clousseau.

To me, that's not beneficial. That's not—

Mr. Ronald Cundell: Could you frame what the discussion was about?

Mr. Bryan Hayes: It was specific to statements made by Minister Fantino. He released a statement recently. It was posted on your website and this was one of the responses to that statement. It goes on to say:

You know that any review they conduct will only be influenced by partisan politics and go out of its way to dispute the OVO's findings, so that they can keep saving money on the backs of real Veterans.

To me, that's this committee and that's our minister that's being referred to. I would hope that isn't a shared sentiment, because I take my position and my role on this committee very seriously. We're taking very seriously the study that we're all doing. I hope the outcome and the recommendations that we make will be taken very seriously. It disturbs me to see a negative thread, a negative opinion like that allowed to stay.

Mr. Ronald Cundell: First of all, there's freedom of speech and freedom of opinion. You don't know what that individual's mind is like. What you read was probably a comment from an individual with PTSD, chronic depression, or any other form of mental health problems that they developed while in service.

Mr. Bryan Hayes: Are your posters anonymous, or do they—

Mr. Ronald Cundell: Yes.

Mr. Bryan Hayes: They are anonymous.

Mr. Ronald Cundell: It's an open forum. It's anonymous.

Mr. Bryan Hayes: Have you put any consideration into eliminating anonymity?

Mr. Ronald Cundell: No.

Mr. Bryan Hayes: Why not?

Mr. Ronald Cundell: We want them to talk. If they don't talk, they sit in their basements and they just let it stew and build, until they erupt and decide to commit suicide or commit a crime, decide to just get drunk, or financially destroy their families. Anonymity on our website is respected because it gives them a chance to vent. They don't go out and physically do it.

Now, they know the work that goes on here and they just showed....You've been having these committees. This is the 17th meeting. It's been four and a half years since your last change to the new Veterans Charter. They're getting frustrated.

You are not proving it's a living document and they're making a statement. They're allowed to. It's the same as if someone was out on Parliament Hill yelling about what you're doing. Would you address that individual face to face with what you just said to me?

Mr. Bryan Hayes: I would address anybody face to face, quite frankly.

Mr. Ronald Cundell: So you wouldn't fear an individual who's, say, on the lunatic fringe?

Mr. Bryan Hayes: As a member of Parliament, people walk into my office every day and I address them face to face.

Mr. Ronald Cundell: So all you read there—

The Chair: I'm afraid we're going to have to bring it to an end, because we're past the time.

Monsieur Chicoine, for six minutes.

[Translation]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you, Mr. Chair.

I also want to thank the witnesses appearing before us today. Their participation will help us carry out this study.

We also had four witnesses at our last meeting. I asked them whether the Minister of Veterans Affairs had enough data and reports to immediately prepare a bill to improve the New Veterans Charter.

Do you also think that the minister already has enough recommendations to begin working on a bill to improve the New Veterans Charter right away?

[English]

The Chair: Is that for everybody?

Mr. Ronald Cundell: I'll answer first.

Yes, you do have enough information in your possession right now. You can't fix it all at once, okay? I respect what Mr. Hayes said, but if you think you can find a magic potion to fix it all at once, you're delusional. I'm sorry, but you are.

This is a living charter. Take the information that you have from the ombudsman. Write the report, let it happen. Read the fallout and let the ombudsman do his job again, and then you move forward. This is a living charter, continual, always forward momentum.

As for Dr. Aiken and Agent Orange, depleted uranium, information comes up over time, and things always change. You can't fix it at once.

You do have enough information right now to start. Mr. Hayes, you have to gain the respect back from the veterans community and prove to them this is a living charter, so please act upon it.

• (1620)

Dr. Alice Aiken: I agree there is enough information out there. The first report from the new Veterans Charter advisory group recommended over 200 changes to the charter, which were not done. I think you have a lot of information there you can go on.

Mr. Ronald Cundell: The second report? Because you didn't like the first report, the gerontological report? You have over 400 recommendations and a very non-partisan review.

Mr. Chris Linford: I just retired after 32 years of service in the armed forces. I've done a few missions and a few unsavoury types of things that the Canadian government wanted me to do. We often operated on the 80% solution. I think you guys could do that too. There's room to come back to it later as it evolves.

