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Chair

Mr. Neil Ellis

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• (1105)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good morning, everybody. I'd like to call the meeting to order. This is meeting 74, and pursuant to Standing Order 108(2), study of barriers to transition and measurable outcomes of successful transition.

We have two panels today. On the first panel we have Nora Spinks, chief executive officer of the Vanier Institute of the Family. On video conference we have Oliver Thorne, executive director of operations, Veterans Transition Network. Also, we have Mark Fuchko, who is a retired corporal.

We'll start with our witness testimony, and we'll go to the video conference as we have a clear picture right now, and we'll start with Mr. Thorne.

Mr. Oliver Thorne (Executive Director, National Operations, Veterans Transition Network): Thank you very much for the introduction. Let's hope that clear picture holds.

I'll begin briefly by introducing myself and the work the Veterans Transition Network does, which I think will help contextualize the questions I can address and the input I can provide.

Thank you very much for the invitation to provide testimony today.

The Veterans Transition Network is a registered Canadian charity, which delivers the veterans transition programs. Our organization is just rounding its fifth year. It was incorporated in 2012, but the program we deliver has been around for about 20 years. It was initially developed at the University of British Columbia by a collection of counselling psychologists and physicians based there. The program was created with the intention of helping current and former members of the Canadian Forces to identify and overcome barriers to transition back into civilian life. The first pilot program was run in the late nineties, and for the next five years it was researched and developed at UBC with support from the Royal Canadian Legion, the B.C. Command, and it's been delivered continuously since that time. The program that we deliver probably reached its stable configuration in the early 2000s, and from that time it was continually delivered through the University of British Columbia with support from the Royal Canadian Legion.

In 2012, the Veterans Transition Network was incorporated, first as a not-for-profit but now as a registered charity, with the mission of bringing this program across Canada to all those who need it.

Since that time, we've expanded into seven provinces across Canada where we're delivering continually. We now deliver programs for men and women of the Canadian Forces in English and French.

The past five years have really been about building an operational and a clinical infrastructure across Canada to scale up our ability to deliver these programs as the requests continue to come in.

I'll speak a little bit about the work that our program does. It's delivered in a group format. It's a group program delivered in a retreat style. It consists of 10 days in total, but it's split up into three workshops or what we call three phases. The first two phases are four days long, the final phase is two days long, and there's a two- to three-week break between each.

There is a very purposeful design to the program, with the idea that each phase or each workshop is focused on specific issues that the individuals who are attending may be facing in their transition.

During that time, they work to develop skills and insights into what they may be struggling with in their transition. They rehearse skills, and then at the end of each phase, they set goals for applying those skills and working to overcome barriers in the time between those days on the program.

They go back to their day-to-day lives for two to three weeks with certain goals in mind that they have set with the group. They work on applying the new skills that they've learned in the program, and then they come back in the next phase, reporting on what's working and what's not, and picking up new skills and insights, continuing to work through that transition.

The total program takes place over about a four- to six-week period, and during that time, they'll do roughly 100 hours of clinical work in a group setting.

I'll talk a little bit about our research. A very important part of growing this program across Canada has been collecting the outcome research to demonstrate that the program is safe and effective.

Currently, we have a research team at the University of British Columbia headed by Dr. Dan Cox, who is conducting outcome research for our program. We measure immediately before and after, and at three months, 12 months, and 18 months post program.

We now have a large enough sample size to know that our data is significant and that we're seeing significant and lasting change. We're seeing large reductions in symptom clusters around post-traumatic stress, things like anxiety, depression, and hypervigilance. We're seeing an increase in self-esteem, and we're seeing a very large drop in suicidal ideation, suicidal thoughts.

Roughly a third of the individuals who enter our program are experiencing suicidal thoughts on either an occasional or a frequent basis, and that number drops by 80%. Eighty percent of them are no longer experiencing suicidal thoughts a year and a half after the program is complete, which is the last point we measure.

As I said, our mission over the last five years has been to expand the reach of this program, which means raising a lot of funding, training a lot of clinicians across Canada, and working to really put the message of our program and its availability out there to the veteran and military community.

In 2012, when we were incorporated as a registered charity, Veterans Affairs Canada reviewed our program, reviewed our research, and accepted us as a service provider. We have been working as a service provider for the past five years with Veterans Affairs Canada, and we're paid on a per-client basis for Veterans Affairs clients who come to our program and whose claim would extend to cover the program, which roughly makes up about a third of our clients.

For the other two-thirds of the men and women who are taking our programs, we're paying out of pocket. We're partnered with various provincial commands of the Royal Canadian Legion across Canada. A number of corporations such as Boeing and London Drugs provide us with funding, and organizations such as True Patriot Love have been an enormous help in getting these programs off the ground and getting them funding. That really covers the background on our organization.

In terms of the questions—I've reviewed the questions that were sent out for the witnesses—I think that given the focus of our organization, I'm probably best suited to answer questions 3, 7, and 8, with regard to transition and with regard to how not-for-profits and community organizations can work with Veterans Affairs.

• (1110)

That's something we've been working to do quite a lot of over the last five years.

The Chair: We've all made notes of those, and we'll get back after we hear from our other witnesses.

Thank you.

Mr. Oliver Thorne: Great, thank you very much.

The Chair: Next, Mark, we'll start with your testimony.

Mr. Mark Fuchko (As an Individual): My name is Mark Fuchko. I served for 12 years in the Canadian Armed Forces. I did two tours to Afghanistan.

In March of 2008, while conducting an operation in Kandahar province, the vehicle I was driving struck an improvised explosive device. When the bomb went off, I remember seeing a giant red flash, hearing a ping, and I looked down. My right foot was actually sitting in my lap. At that time, I knew I was in deep trouble. I thought I was going to die for sure. I had to tourniquet my right leg. I thought I was paralyzed because I couldn't move my left leg. I reached forward to tap my left leg, and my tibiofibular immediately came out of my trousers. I had to tourniquet that leg. I was essentially trapped in my vehicle for roughly 40 minutes before my team members managed to get me out—a whole grip of top-notch first aid—and save my life. That's why I'm here talking to you today.

I have faced many barriers and challenges to transition. A lot of them are related to certain programs and the time frames that were offered. I'm currently in an after-degree program in education at the University of Calgary. It has been a very difficult and long road to get this far, not just mentally but physically, and in dealing with the apparatus of the system to provide that transition.

To go over a handful of the questions, there's a lot of information in here that I can only provide anecdotal evidence of issues that my friends have faced. There are a few that I can discuss, mainly the JPSU and the decision to go there.

I know the committee would like focus on those questions later, but some of the issues that I have faced personally are the issues with time frames. Going through, there's a certain window in which a member has to make a step towards transition to actually access these programs. That is incredibly difficult, especially when you are recovering from mental or physical wounds. You might not be in a headspace that allows you to participate in these programs because you're not ready. It's just too overwhelming. It can be quite challenging.

The other thing is that a lot of members come into the military, and depending on their educational level need to have these opportunities to say, upgrade their education or get to a certain level. That's primarily because their educational background wasn't at a level that they needed to get to when they left.

I was fortunate. I had a really, really supportive chain of command. I was posted to The Military Museums in Calgary, Alberta, which is my hometown. That was fantastic. I had support from my family, from the local community, and from the soldiers I worked with.

The other key thing was that the joint personnel support unit was integrated into the museum in Calgary. There was a close proximity to what I was doing. My chain of command was really supportive and knew the apparatus quite well. They were able to guide me and ensure I got the maximum benefit that was available to me.