[Translation]

Mr. Sylvain Chicoine: Mr. Chair, since all the witnesses who have appeared before the committee agree unanimously on this matter, I would like to put forward the following motion:

That the Committee ask the Minister of Veterans Affairs to bring forward, as quickly as possible, a bill improving the New Veterans Charter based on the various reports already prepared in this regard, without waiting for the study findings.

[English]

The Chair: Excuse me for a second, but I have to make sure it's a notice of motion. If you don't mind, he is going to check if we deal with it today, or if we have to wait for the time period to do it at the next meeting.

Do you want to carry on? Of course you can't carry on if this is your motion.

Voices: Oh, oh!

The Chair: All you have to do is run for elected office and you'll get a chance to be on this wonderful committee.

Mr. Ronald Cundell: Do you really want me in this business?

The Chair: If the public wants you here, absolutely.

I just want to clarify that we have a notice of motion. Our rules state that we will deal with that once the time allotment has gone by, so we'll be able to deal with that in two days' time.

Thank you very much. We'll move on.

[Translation]

Mr. Sylvain Chicoine: In that case, I will ask the following question.

[English]

The Chair: You have a little time left.

[Translation]

Mr. Sylvain Chicoine: Wives of veterans have told us that there wasn't really any assistance for veterans' families.

Do you agree that much more assistance could be provided?

[English]

Mr. Chris Linford: Yes, thank you.

I was impacted by PTSD 20 years ago this summer. I was on the same mission that Senator Dallaire was on in Rwanda. It took me 18 years to figure out it wasn't all about me. The impact on my family, my wife, my children was profound. They are now all in care for themselves, finally.

The Veterans Charter needs to address that. It did not escape me that when I was going through therapy for PTSD, when it finally clicked in my head that my family had been affected and I started to open that dialogue with my family and they started to get help, their voices were heard for the first time by me and by the local medical community. As they finally felt safe to go forward and get help, my health increased incredibly, my health. When my relationships with my wife and kids started to improve, that saved my life, literally. I'm not being dramatic. It saved my life to have those relationships saved.

It would be incumbent on me and important for VAC, for the Veterans Charter, to address that particular issue in depth and very clearly that care for the family is as important as care for the veteran. We can no longer treat the veteran in isolation.

• (1625)

The Chair: Well said. Thank you very much.

We now go to Mr. Hawn, please, for six minutes.

Hon. Laurie Hawn (Edmonton Centre, CPC): Thank you, Mr. Chair, and thank you all for being here. I echo what you just said, Chris.

I want to start with Dr. Aiken. Following up on your research on the support for families, do you have any specific recommendations for measures in the Veterans Charter in relation to the whole concept?

Dr. Alice Aiken: One of the specific recommendations about the Veterans Charter is that families only have access to any of the programs in it via the veteran. If the veteran has not identified as having a problem, but the family knows it—as I'm sure many people will tell you, the family recognizes it first—they have no way of accessing Veterans Affairs.

To start with, it's an issue of access. The programs that can be transferred from veteran to family are a fabulous idea. That's a great idea; there's no question about it. But if you can't access it until the person who was serving accesses Veterans Affairs, you may never have access to that. I think access is a big issue.

We've started studies now with regard to the mental health of children of military families. We know that in centres that have specific children outpatient centres, children of military families

present more frequently than children of non-military families with stress-related symptoms: headaches, stomach aches, and mild stress-related symptoms. We now have research teams right across the country looking at that and seeing what they can do.

Hon. Laurie Hawn: I may be wrong in this, but I was of the understanding that a spouse could approach VAC directly with an issue. If that's not correct, then obviously—

Dr. Alice Aiken: No, they can't—

Hon. Laurie Hawn: —that would need to be spelled out very specifically.

Dr. Alice Aiken: —because there's no file number. The only way you can contact VAC is with a file number, so if the person has not identified to VAC, the family can't access it.

Hon. Laurie Hawn: I wanted to go back to this. One of the big challenges is access. It's access, it's communications, and it's burden of proof. It's a whole bunch of things. We have a private member's bill in the works that hopefully will address some of that. It's to do a couple of things.