One of those things was that I had to go back to do an upgrading program. I had to upgrade a class. After I took it, the institution I was at decided it was no longer a requirement for the program, so I lost a semester there. I could have been working on other items and moving forward in my education.

With regard to other programs I had access to, I came from the reserve force, so I was not entitled to a full range of benefits for education training. I was only given a 50% benefit to pursue post-secondary education. I think there were some challenges within the JPSU itself that didn't always see me getting a reimbursement for such programs. A lot of times, I had to foot the bill for my own education training.

I was very lucky, because I was able to pack in as much as I could before I transitioned to SISIP. SISIP supported me quite well. They gave me the student sponsor letter, everything I needed essentially, so I could finish the last two years of my undergraduate program.

Moving forward, I was connected with CVVRS, that's the Canadian veterans vocational rehabilitation services. That's where I was approved to move into the after-degree program in education. That is an undergraduate degree at the University of Calgary. They looked at the skills I had. They looked at my health and everything else. They said, okay, well this is a job that this individual can reasonably pursue. It was one of the areas that came up that I could probably be proficient at. I could get a job. I could move forward and do these things.

To get there, though, has been incredibly challenging. During this whole process, especially once I left the military, once I engaged with Veterans Affairs, my benefits have been constantly—quite regularly, actually—threatened to be ceased. There is the absurdity that I have to prove that my legs are still missing, the fact that my doctor has to fill out voluminous reports with X-rays, surgical reports, everything, to indicate that my legs are still missing.

I am a bilateral amputee. I'm awaiting surgery for a severe hip injury that I have. That will be taking place in May. Veterans Affairs has deemed that I have to wait to have this surgery before they can make a ruling on my disability yet again.

• (1115)

I have brought this up with every single person I could in government who would listen. I've been thanked for my service until the cows come home and the thanks have essentially become meaningless from certain members in the Canadian political system. I don't need to be thanked for my service. I have everyday Canadians thanking me for the stuff I've done. I have volunteered for charities. I've done all sorts of work and yet to hear the news the other day that—it's rather distressing as a veteran to hear this. What more can they do? There's a lot more that needs to be done and that needs to be moved forward.

I'm starting to get a little emotional here because this has just been such a grind, over the last several years. The fact that I have to prove that my legs are missing. The fact that there was a signature of mine missing on a piece of paper from Veterans Affairs, which led to an arbitrary letter sent to me that all my benefits would cease in days, and saying that I was not abiding by the terms of my vocational rehab. I had applied for the program.

I've been going to medical. I have physiotherapy quite regularly. I'm coordinating with my family doctor. I had to get a new family doctor because my doctor cut his services or perhaps my case was too onerous because I was constantly in there, just to get this proof and this validation for Veteran Affairs, so I could carry on with these transition programs.

Thus far, I've enabled myself to move forward and get the maximum benefit I can, but it has been an incredible challenge. I can only imagine how difficult it would be for individuals who didn't enjoy the support I did from my chain of command or the knowledge of the system that they had, so they were really able to guide me through that.

I fear that a lot of soldiers, especially injured ones or ones who don't necessarily have serious injuries, get left out in the cold because they're just not getting the opportunity. The window is too narrow for them to access these services. Given the fact that I regularly have to prove that my legs are missing, what chance do other individuals have who do not have a visible injury?

For me, it's been quite difficult. I really thank you for the opportunity to testify today. There's a whole list of questions here that I look forward to answering for each and every one of you, should you have them. I think I could probably leave it at that and pass it on to the other witnesses today.

The Chair: Thank you for your testimony.

Next, we have Ms. Spinks.

Ms. Nora Spinks (Chief Executive Officer, Vanier Institute of the Family): Thank you.

Thank you for the opportunity to appear before you. It's always a pleasure to be here. I'll be talking about transition through a family lens. I'll share with you some of the findings on the work-to-retirement transition and how it applies, or not, to military and veteran families.

As you've heard me say before, family is self-defined. It's dynamic and diverse, but family does play a significant role in transition. There are three characteristics, which you've heard on several occasions, that are unique to military veteran families. They experience relocation, separation, and risk like no other. When it comes to transition to retirement, the relocation stops. You have to make a decision about where you want to land. The separation stops. Now you have to figure out if and how you're going to live together. And three, the risk drops. That changes the way in which you engage with the world. It changes your emotional state.

When military members retire, they have to find where they're going to stay. Most of us when we retire have a pretty good idea of where we're going to be. We have lots of lead time to prepare and to develop relationships; for the military, not so much. Furthermore, we don't have to worry about some of the unique characteristics of being a military family, such as how other people are going to see us or think about us.

Military and veteran families are the only families in Canada who actually identify themselves—as a “military” family. You never hear about someone being part of a “mining” family or a “banking” family. You're just part of a family. When you're in the military, you're part of a community. It's more than just a job. It's your identity. It's your community. It's your sense of belonging. You have common experiences and shared interests. That makes transition for this group very different.

Historically, there were lots of supports on and around base. Now you're more likely to be living off base and more likely to have a spouse or partner in the paid labour force than ever before in history. Living in the community changes the dynamic around transition. What we once knew and understood about transition, even in the seventies and eighties, we can't necessarily apply to experiences today. In most careers when you retire, you've been doing that job, or that kind of work, or you've been on a career trajectory, for 35 or 40 years. In the military you may retire after a few years or a few decades. A lot of the research that's done on retirement transitions outside of the military can't always apply either. When most Canadians retire they're in their sixties. For men and women, the average age of retirement is around 63. If you're self-employed it's 69. For the military, retirement age tends to be significantly younger. A lot of people who are trained to support people going through transitions don't have this particular skill set.

The other thing that makes it unique is that when most people retire, it's by choice. For some in the military it's by choice, but for some it's by circumstance—for example, the medical release story that we just heard from Mark. If a third of veterans have difficulty transitioning, two-thirds of those who do are those who are medically released, because not only are they dealing with transitions, they're also dealing with the adjustments that are outside of their control.

I want to highlight eight key areas where military veteran transition happens, areas that need to be considered as we develop evidence-based programs and policies. To give them to you in no particular order, they are financial, physical, emotional, social, professional, psychological, familial, and, for some, medical.

To make a smooth transition with respect to the financial aspect, the literature shows that financial literacy is critically important. Most people get that financial literacy outside the military from financial advisers. A spouse or a partner may be getting that from a community-based service or a banking or financial institution that has no concept, understanding, or even awareness of the realities of retirement from the military.

● (1120)

Financial literacy programs and services that are military specific, like SISIP, are available, and when they're effective, they can help smooth the transition.

The physical aspect refers to where to live, your health and well-being, and how you're going to make adjustments. You may have been in the military and had a very physically active job. Now you're retiring, and you have to re-engage.

The emotional area is really about attachment, belonging, and grief and loss. To make that a smooth transition, there needs to be high self-awareness and self-regulation.

The social aspect is a big part of the military transition, because the connections you establish when you're in it are very different from the connections that you may have access to outside of the military. Making, keeping, and nurturing new relationships on top of everything else you might be dealing with—as Mark so eloquently described—can be very challenging, both for military members and their families.

Professionally, they have to decide whether they're going to get a new job or be in a new role or take on new responsibilities, whether they're going to participate in the marketplace with self-employment or the labour market, and all the transition stuff you've already heard about.

The psychological is by far the biggest piece of transition, regardless of what your employment status is as you move to retirement, but particularly for military. When you choose a military career, it's not just a job. It's not just a career. It gives you purpose. It gives you a sense of direction. It's meaningful. You're making a contribution. You're making a difference to individuals and others, and in some cases the world. It gives you not just a reason to get up in the morning, but a sense of identity and a sense of well-being overall. Part of the transition, psychologically, is to leave that identity and move on to a new one, which isn't as tightly defined or necessarily as well respected.

As for the familial one, roles have to be redefined. Relationships need to be re-established and renegotiated. Routines need to be reinvented. All of that is fairly standard with retirement, but if you're doing that in your sixties and into your seventies, that's a bit different from when you have preschoolers or teenagers in the household, and it makes it even more complicated. We need to take that into consideration.

There's the medical aspect. You're more likely to have circumstantial retirement and have to deal with illness and injury, physical and mental, as well.

Then there's work after retirement. For many of us who retire from a job or a career, when we leave one job we may choose to remain in the paid labour force or continue to work in some way to bring an income to our families. We're certainly seeing that across the country. For most, you can decide whether you want to work for the same organization or in the same profession, or try something completely new.

The options for military are very different. You can't go back and be in the military. You might be able to go into reserve, but it's not the same kind of retirement option that the rest of us have. Most retirement advisers don't have the level of awareness or cultural competency to be able to support people in military families who are transitioning to retirement. It becomes really challenging, especially if you're retiring as a result of circumstance, not choice or design, because you have to come up with a whole new set of dreams, goals, and aspirations. You have to deal with the new financial reality. You have to deal with the bureaucracy. You have to figure out how you're going to expend the energy you have, and a lot of it goes to understanding the systems and services.

The key areas are predictability, autonomy, and self-realization. If those three things are in place and supported, then transition to retirement is much smoother. Most of our programs, policies, and supports are directed at one or two of these things, without understanding the broader connection.

• (1125)

A big piece, particularly for those who are medically released, is the shock, the grief, the loss of the job, the career, and the dreams. We don't have a lot of supports for that unless it's more medicalized through psychiatry or psychology, but there is very little that embraces and involves the entire family.

When we think about imposed retirement and about all of the adaptations and adjustments that families need to go through, the thing that makes it particularly challenging—and I'll leave you with these thoughts—is the ambiguity of what comes next. There are a lot of unknowns for military families when they retire: continuous adaptation to not just retirement but to a whole new way of living, a whole new way of being. The third one is adjustment on all of those eight points, and last, and probably one of the most challenging, particularly if you relocate outside of a community that has a high proportion of military families, is assimilation, so assimilating into society. Those are ambiguity, adaptation, adjustment, and assimilation.

If we have a better understanding of the process and how it's the same and different from others going through transition, then we can create a platform for increasing successful transition.

Thank you so much. It's been a pleasure to be here. I look forward to your questions.

• (1130)

The Chair: Thank you.

We'll start with questioning, and up for six minutes we have Ms. Wagantall.

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

Thank you all for being here today.

Mr. Thorne, first of all, in listening to the eight areas of transition that Ms. Spinks has mentioned, and then in looking at the phases of your program, a significant number of them have application to what you do in your phases 1, 2, and 3.

When are you actually connecting with veterans? Would it not be that one of the best things we could do for them is engage them with the type of program that you have long before they get to a more critical point?

Mr. Oliver Thorne: Thank you for that question, because that's something I was going to try to state myself, but you have really just laid it out for me. You're exactly right. This is something that we're really trying to do as an organization, find veterans and even service members who are in the process of release and connect with them earlier.

We know that a number of the individuals who reach out to ask for our help do so when they're losing their spouse, when they're disconnecting from their family, or when they are going down the road of potentially feeling suicidal. That's reflected in one-third of our participants, those thinking about suicide on either an occasional or a frequent basis. We are catching a lot of individuals much later than we would like.

In terms of the range, we see individuals, about 15% to 20% of our participants, who are in the process of releasing or are active in the military, so they're still in. The majority, about 80% of those who participate in our programs, are veterans, and they range all the way from just released to.... I think last year we had a World War II veteran attend our program.

There's a huge range of when we're reaching people. Absolutely, our goal is to reach them earlier. One of our hopes—and certainly we've been working on this for quite some time—is that we would like to be a service provider to the Department of National Defence as we are with Veterans Affairs. We could reach these individuals earlier in this transition, as they're transitioning, or just after they've made or started to make that transition and are realizing that they are struggling with some of these issues.

In particular, Nora talked about the issue of identity in the transition. That's one we work very closely with, and I can't agree more with her statement. The transition from military to civilian life is not finding a new career. That's wrapped up in it, but it is finding a new identity and a new sense of purpose. Often that does not meet the diagnostic criteria of a medical or a psychological condition, and so—

Mrs. Cathay Wagantall: I only have a few minutes, but it's very important. That's something I wrote down. The focus is to give them opportunities to train and get a job, because we know how crucial that is as well. At the same time, I look at these circumstances and the mention that a lot aren't ready for that vocational training right away, and it's a requirement, but we're pushing them before providing this type of service for them.

Mr. Oliver Thorne: Absolutely.

Mrs. Cathay Wagantall: I'd like to just mention this to you, Mark. In our preamble notes, we have, "From an operational standpoint, the link between the medical condition and military service is not relevant" to the Canadian Armed Forces. So whether you've been injured because of service or for another reason, it's irrelevant to them the reason that you're being medically released. When it becomes relevant is when you suddenly are being served by VAC "because it involves the Government of Canada's responsibility to support and compensate citizens whose physical, mental and professional capacities have been affected by their uniformed service to their country".

That, to me...I have nowhere to put that. It just seems to me to be totally inappropriate that you have served and you have to go, then, and prove and reprove again that you have been medically released from the armed forces, without their saying that before you've been released as part of their requirement to say that this individual has this condition and qualifies for whatever VAC has.

Do you have any comments on that? Am I off base?

• (1135)

Mr. Mark Fuchko: It's never the argument that was I medically released. The argument is about the injuries and the fact that I've lost track of how many times I have been required to prove my disability. I thought once would have been great, especially because there's no miracle cure to make my feet grow back and make my injuries suddenly go away. I was also awarded a disability rating for the disability award, the old lump sum. I was given a rating of over 100%, so I was given 108% disability rating, which to me would indicate that I am completely and totally impaired. Well, that is not the definition that I was briefed on by Veterans Affairs, so I had to provide yet more evidence that I, in fact, had this disability, even though I had been rendered over 100% as a disability rating.

The fact that there's this extra link I have to go through to prove that I have this total impairment just to me is so demoralizing, so absurd. The amount of stress that has put on me and my family is just ludicrous. Every time I bring it up and talk to people, everybody is kind of stunned by this, yet here we are, years later, and the shocked faces remain but nothing has changed.

Mrs. Cathay Wagantall: This is what we're truly dealing with here today. We hear these stories. How many times have you testified?

Mr. Mark Fuchko: This is the second time I've testified before a committee.

Mrs. Cathay Wagantall: Many of those who have testified here have testified numerous times with clear issues and yet nothing has been done, so where's our issue?

Mr. Mark Fuchko: I would say the fact that, when somebody enters Veterans Affairs for a complete injury such as I received, I feel the burden of proof is already there. I've already proven that I have this injury. The fact is that every time there's a little change or I need another program or something else like that or I need another service added, then I am back at square one. All my other histories essentially are thrown out. That is problematic. There's almost this amnesia that exists within Veterans Affairs of why I'm dealing with them in the first place.

Mrs. Cathay Wagantall: Thank you.

The Chair: Ms. Lambropoulos.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thanks for being here with us today to answer questions and to give us some insight as to what you might deal with on a day-to-day basis.