One is to break down the communication barrier between DND and VAC, which is neither department's fault. It's the Privacy Act that gets in the way. The essence of the private member's bill is to take away that barrier so that DND can transfer and must transfer information directly to VAC, so you don't have to wait and go through the access to information office to get your own information.

The other thing we're trying to put in there is that the member must get, if he asks for it, a copy of his medical file. DND can keep the original, which they have to for a variety of reasons, such as archive purposes and so on. If the member has a copy of his or her medical file, then obviously it speeds up their transition to VAC. Or if they're not a VAC client and they're just going out into civvy street and seeking out a GP, having their own medical file obviously would make that transition much easier, I would think.

Dr. Alice Aiken: One of the things that all provinces now have—General Natynczyk ensured that this happened—is that as a member of military, when you release from service, you don't have the three-month waiting period to get your health card in going to a new province. They all have access to provincial health systems, and we actually know that veterans are better at finding family doctors—

Hon. Laurie Hawn: Sure they are.

Dr. Alice Aiken: —than the general public.

Hon. Laurie Hawn: What I'm talking about is the medical file.

Dr. Alice Aiken: You know, I got out healthy, and my medical file was that thick—

Hon. Laurie Hawn: I understand—

Dr. Alice Aiken: I'm pretty sure my family doctor never read it.

Hon. Laurie Hawn: No, maybe not, and I was in the same boat, but they accidentally gave me mine so I kept it.

Obviously, having your own medical file would be helpful.

Mr. Ronald Cundell: May I answer that?

Hon. Laurie Hawn: Sure.

Mr. Ronald Cundell: The member releasing should and must have that medical file, and it's not for a family doctor. It's for what the doctor's going through now: she has a condition and now she has to prove it. Now she has proof where she was—

Hon. Laurie Hawn: Yes. That's my whole point.

Mr. Ronald Cundell: Also, you should include the UER.

Hon. Laurie Hawn: Yes.

Mr. Ronald Cundell: The UER should also be included so that VAC and the VRAB know where that member served, what they were exposed to, and the conditions they worked in.

Hon. Laurie Hawn: That's the unit employment record.

Mr. Ronald Cundell: Yes, the unit employment record. Sorry, sir.

Hon. Laurie Hawn: No, that's my—

Mr. Ronald Cundell: But it's to help you down the road.

Hon. Laurie Hawn: Yes, but as you say, you now have a condition. If you had had your file from day one, it would probably be easier for you to prove your point.

Dr. Alice Aiken: Yes. I'm not sure I'm going to go through the hassle, but—

Hon. Laurie Hawn: No, no, but the point is that you should have it from day one.

Dr. Alice Aiken: I did. I gave it to my family doctor and she still retains it. I think that's all there.

Hon. Laurie Hawn: I wanted to talk a bit to Wounded Warriors.

You mentioned the requirement for skills and so on in order to transition. We recently announced some changes in terms of putting various types of veterans at the head of the line for public service hiring and so on. There's \$76,000 in a retraining allowance that was announced about five months ago, and now we've extended the period for them to qualify to be at the front of the line to five years. Do you see that in a positive light in terms of we have some resources now for the guy to get retrained and we've given him more time to get retrained, so there's a better chance that he will find that transition successful?

• (1630)

Mr. Phil Ralph: Oh, we certainly don't see it as a negative thing. It's a step in the right direction.

But you have to realize what happens particularly when a veteran is being released who had planned on a long career. Because of their service or something that happens, now they're medically released. They're not exactly thrilled with the employment of the Government of Canada, and then the transition plan of the Government of Canada in these announcements.

I mean, it's all well and good, and it's well intentioned, I think, to want to employ them and get them well employed. But you're going to ask them to come back and be employed with the Government of Canada, who they've already had a little bit of a problem with.

Even on the skills transition, take a 23-year-old infantryman who's trained to drive a LAV and shoot a machine gun. Even when you have those skills transitions, early identification is important. Then it's getting the skills necessary to transform and to transition into a job that has meaning for them. You can talk about the front of the

line, and the hiring, and those kinds of things, but they won't be hired if they don't have the skills.

Hon. Laurie Hawn: That's why they get \$76,000, to learn those skills, to train for those skills. That's the whole point of the program.

Mr. Phil Ralph: Yes. So the transition, and early identification....