My first question would be for Mr. Fuchko. You said that there's a certain window, a period, when you're allowed to apply for transition services. I wasn't aware of that. Do you know what the details are as to how much time you have in which to apply?

Mr. Mark Fuchko: As is my understanding, you essentially have to be lined up the second your release date is known. If I recall correctly, I think you have 18 to 24 months, roughly, to be covered by Canadian Veterans Vocational Rehabilitation Services on your way out. There's also a program in place by SISIP that actually covers a certain amount of time as well, but again with that time window, you have to be moving toward that before your release date, and there's a certain time when you can access that.

As was my understanding, I had to go into the system right away. If I didn't use it at that point, I would have lost it completely and my window of opportunity to use it would have been over. The other problem, too, is that if you do not go into these systems, you have no financial support. Currently, if I were not under Canadian Veterans Vocational Rehabilitation Services, that would pretty much be it for me. I would be receiving the permanent impairment allowance, I think, which doesn't amount to much, and I would left on my own to try to go forward into the civilian world, find employment, do all this other stuff, rather than getting the skills I need to actually help me succeed.

My understanding is that those are the opportunities you have, and it's a very finite window that you have to kind of take advantage of that.

Ms. Emmanuella Lambropoulos: I'm going to definitely look into that, because that seems wrong.

You mentioned that you have to keep on proving it. Is that mainly because the Department of National Defence doesn't share their information with VAC and that's why you have to prove it? I know that they don't disclose information about your medical documents to VAC. Does it have anything to do with that or is it really that you've already given it several times to the same people?

Mr. Mark Fuchko: I would say that is 100% from Veterans Affairs. In 2008, I was awarded a disability award, which is a lump sum. I was given the maximum, which actually mirrors what is offered by SISIP. A lot of the Veterans Affairs programs seemed to be a mirror of SISIP. One of the issues you can have is that if you were turned down by SISIP, for example, for long-term disability and then you go to Veterans Affairs—because that is where you're supposed to go and they tell you to go there—they'll use the fact that you were denied by SISIP to deny you benefits.

What is the point of having this apparatus in place if it's supposed to be a safeguard? I'm paying for this insurance that doesn't cover me because they've deemed that I'm Veterans Affairs' problem now, that I'm their client. Then I go to Veterans Affairs and the fact that I was denied by SISIP can actually be held against me.

The military did not prevent my injury data from going to Veterans Affairs. Veterans Affairs gave me the disability award in 2008. They acknowledged my injury. They gave me a rating based on whatever the disability award was. I got a rating of 108%—over 100%—disabled. When I became a Veterans Affairs client after I retired, again, I had to prove why. I had to go over how my feet are missing and how I have this injury and that injury. I had to go through the laundry list and again seek a medical professional to provide the evidence required for that. So I wouldn't say it's a matter of DND withholding.

● (1140)

Ms. Emmanuella Lambropoulos: Thank you for that.

Now I'd like to ask Ms. Spinks a question.

I'm assuming you're in a military family. Is that correct?

Ms. Nora Spinks: No.

Ms. Emmanuella Lambropoulos: No? Okay, never mind.

I was going to ask you more. Maybe you know a lot about people who are.

What services have the people you know received if they're not directly in the military—if they are members of the family—and how can we improve these services?

Ms. Nora Spinks: What we're hearing from military families—and we do have a significant military veteran family initiative under way—is that many of them are reluctant to access services delivered by DND or VAC because they don't want to get labelled or, as somebody described it, lost in the vortex. They'll try to avoid it. Sometimes, therefore, they'll end up inadvertently disqualifying themselves from getting it.

Family members go externally to family physicians, to community services, to all kinds of service supports, and there is no awareness or understanding of the military. Sometimes you'll get contradictory information between one spouse and the other, with one who's gone into VAC. That can be really challenging. Family members don't have access to the same kinds of information or supports that the military member has. That can sometimes cause confusion.

Just to pick up on what Mark was saying, families have shared with us that when you are identified as ill or injured or medically released, everybody is treated the same. Yet there is nothing the same about any two injuries or any two illnesses. Some are episodic. Some are long term and get better over time. Some are permanent and will be the same way all the time as Mark described. Some are chronic; they're just there and will be there forever. Some are progressive and will get worse over time.

So the need to provide evidence as to your medical condition varies depending on how you're ill or injured. We just don't have really good mechanisms yet to distinguish. It's just sort of one lump category.

Ms. Emmanuella Lambropoulos: Okay.

The Chair: Thank you.

Mr. Johns.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you all for your important testimony and the important work that you're doing. We're very grateful for your service.

Mark, thank you for coming and sharing your story. Clearly it's deeply disturbing that the government has failed you so miserably.

What is VAC saying when you bring this to them, about why they are asking you the same questions? What is the response?

Mr. Mark Fuhko: I have had several different case managers in the Calgary area. I feel like I am a high-needs case. I feel like my case managers are probably overworked or overloaded with cases. They have a lot of members who they're dealing with who may not have as complex a file as mine. I think I tend to get lost sometimes in that file, where the omission of a signature can lead to a cessation of my benefits within days. Even though I'm doing everything by the letter that I require for my vocational rehab services, I'm constantly quoted legislation or “You have to do this”, “There are time frames”, “You have to carry on doing this”, and “Well, this was missed.” The fact is that the onus is so heavily put on the veteran. I am the one who has to essentially guide my way through the system. I'm not feeling a lot of help from my case manager. I'm almost feeling that my case manager is my adversary and that I constantly have to have parts that are part of the programming bookmarked on my phone. That way if I have an argument with my case manager, I can go to it and look at it so I know exactly what I'm entitled to.

The fact is that I go and I say, “Hey, am I entitled to this? Can I get this? Can I get that?” It's never me showing up and having a case manager say, “Hello, Mark. Here's the list of services you're eligible for.” That has never been the case for me. Often I have to find out what the services are, and then I have to scrap as hard as I can to get those. It's a grind. It feels to me like a lot of veterans get dissuaded. They get disheartened by dealing with the system, and they eventually give up and then disappear off of everybody's radar. That's why I feel like there are probably a lot of individuals falling through the cracks.

● (1145)

Mr. Gord Johns: What recommendations do you have, Mark, moving forward, for yourself, for other reservists this may happen to, for service members? Maybe you can shed some light on that.

Mr. Mark Fuchko: I think that case management needs to change. I think complex cases probably need a little bit more focus. I feel like there needs to be a culture shift at Veterans Affairs to have the support there in place, rather than “I am going to deny your benefits. Something is missing.” The restrictions there are so set in stone. The fact that my omission of a signature, or what have you, can render all my financial services void and essentially leave me out in the cold is too stringent and too restrictive, and it leads to a lot of problems. The distress I went through from receiving that letter was quite high, and I made every phone call I could in western Canada. I interrupted meetings, but I didn't care because that was the level I had to go through to ensure the continuation of my benefits. I feel like, yes, there needs to be a culture change for sure.

Mr. Gord Johns: Thank you. Thank you for sharing. Hopefully your testimony will lead to some changes.

Mr. Mark Fuchko: I'm hoping so.

Mr. Gord Johns: My next question is for Mr. Thorne.

Mr. Thorne, thank you for the work that you're doing for veterans across Canada, your tremendous work.

Of the four types of programs you offer veterans—connection, communication, self-maintenance, and career-related programs—are there any that have been more successful than others?

Mr. Oliver Thorne: I think that perhaps you may be confusing Veterans Transition Network with another transition-based organization, perhaps Transition to Communities.

Mr. Gord Johns: Okay.