What happens with a lot of guys, especially guys who are struggling with medical issues, and especially if they're mental health issues, is that they're delaying their decisions. Their SISIP is ticking. The clock is ticking. They haven't quite got to the point where they are....

We need to find a way to intervene earlier and more effectively with these individuals so that they can transition to meaningful employment, which will bring in a whole host of better feelings about themselves, taking care of their families, and a whole bunch of health issues that are related to that.

Hon. Laurie Hawn: These are all part of a much bigger situation, but these are all positive steps.

Mr. Phil Ralph: Yes.

Hon. Laurie Hawn: Okay.

The Chair: Laurie, we're quite a bit past your time, so we have to move on; sorry about that.

We'll now go to Mr. Lizon, please, for six minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): I would like to welcome all the witnesses and thank them for coming here.

To all the veterans who are present, as usual, thank you for your service.

Before I ask my question, I have a general comment just continuing on from what Mr. Hayes said.

Mr. Cundell, I understand your strong views. However, I chose to be on this committee. I wasn't assigned the committee. The reason I chose it is this. I wasn't born in this country. I grew up in Poland. My grandfather fought in the First World War. I remember him; he was missing his right arm. I had a lot of relatives who fought in the Second World War. I grew up in an environment that respected veterans, and I think that continues here.

We conducted a study of the charter. That was ordered by the minister, or the minister asked us to review the charter.

I understand your opinions. You have very strong opinions. But you are one of the voices. We had witnesses here, and they don't necessary have exactly the same opinion as yours.

As well, before the summer last year we did conduct a study to compare the benefits of veterans in different countries. I can tell you, and probably you know this, that we are doing pretty good. Of course we can and we should improve. Therefore, on the charter I think there's a way to improve it, but I don't think anybody's opinion should be taken at face value and implemented right away. That's why we're having the discussion and the meetings. This will be reported to the cabinet in good faith.

And you know, you talk about respect; I'm old enough to say that it works both ways. It always works both ways.

As for the website, you know very well that on any forum where people don't have to provide their names, the things they write can sometimes be just so disrespectful. It's only because they don't have to provide their names, or they would probably never write those comments.

Sometimes people write very good negative comments, just to get a change, but to write something that is absolutely out of this world.... Sometimes people use this and abuse the privilege of the fact that they don't have to give their names.

That's my general comment.

•(1635)

Mr. Ronald Cundell: Have you gone to VeteranVoice? Have you checked—

Mr. Wladyslaw Lizon: No, I—

Mr. Ronald Cundell: Mr. Hayes picked one comment out of over 300,000, and it is unfair for you to take away that person's freedom of speech.

Mr. Wladyslaw Lizon: No, no, I'm just talking in general terms.

Mr. Ronald Cundell: So am I.

Mr. Wladyslaw Lizon: I'm not talking even about your forum. I'm talking about general forums that I've seen where people who don't have to give their names abuse that privilege. That's all I'm saying.

Mr. Ronald Cundell: We also have a lot of postings on the CSAT that are very positive for government, for the system, and for each other. Mr. Hayes picked one comment and yet there are thousands of other excellent comments that are done.

So I think it was a little unfair for Mr. Hayes just to point out one comment from our website.

Mr. Wladyslaw Lizon: I'm not attacking you or the website. I'm just saying—

Mr. Ronald Cundell: Well, I'm sorry, sir. That's the way you're coming off to me.

Mr. Wladyslaw Lizon: No, no, I'm just saying in general terms on any forums that are public.

The Chair: Could I suggest we get to a question, please.

Mr. Wladyslaw Lizon: Anyway, Dr. Aiken, I would like to ask you about your research and the program that you have, the courageous companion dog. Could you elaborate on this? Are these dogs specially trained, similar to seeing eye dogs? How does it work?

Dr. Alice Aiken: We operationalize a large research contract for National Defence and Veterans Affairs and the Minister of Veterans Affairs recently contracted us to pull together a pan-Canadian research team to look at the issue of service dogs, what we know, and what would be the way forward for Canada.

That report was just released to the minister's staff yesterday. In short, there isn't a robust body of literature about service dogs as compared to companion animals. However, there is some very great merit in moving forward with research in that area and in particular, in researching the people who currently reside in Canada and have psychiatric service dogs.

Mr. Wladyslaw Lizon: But—

The Chair: Mr. Lizon, we're just about at the end.

Mr. Wladyslaw Lizon: Just a quick question. What's the difference between owning a service dog and just owning a pet?

A voice: A great deal.

Dr. Alice Aiken: Yes, absolutely, and in the literature it's very well defined, looking at a pet as treatment versus looking at a pet as a companion. It's actually part of a regimented treatment program the same way an antidepressant would be. It's prescribed. It's mandated. It's very specific.

Mr. Wladyslaw Lizon: Thank you very much.

Dr. Alice Aiken: You're welcome.

Mr. Phil Ralph: Mr. Chairman, may I have one moment on this question? As the largest national provider of funding for service dogs in Canada, we just graduated our hundredth service dog at a ceremony right here on Parliament Hill. I can tell you the testimonials of the veterans who have service dogs. I have two lovely shelties at home and they keep me company. They're wonderful pets, but they're not service dogs.

We are all familiar with what a service dog for the blind is; it helps the person see. The service dog is in tune with how the veteran is feeling, how the veteran's anxiety level is, and what the triggers are. They are working towards very robust national standards. We're happy that the Department of Veterans Affairs has commissioned Dr. Aiken and her team to do the study, and we look forward to the results of the study. But we can say, from our point of view, that we wouldn't have funded it if we hadn't seen that it was very effective.

•(1640)

The Chair: Thank you very much.

Mr. Phil Ralph: It's expensive.

The Chair: Yes.

Mr. Rafferty, please, for six minutes.

Mr. John Rafferty (Thunder Bay—Rainy River, NDP): Thank you, everyone, for being here.

I have a service dog question, but it will be my last one because I have other ones set up too.

Dr. Aiken, many veterans, of course, are unaccounted for, as you indicated in your statistics. I wonder if it would make a difference if, as soon as a member is released, that person is automatically considered a client of Veterans Affairs. In other words, they are given a file number and so on, even if they don't use the service for 10, 20 or 30 years down the road. This also brings up that it might also solve the problem of access for families, because there is a file there.

Do you have some quick thoughts on that idea?

Dr. Alice Aiken: Yes, I think that's great. To my knowledge, nobody has my service number or will ever get it, so I don't see any reason that we couldn't just carry our service number forward to become a client of Veterans Affairs, with that same number between the two departments. You're right; it would solve the access problem for families as well, because you're already a client of Veterans Affairs.

One of the big, big issues is that a lot of people don't consider themselves veterans, even though by Veterans Affairs definitions they are. They say, "Oh yes, I served in the military." I've had people say to me, "Yes, I was in for 30 years, but I'm not a veteran."

Mr. John Rafferty: Does that mean better counselling as people are leaving service?

Dr. Alice Aiken: Certainly.

Mr. John Rafferty: In terms of access and families, all of my questions are on families, actually, and I'd like to get to them if I can.

There's also another private member's bill coming to the House shortly that will essentially say that for two years after release from the armed forces, that service person and their family will have access to military health services as they get resettled wherever they are, if they need that. I just wonder, quickly, if I could have your thoughts on that, because you're not the first group of witnesses who have talked about families and how they're neglected, really, and it's unfortunate.

Mr. Chris Linford: I'd be happy to answer that one.

I worked for the last 25 years in health services. We gave up—well, it was dropped from our mandate—dependant care, years ago. Almost 25 years ago it was dropped because it was not sustainable from an operational perspective. To think now that we would have to go to a model of where we would take on dependant care post-service, it's not feasible. We're not prepared for it.

Mr. John Rafferty: Are you talking about financially feasible, or feasible for the family?

Mr. Chris Linford: Operationally feasible. We don't have the personnel. We barely have the personnel now. After eight or nine years of kicking up the sand in Afghanistan, the sharp edges of Canadian Forces health services are all broken off, let me tell you. It's a very, very tired service after multiple tours in war zones with a lot of broken people. Merely, they are actually part of the bow wave of PTSD and other operational stress injuries that we'll be talking about for a decade to come.

If you try to mandate them to take on dependant care at that point, I think you're looking at a titanic situation.

Mr. John Rafferty: I wasn't really suggesting mandating. I was just simply suggesting that if it's needed, that service would be there.