Mr. Oliver Thorne: We offer one program, the veterans transition program. Within that, we have a variety of different focal points, but we don't have distinct programs. They're all contained within one program.

Mr. Gord Johns: Maybe you can just expand on how we can better support your organization, how the federal government can better support you in terms of funding. You talked about how two-thirds of your funding is coming from the community. Maybe you could expand on that.

Mr. Oliver Thorne: Yes, absolutely.

When the organization was incorporated and we wrote our five-year strategic plan, which we just came to the end of last year and we're now entering our next strategic plan, one of the main missions was that the organization would always draw funding from Canadians, from corporations, from the charitable sector, essentially because a part of our mission statement was that it is not just the government's responsibility, but also Canada's responsibility to care for these individuals because they have served us. That's certainly something we're going to continue to do.

It's great that the funding from Veterans Affairs Canada is accessible. It's been a huge part of helping us grow across Canada, but a lot of our difficulties in dealing with Veterans Affairs as a service provider are very similar to what Mark has spoken about in terms of the accessibility.

We know that the support is there. In my previous work I've had contact with many fantastic case managers who are well intentioned and want to do well for their clients, but they are hamstrung by a

very bureaucratic system that requires a lengthy process to generate a pre-authorization for someone to attend our program.

Two weeks ago a veteran called who wanted to attend our program. It was starting in two weeks. He approached his case manager and essentially the case manager told him there was no time to generate a pre-authorization within two weeks, so he couldn't go. The veteran became quite distressed. We called him back and told him that regardless of what happened, we were going to put him in the program whether it was on Veterans Affairs' dime or on our dime from the money we raise from the public.

About 50%, maybe fewer, of the veterans who have a claim with Veterans Affairs that would extend to cover our program do not get an approval in time for their attendance to be funded. That's been a big difficulty for us.

Whenever Veterans Affairs' funding may be available for a veteran to take our program, we do our best to get that funding because that means more of the community funding that we raise will go to more programs and to more individuals who have not approached Veterans Affairs, which again is about two-thirds of our force clients.

In terms of assisting our organization if anything can be done to make that approval process easier so we can turn more of these potentially funded clients into funded clients, that would be enormous in helping us expand our reach and provide more of the funding from the community to those who haven't been to Veterans Affairs, because there is a lot of need there. When we don't get these approvals turned around, that limits our ability to help veterans.

• (1150)

The Chair: Mr. Samson, you have six minutes.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you.

Thank you, all, for your presentations.

Of course our committee is focused on identifying the real issues in the transition, and we have to get it 100% right.

Mark, I want to thank you for your service. I know that many people thank you, but sincerely, hearing your story personally is extremely important, and I appreciate your being able to come here to share that story with us today. It's extremely important, and we're hopeful this will lead to more success.

I'll ask you specific questions and maybe you can help us.

You have a certain amount of time. If you were taking a decision as far as time, what is the time? Should there be a time there, and to what extent?

Mr. Mark Fuchko: I hate to set a time in stone. When the veteran is ready to make that transition to vocational rehab, I think that needs to be the biggest factor. Because if you are not ready to go to school, you're not going to succeed. It's a whole different world out there. The military is much like school, but it is a much more rigid, different, and difficult school. It sets you up very well to be a student because the military has a set of protocols in place to ensure that you will learn and that you will take your education seriously, however, to get through those steps.

I remember it was quite difficult to transition to my initial phase in school. I had this wild and crazy experience in my young adult years that people around me did not have, so I feel there needs to be a decision. Whatever that time frame is, it needs to be lengthened, and it needs to be when the veteran is ready.

Who makes that determination? I don't want to say the veterans themselves, but I don't know how you would go about doing that.

Mr. Darrell Samson: But if you think of that, send us your opinion because if you're taking a decision I'd like to know what you think.

Mr. Mark Fuchko: There should be no caveat on time. As soon as a guy is ready to hit the ground running and get into vocational training—if it's right away or if, say, it's a year or two down the road, or further—then that's when he should be able to access that program. It should be available for his lifetime and not just for the window outside of leaving.

Mr. Darrell Samson: I have a lot of difficulty understanding the many times that you have to repeat the same information. What is wrong with our tracking system? In this day and age, we should be stars at that and yet we don't know anything about specific cases and all the ins and outs around that for years and years....

Mr. Mark Fuchko: I think it's just that when it comes to benefits, every time there's a new benefit you're forced to reapply from square one, as if your injury has not existed. For example, let's say I need something new. I have to start at square one again and say, well, this is my long laundry list of injuries, yes, it happened in a special duty area, it happened overseas, yes, this happened....

That has been particularly onerous. There was one point when every six months I had to provide an update on my position, which included, yes, a doctor's note saying my legs were missing. I've been assured that will no longer be the case for the remainder of my vocational rehab services, but I have the feeling that I'll probably get a notice saying that I have to see my doctor to prove again that my feet are missing.

Mr. Darrell Samson: If I go and see my doctor, she already has her computer open. She tells me what my medical life story is, basically, since I started working with her.

This should be automatic. There should be a checklist or a box or something on the form that says, "Listen, this is the issue, it's finished." They should just go and track that.

Mr. Mark Fuchko: Yes, I would have thought the same.

Mr. Darrell Samson: That's good, because we're identifying a problem. That's a very big one.

In terms of awareness and accessibility of benefits, do you feel that you had that knowledge right off the top where somebody ran to you right away and told you or...?

Mr. Mark Fuchko: No, I had no clue. When I was originally serving in Afghanistan, it was the old pension benefit. Had I been hurt on my first rotation to Afghanistan, my benefits package would have been different.

Now you have veterans who served in Afghanistan and, depending on the time frame when they got wounded, they're subject to different benefits, different compensation packages, and different outcomes.

• (1155)

Mr. Darrell Samson: Right, so if you were at Veterans Affairs, what would you do to clean that up?

Mr. Mark Fuchko: There's a lot. I don't know if I can fit it all in within a minute or two.

Mr. Darrell Samson: Please send us any information following this presentation so that we can have that for consideration for our report.

Mr. Mark Fuchko: I would love to follow up, absolutely, and I will do that.

Mr. Darrell Samson: For my last question, quickly, I'm not saying that we should join together DND and VAC, but when it comes to transition, I'm becoming a strong believer that they should be one unit. What's your opinion on that?

Mr. Mark Fuchko: I think that would be a great idea. I think that would be fine. I would rather be administered by a military member, personally, rather than a case manager from Veterans Affairs. I had case managers in the forces—don't get me wrong—because that's also something that exists there, but there were also issues with that.

Mr. Darrell Samson: Thank you very much, Mark. I appreciate your answers and I look forward to some of the added information.

The Chair: Thank you.

I'm going to have to shorten the rounds up a bit to get through, Mr. Eyolfson. We're going to go for about four and a half minutes on this one.

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

Mr. Fuchko, as you've said, you've heard "thanks for your service" enough, so I won't bother again because, as you've said, there's limited utility to hearing that at this point.

I will say, as someone who is now a member of government, that I am sorry. I am sorry that this has been happening. One of the reasons I am on this committee—I requested to be on this committee—is that at the doorstep I met a lot of veterans who had stories, not nearly as horrendous as the stories I'm hearing on this committee.

I know that when I hear these stories, it is beyond sobering. It is appalling. We need to do better. That's why I'm honoured to be on this committee: so that I can do what I can to do better for people like you.

For one of the questions I had, I mentally flagged this because I have a medical background. I practised medicine for 20 years before becoming a member of Parliament. You said that you have surgery to your hip that you require, yet it's been delayed. Is that correct? What

Mr. Mark Fuchko: Yes, I've had—

Mr. Doug Eyolfson: What is the mechanism that is causing this to be delayed, or where is the bottleneck?