Mr. Ronald Cundell: There'd be a heavy reluctance by military members. They'd say no, because if the spouse could go in and get the help and complain about her husband, and he's still serving, his career would be in jeopardy. Now you might possibly have an abuse situation in hand, because the husband would be upset that the wife said, "My husband has signs of PTSD, but he's still in the military."

Mr. John Rafferty: I was talking about after leaving the service.

Dr. Alice Aiken: I don't think the system is actually set up for that. I think their operational focus has to be on the serving member, because their mandate is to provide the exact same quality of health care, whether in garrison or deployed. Once you dilute it by adding in families, I think that is well outside their mandate.

Mr. Ronald Cundell: Also, beyond retirement, if you take care of the veteran in that two-year period, your fallout will be a better, open conversation between spouse and spouse. They'll be able to talk about the situation without the pressures of the job, and all that. It will open up communication lines between the two. But take care of the one who served first, and see the ripple effect.

• (1645)

Mr. John Rafferty: If I read you correctly, then, access to health services for two years after leaving the service for the member would be a worthwhile—

Mr. Ronald Cundell: Personally, I think it should be 20 or 30 years, for life. You have to remember in the military—

Mr. John Rafferty: Before using provincial services and other services....

Mr. Ronald Cundell: They're closing down all the hospitals. There are no real military hospitals left. Ste. Anne's closed. About the only one that's left is.... There are very few. You're closing them down because of cost. As great as you might think it would be, it's a hard endeavour.

Mr. John Rafferty: Thank you.

Mr. Chris Linford: If we're into problem solving here, I think a better solution is to create a more streamlined transition between Canadian Forces health services and Veterans Affairs Canada for the services that can be provided. Right now it is not that streamlined.

Canadian Forces health services have lots of clinical resources that they can implement at any given time.

Take my own case for PTSD. I had the best care available in Canada at a mental health clinic in Victoria, B.C. Transferring over to VAC now, they have to contract for everything, so what are the chances that the quality of the therapy that I would receive is adequate? They'd like to think it is, but in reality, it just might not be.

You said you were concerned about the family. My family was entitled to some care through health services while I was being seen for PTSD, but now that I am through to VAC, it is a different set of rules. They also have accepted and registered therapists who can be accessed. If my family was already in therapy with me through health services and I transfer over to VAC there's a good chance I can no longer use the therapist I've been using for my family for two years. Imagine the stress of that if all of a sudden you have to start over.

Mr. John Rafferty: Having to start all over again, sure....

Mr. Chris Linford: That needs to be streamlined.

Mr. John Rafferty: Do I still have some time?

The Chair: No. Thank you very much.

We'll go now to Mr. Galipeau, please, for six minutes.

[Translation]

Mr. Royal Galipeau: Thank you, Mr. Chair.

Most people at this table are much more deserving than I am.

[English]

I want to thank you all for being here. I want to thank you mostly for what you did before you got here. If we had time, I'd ask you to describe all those medals. I hope that I would learn from that.

Mr. Ronald Cundell: I'm available afterwards.

Mr. Royal Galipeau: I'm not a veteran. I'm just the son of a veteran.

I've only been here for six months and for a time part-time.

I well understand my role at the end of the line here, so I'm not going to use the few minutes that I have to score points, but to learn more from you.

There was a bit of a tug on the issue of anonymity. I listened to you, Mr. Cundell, very carefully, about the protection of anonymity for people who confide on your website.

When you see that a correspondent is in particular distress, are you equipped to help that person, or does it just stay there?

Mr. Ronald Cundell: One thread is called Therapy Corner.

•(1650)

Mr. Royal Galipeau: Yes.

Mr. Ronald Cundell: Therapy Corner is where guys can go and help. We have an ability to private message those individuals. When I talk about veterans taking care of veterans, it's working on our CSAT forum.

I'll guarantee that someone sent a private message after that comment about Mr. Fantino because it was only the one comment and then that was it.

If there's a veteran in distress, I have helped them personally and guided them towards the 24-7 line; I've used the Princess Patricia's help line; I've used C.A.V., the Canadian Army Veteran Motorcycle Units. We find them. We approach them. We help them because they will open up to me or another veteran faster than they will to a doctor, police officer, or anybody else.