Mr. Mark Fuchko: I had significant injuries to both of my hips during the blast. I ferociously complained about it to the Canadian Forces medical service and was kind of put in this holding pattern. Eventually, when I left service and started seeing a medical team outside the forces, this was something they identified. I got connected to an orthopaedic surgeon and went on through that. Now I'm having this major surgery in May.

Here I am, 10 years after injury, and I'm still requiring all this care, so for my case to be arbitrarily dropped and for me to get out of the limelight just seems absurd, because I'm going to require lifetime care, and it's going to be at a level that is going to be far different from the level for other veterans. I don't know if it's the Canadian Forces medical system or the way my health has fallen over the years.... There are numerous factors that have contributed to this.

Mr. Doug Eyolfson: Was there anything through Veterans Affairs? I know that, when you're in the military, your medical care is provided by the military, and then, when you're in Veterans Affairs, your medical care is handed over to the provincial health authority.

You said you're in Calgary now. Once it was determined that you needed this surgery, I'm assuming with your primary care practitioner and the orthopaedic surgeon, was there anything from Veterans Affairs that was delaying the process? Did the orthopaedic surgeon or your family doctor need any information they were having trouble accessing?

Mr. Mark Fuchko: One of the big problems I had was access to my medical file. That took quite a bit of time to get and get to my physiatrist and other physicians. I eventually got that. I did follow-up. I did continuity of care. It just carried on going, and then it came to this point. I was really lucky. The medical team I had in place in Alberta was quite keen to get me out of the agony that I was having with my hips. It moved forward at a rather rapid rate once I made the decision that it was something I needed addressed immediately.

I couldn't really say that Veterans Affairs was holding up anything on that end, or the provincial health care. It's been pretty quick from that determination.

Mr. Doug Eyolfson: Thank you.

From my experience as a physician, I can tell you that one of the things we have that is affecting veterans that's not in Veterans Affairs is simply our provincial medical systems. We need to move to electronic medical records in the worst way. I worked in Manitoba's major trauma centre, and we still had handwritten charts. Long-term patients would have volumes of charts, and you'd sometimes have seven volumes of paper. I understand that the provinces need to help with that. They don't understand that there's another issue that this is contributing to, our veterans. I don't have time for another question, so all I can say again is I am sorry, and we will endeavour to fix this.

● (1200)

The Chair: Mr. Kitchen.

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

Thank you all for being here. I appreciate hearing your comments.

Corporal, I'm going to follow on what my colleague across the way asked. Would it be better to have the issues dealing with VAC internally imbedded in DND so that you're aware of that as you go through? Do you have any comments on that?

Mr. Mark Fuchko: I personally feel there is probably some benefit and value to doing that, to having one overall apparatus for seeing the veteran, especially having other veterans and soldiers taking care of them. However, the JPSU system is far from perfect. They've identified some weaknesses there. Hopefully, those can be addressed and carried on. I think the big thing is you need one standard for everybody. I think having the armed forces take over the veteran after they leave and being in that system would probably be of some benefit. Again, that's just—

Mr. Robert Kitchen: I see it as cutting down on a lot of the red tape that seems to be in your way, having to produce the same information time and time again. The issue of confidentiality seems to be that barrier at times. By having that within, I don't see that being as big an issue. Would you agree with that?

Mr. Mark Fuchko: I haven't really experienced it being an information-sharing issue. The issue has been, in Veterans Affairs they have all my information; however, when there's a new phase or something else is required, then I have to re-prove it. It's not a matter of DND withholding medical information from VAC. It's just this system within VAC that the totality of my file doesn't carry on. It's not in any logical sense used for another benefit or something of that nature.

Mr. Robert Kitchen: This committee, over the years that I've been involved with it, has looked at issues of service delivery. A couple of comments that we've made have been dealing with the issue of being provided information from the moment you sign up and enlist. As you progress, that information is continually given to you as to what you can obtain if certain things should happen. As you progress, you continually learn that. Some of the recommendations that we've made in the past were to do with such information providing that service.

Do you see that as a value or do you see that as a hindrance?

Mr. Mark Fuchko: I would say there's value in that, because when I originally got sworn in to the armed forces, there was a whole different benefits package that I was aware of. Then, in 2016, the new Veterans Charter came out and arbitrarily changed the terms of service without my consent.

The briefing I got on the new Veterans Charter was rather shallow on surface, saying there's a new Veterans Charter and it's supposed to be better. That was the extent of the brief I got on it. If there was a longer briefing on it, I can't recall one. I knew nothing about his charter. I saw individuals get injured in 2006 whose benefit package I thought was the same thing I would receive in 2008. Much to my shock and dismay, that was not fact, and I was unaware.

I guess the problem is, as a young gentleman, you're invincible, and you don't feel like you're going to get hurt. Benefit briefings aren't necessarily the most thrilling or gripping entertainment you can have in the army. Whether I received a brief that was really thorough or in depth, or I even paid attention to it, I don't recall. That's one of the issues we have. I think it may be a symptom of who's there and the way it's delivered.

Mr. Robert Kitchen: Thank you.

Ms. Spinks, I come from a military family. My father was a major-general when he retired, and retired along that system that you talk about at the end of the age. He knew he was retiring.

My brother served in Afghanistan in the second-last rotation through Afghanistan. For me, I've grown up along those lines. I do have an understanding of that. I'm glad to hear that you understand that, having not been involved with that military family.

A lot of what you said is very pertinent because families oftentimes are getting left out of this picture, and they need to be included. The eight points that you brought forward, I think, are tremendous because they do break things down on all those aspects of what that is. The biggest thing is that assimilation, as you said at the end, for families and veterans as they assimilate into civilian life. That's a big challenge for the Canadian public to get a handle on.

If we're looking at barriers to that, and that is a big barrier, I think, do you have any suggestions that could help us? Please be quick because I'm running out of time.

• (1205)

Ms. Nora Spinks: Having listened to hundreds of family stories, I think there are three things. One, definitely link recruitment with retirement. As Mark said, young people don't think about retirement. There are the three i's: I'm immortal, I'm infertile, and I'm invincible. It's hard to get them to think about retirement, but critically important to do so.

Number two, VAC and government can't do it alone. We need better partnerships with community and community service providers on four levels. We need to build awareness; we need to build competency; we need to build organizational capacity, so professional competency, organizational capacity; and we need to build communities that recognize, embrace, support, and encourage military and veteran families to assimilate. It has to come from the community.

Number three, and this gets back to what Mark was talking about, and also what Oliver was talking about in terms of the culture, case managers need to shift from the current role of gatekeeper to a new role of navigator and facilitator.

The Chair: Thank you.

We'll end with Mr. Fraser for four minutes.

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

Thank you all very much for being here and for helping us understand a bit better some of the situations so that we can make recommendations to try to make the transition between the Canadian Forces and becoming a veteran a little easier. I understand there are significant barriers to transition and you've shone a light on some of those today.

Mark, I will start with you. I just want to understand one thing. I know some other questions have been asked around it, but it's totally unacceptable. I completely agree that to keep re-proving your injury when it's so obvious is completely unacceptable.

As I understand it, are you saying that this is at Veterans Affairs? This keeps happening when you approach them for different approvals or for something new. Is that happening at Veterans Affairs?

Mr. Mark Fuchko: Yes, sir. What happens is every time there's a new benefit or there's an expiration date, a review of my file, I have to go to my doctor and I have to get this rather onerous piece of paper. My doctor would staple every single piece of information he had about me on there. He would physically have to write that I was missing my left and right leg. He'd have to sign off on it and then I would have to submit that for somebody's review who is not a medical expert, most of the time.

Mr. Colin Fraser: All within the same organization.

Mr. Mark Fuchko: Yes, that is correct.

Mr. Colin Fraser: That's unacceptable. My understanding with the pension for life is that there will not be any need for any kind of further application or whatever. As a whole, for any other benefit, once that determination has been made, it's completely unacceptable to be asked again. I'm glad you've clarified that.

You brought up the issue of the timeline. If you're going into vocational rehab or you want to go back to school or whatever, there is a very short timeline, and the veteran or the releasing member may not be ready to do that. That's a really good point.

On the new education and training benefit that the government announced, which is up to \$80,000 for education and training benefits or vocational training, the time frame is up to 10 years to address, I think, the issue that you've raised, that some people aren't ready.

I just want your thought on that. I know you answered a question earlier about the fact that maybe there shouldn't be any time frame, but do you think that's an improvement at least?

Mr. Mark Fuchko: I think it's a step in the right direction. I don't really know enough about the new benefit to really comment on it too much because the package that I'm using is through Canadian Veterans Vocational Rehabilitation Services.

● (1210)

Mr. Colin Fraser: Right.

Mr. Mark Fuchko: The way I had it explained to me is that I had this really narrowly defined window because this new benefit wasn't down the line yet. For me to continue to receive financial support and any kind of support, this was essentially the one and only opportunity I had to jump through that window and get some kind of education, retraining, and vocational skills.

Mr. Colin Fraser: Okay, thanks.

Just quickly, with regard to the point you brought up about you going to a case manager or dealing with Veterans Affairs and it almost being like you have to suggest the sort of benefits you might quality for, I completely agree. I know this committee has heard other similar testimony, and we've recommended that there be a concierge-type service, or a navigator, as mentioned earlier, to actually help you lay out the options and make you aware of everything. I completely think your point was well made, so thanks for that.

I just want to turn to Oliver, if I can, for a moment.

With the new education and training benefit of up to \$80,000—I guess there are 10 years and different people might qualify—do you think there's a chance that the work that you do could have a veteran qualify to be able to access funding through that program in order to access your services? What do you think of that possibility?

Mr. Oliver Thorne: My understanding as it is now of the education and training benefit is that it wouldn't overlap with our program. Certainly, if that was a possibility, that would be fantastic. My understanding is that this is really for post-secondary education, trade training, something along those lines. I think our program is thought more of as a transition program, even perhaps a

rehabilitation program. We do focus on careers in kind of the third phase of our program. That's more through the lens of career transition and particularly around that identity piece. Certainly, if that's another avenue of available funding, I'm not going to turn that down.

Mr. Colin Fraser: Right.

Mr. Oliver Thorne: Yes, that's something that we'd be very interested in looking at.

Mr. Colin Fraser: Okay, thanks a lot.

The Chair: Thank you.

I'm sorry we're short on time today, but on behalf of the committee, Mark and Oliver, I'd like to thank you for the service you have done and the continued service you do for our veterans in the community.

Nora, I'd like to thank you on behalf of the committee.

Also, Mark, I know Mr. Samson had some questions he wanted answered. If there are any other answers you have, if you could give them to the clerk, the clerk will distribute them to the whole committee.

Just quickly, Mark, with regard to the form that they asked your doctor to fill out.... If you would be able to share a copy of that form, or the dates you have, with the clerk, I think probably some of the committee members would like to see that.

Mr. Mark Fuchko: Absolutely. I'll have to go back to my old doctor, who I've since dropped from, but I'm sure I can locate that quite readily.

The Chair: If you could, I think we're all curious about that, and that would help us.

We'll recess here for a minute to get the next panel in, and we'll come back in a couple of minutes.

Again, thank you.

● (1210)

_____ (Pause) _____

● (1215)

The Chair: I'd like to call the meeting back to order. I just want to mention that Mr. Jody Mitic has not been able to make it today. He is feeling under the weather. We'll get him back sometime, time permitting.

We'll start with this round. We have Debbie Lowther, chair and co-founder of VETS Canada; and Noel Lipana, retired lieutenant colonel, doctor of social work candidate at the University of Southern California.

We'll start with your testimony, Debbie. Thank you.

● (1220)

Ms. Debbie Lowther (Chair and Co-founder, VETS Canada): Good afternoon, Mr. Chairman and committee members. It's my pleasure to appear here before you once again. Thank you for the invitation.

My name is Debbie Lowther, and I am the chair and co-founder of Veterans Emergency Transition Services, VETS Canada. I'm also the spouse of a 15-year veteran of the Canadian Armed Forces, a man who served this country proudly for 15 years before his career was cut short due to injuries both physical and psychological. He was diagnosed with post-traumatic stress disorder in 2002 and was released in 2005. Together we founded VETS Canada in 2010.

VETS Canada is a volunteer-driven registered charity with the aim to provide immediate on-the-ground support to veterans who are in crisis, at risk of becoming homeless, or already homeless. We have more than 800 volunteers working tirelessly across the country, who to date have responded to more than 3,000 requests for assistance. In 2014 we were awarded a contract with Veterans Affairs Canada, making us their service provider in the field of outreach to veterans in crisis.

The majority of our volunteer base comprises still-serving members and veterans of the Canadian Armed Forces and RCMP, who are equipped to provide peer support to the veterans we are assisting. We've learned that peer support is a key component in a successful transition, not only from a crisis situation to a more stable life but also from military service to civilian life.

This past year our organization conducted an informal research project in which we asked a series of questions to a number of the veterans we had assisted. One question we asked was what reasons they felt contributed to the crisis situation that led them to need our assistance. We learned that the top three reasons were financial instability; health concerns, both physical and mental; and lack of social support. What surprised us was that, overwhelmingly, more people identified the lack of a social support network as their biggest obstacle. One veteran made a comment that resonated with me. He stated that when he was serving he felt that he was a member of a family, and when he took off his uniform he became an orphan.

Because of the large number of veterans we've had the privilege to assist and the large number of veterans in our volunteer database, we are in a unique position to hear many stories of transition from life in uniform to civilian life. One thing that we often hear is that the members were not ready to release, whether that was due to an injury that cut their career short and left them mentally unprepared for their release; or perhaps they weren't financially prepared for the long wait time to receive their pensions; and they were certainly not prepared to deal with Veterans Affairs, which can be a cumbersome process.

We've been talking for a long time now about a seamless transition and closing the gap. While improvements have been made, there's still a long way to go. It's our belief, one that we know is shared by others who have come before this committee before me, that a member should not be released until he or she is ready. All documentation should be in order so that they receive their pensions in a timely manner. They should be connected to Veterans Affairs, and applications for VAC or SISIP benefits should be completed. Even something as simple as finding a family doctor would be a good thing to have in place.

While our organization's mandate is to assist veterans, we sometimes receive calls from still-serving members who are struggling. Some will contact us saying that they'll be releasing soon and they know that they will need our assistance when they do.

If those members are in a situation where they need assistance from us, they should certainly not be releasing.

In April of last year we were contacted by five serving members looking for assistance; one was homeless, living in a couch-surfing situation, and was about to be released—a serving member of the Canadian Armed Forces who was homeless. That is not acceptable, but what is also not acceptable, more unacceptable, is that he was on his way out. That member's transition was already doomed to be unsuccessful.