Mr. Royal Galipeau: A white coat....

Mr. Ronald Cundell: Exactly. They'll come to us. I have private messaged many of the people in CSAT and said, "What's going on? You need help." They respond in just and kind and hence the creation of Therapy Corner. I wish you would read that, Mr. Hayes, because there's a lot of all positive comments.

Mr. Royal Galipeau: He is finished his time.

Mr. Ronald Cundell: Yes I know, but one comment.

Mr. Royal Galipeau: When the charter was crafted, during the 38th Parliament I think, how many of you were consulted?

Mr. Ronald Cundell: Six groups were consulted, sequestered in a room, given the briefing, and told to sign a letter of confidentiality. There was no extensive consultation like there was for the Pension Act in 1921. It was created in the 1940s.

This is a bureaucratic bill. It was created by VAC bureaucrats, handed to Minister Albina Guarnieri at the time, and she ran with it. She dropped it on the flight to the 60th anniversary of D-Day, when all the parties, including the Bloc, were on the aircraft. There was no veterans consultation, and if we were asked, it was disguised. When it came out, I said, "Where the hell did this come from?" I was heavily into monitoring veterans situations at that time. The first time I read about the new Veterans Charter being implemented, it was like, "Surprise!"

Mr. Royal Galipeau: I've also heard comments about the closures of veterans hospitals. I became most aware of these closures as a result of the 1995 budget. I forget which Parliament that was, but it was a few back. Of course, the one I was most aware of was here in Alta Vista. I think it's an office building now.

Then again, I was at the turning of the sod for the opening of the military hospital annexed to Montfort. That happened in the summer of 2006, and I was at the official opening too. How's that working out?

Mr. Ronald Cundell: The closing of all the—

Mr. Royal Galipeau: Never mind about the closing; we know how that's not working out. I mean the new hospital. How's that working out?

Dr. Alice Aiken: That's just for serving members.

Mr. Royal Galipeau: It's only for serving members

Mr. Chris Linford: It replaced NDMC as a clinical facility.

Dr. Alice Aiken: It's not for veterans.

Mr. Ronald Cundell: That's a CF question, Canadian Forces.

Mr. Chris Linford: It's very pretty.

Mr. Royal Galipeau: Have I finished my time?

The Chair: You have. Unfortunately we have to go by the clock and we're past the six minutes, so yes.

That would end the round.

There is a point of order from Mr. Stoffer.

Mr. Peter Stoffer: It's a point of order to provide information regarding service dogs.

There is a great YouTube hit from the Dutch government on service dogs. Just enter "Dutch service dogs" on YouTube. It's about a minute long. It's the most powerful minute I've ever seen on YouTube. It is amazing. It'll blow your socks off to see that. I just highly recommend, if you haven't seen it, the YouTube video on Dutch service dogs. It'll make you cry. It made me cry. It's in English.

A voice: You have access to YouTube?

Mr. Peter Stoffer: My wife showed it to me.

Some hon. members: Oh, oh!

The Chair: Before this totally disintegrates, I would point out that we have been exposed to a number of members with dogs. I think it was Médric Cousineau who was in. There was one with him. We certainly have heard some commentary about how good.... As a matter of fact one of the questions then was how you put a price tag on what it saves the department by having a service dog. That was one of things that I think struck a lot of the members, recognition that different types of services that are out there are probably very worthwhile.

Anyway, that ends our rounds of questions. I do want to thank all of you very, very much. I'd also indicate, as I've been reminded again, that if you have anything you'd like to submit that hasn't been submitted as a response to any of the conversations, that would be very, very helpful.

No matter how candid it is, Mr. Cundell, we certainly do welcome that, because we understand the severity of what we're trying to deal with here.

Also, I think we've had reports in from everybody. If you didn't, could you give us a summary? I know we'll get it on tape, but could you give a summary of the highlights of what it is you're trying to make as recommendations? It's very important to us to make sure they're recorded correctly, so if you haven't done that, we'd appreciate your sending something along in that regard as well.

Having said that, I want to thank everybody for joining us, all the veterans and particularly our witnesses today. I think it was a very helpful round.

With that being said, we're done for today. Thank you very much.

The meeting is adjourned.

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