Serving in the Canadian Armed Forces is not just a career; it's a unique culture. When members take off the uniform they struggle with loss of identity and they lack a sense of purpose. We have assisted many veterans who were successful in gaining civilian employment upon release but were not successful in maintaining it, as they had difficulty adapting to less structured environments.

We put forth great effort and resources to train our men and women who join the military, most of whom have just barely entered adulthood. They endure rigorous training, where they are moulded into soldiers, sailors, airmen, or airwomen. They are taught to rely on the person to their left and to their right. They are told what to wear and when to eat, where to be and when to be there. They are trained to follow orders. At the end of their careers, should we not put forth just as much effort to help them integrate into civilian lives—for lack of a better term, perhaps an exit boot camp? We know the value of peer support, and veterans have told us that social support is important. Perhaps releasing members should be paired with a peer or a mentor, someone who has already transitioned, who can provide that support and guidance.

Many veterans transition successfully on their own, and many need additional support to do so.

● (1225)

At the end of their careers, I think veterans just want to feel that their service and their sacrifice meant something. I think the very least that we can do to show them that it did is to support them as they move into the next phase of their lives.

Thank you, ladies and gentlemen. I look forward to your questions.

The Chair: The next witness is Mr. Lipana. The floor is yours.

Mr. Noel Lipana (Former Lieutenant-Colonel, United States Air Force, As an Individual): Thank you, Chair, and members of the committee. I appreciate the opportunity to address you in this inquiry on barriers to transition.

If I let any of my "Californianisms" slip, and that becomes a barrier, please make that apparent. My wife tells me I'm not great at taking social cues. I think that makes me exciting and she also tells me that it's not the same thing as being fun or enjoyable.

In January 2008, a fellow airman and I were walking back from a mission briefing at Kandahar when we encountered about 300 of your CAF forces on a long dirt road returning from the airfield. Armed only with your guidons and your Canadian flag, you were still very formidable. The most powerful thing about that force, however, was its silence. That would not be remarkable, if they were marching in formation. However, they were not. Instead, they were simply walking together closely and with an undeniable resolve.

My fellow airman and I ceased our own conversation because we knew that the loss of a fellow comrade is the only thing that could mute your senses in such profound and lasting ways. Your forces were on their way back from a ramp ceremony at the airfield where they loaded the remains of one of your fellow countrymen onto an aircraft for their final repatriation.

I have not had the opportunity to formally and personally acknowledge that loss. I know our governments have had that exchange, but I'm here to tell you, as a fellow airman and soldier, that my battle buddies and I felt that loss very deeply.

In that light, it's a privilege to offer my perspective, as an ally, combat veteran, and disabled-veteran-turned-social-worker, to participate in a shared effort to repatriate the health and souls of the men and women who are still with us here today, regardless of the flag under which we served.

I spent the last 15 months of my 20-year career in the Air Force doing medical and mental rehabilitation for a mild traumatic brain injury, back and neck injuries, and post-traumatic stress. In November 2016, the Air Force medically retired me and I have since dedicated my time to try to intentionally shape the post-war legacy of OIF and OEF veterans. I believe that legacy is one of continued service to humanity, especially for marginalized groups, given the wisdom that only the physically injured and invisibly injured can hold. I think the preceding witness, Mark, is a perfect example of that. I'm not sure who wouldn't want a man or woman like that on his or her team.

As this committee knows, resourcing, educating, and coordinating those services is a messy business. It's like trying to weld Jell-O. It's frustrating, but it deserves our very best and concerted efforts.

Last September, CIMVHR impressed upon me the depth of talent that your nation possesses in research and academia and you're simply some of the nicest people I've ever been around. My network has since established working relationships with members in Ottawa, Toronto, and Winnipeg. These combined efforts continue to speak into that silence for the injured and uncover the resolve that I sensed from your CAF members back in 2008 in Kandahar to help through that transition.

If it pleases the committee, upon my return to the United States, I can give you in-depth answers to any of the questions that we can't cover in this session, especially for those American equivalents to your JPSU, VAC, and DND. My work study at the University of Southern California's centre for innovation and research on veterans and military families availed me of their military transition theory and the five elements for collaborative impact that drive a Los Angeles veterans collaborative. However, my cursory research tells

me that many of the pains and challenges that you all face align with what we face as well.

I'm eager to answer your questions and I'm honoured to be here. Thank you.

The Chair: Thank you.

We're going to have four-minute rounds and we'll run it right to the end.

We'll start with Ms. Wagantall.

Mrs. Cathay Wagantall: Thank you, Chair.

Thank you both for being here. It's good to see you again, Deb. I think that with your charity's amazing work and from what I hear of your wishes for our veterans, it would put you out of business, if we could do what we should do. Is that correct?

• (1230)

Ms. Debbie Lowther: That would be a good thing.

Mrs. Cathay Wagantall: That would be a good thing, yes.

Thank you so much for the role that you're playing. Again, the importance of veterans helping veterans, and Canadians coming alongside of them to do what needs to be done, is remarkable.

Now you mentioned serving members who have come to you. However, they're already in the process of releasing, so they're part of that JPSU environment, correct?

Ms. Debbie Lowther: Yes.

Mrs. Cathay Wagantall: So, there are some significant issues there for some folks, obviously, as they're transitioning.

I have a quick question, too, with regard to making things better for them so they don't come to the point where you're needing to help them.

We heard testimony earlier from the Veterans Transition Network. You're probably familiar with the services they provide.

How important do you think it would be to have those kinds of services actually be the priority as our members are looking at possibly facing the decision to no longer be part of their service at an earlier time?

Ms. Debbie Lowther: I think it's imperative that those services be offered earlier. I 100% agree with what Oliver said: that he would like to see the Veterans Transition Network become a service provider to DND as well as VAC. I think that would be a wonderful thing.

I know that with our organization we also are trying to work our way through the DND door to educate them a little bit more on the services that we do provide. There are members who release and appear to be doing just fine. Then they kind of fall on hard times and need us. I think that it's important for DND to make its members aware of the resources that are available when they do release.

Mrs. Cathay Wagantall: You did mention that the reasons for their crises tend to be financial, health-related, and social. However, social tends to be at the top of the list.

Ms. Debbie Lowther: Absolutely.

Mrs. Cathay Wagantall: Again, if we were dealing with that as more of a priority, then are you saying that it would impact how they are able to proceed with the others?

Ms. Debbie Lowther: I think so. I think that, as I've said, when they release they do lose that social support network, particularly members who are medically releasing. They're a little bit more isolated. Members who are struggling with PTSD, particularly, tend to self-isolate. The social aspect is extremely important, as well as that sense of purpose. There are many veterans who are not able to go into a secondary career when they're released, but they still need a sense of purpose. It could be something as simple as volunteering for an organization like ours. Many of our volunteers feel that is their purpose. It offers them an opportunity to continue to serve.

Mrs. Cathay Wagantall: Mr. Lipana, the visual you just gave us of our troops along that road is powerful. They've lost a buddy who has protected their back. We tend to think of injuries, I think, in far too small of a window. Just that alone.... Can you just elaborate a bit on how psychologically that impacts them? They're not coming home at that point, right?

Mr. Noel Lipana: Yes.

Mrs. Cathay Wagantall: Could you give us just a little bit more on how that impacts them now and also when they're going to be facing a change in the future?

Mr. Noel Lipana: We call it the “flash to bang”. The nasty part of the post-traumatic stress is that “post” word because there is that point of injury, whether it's trauma, which grossly has to do with the experience, or moral injury, which has to do with the connection between people and the morality of that connection. That trust between an individual and the institution, as well, has a delayed effect because he or she in that zone doesn't have time to fully grieve the loss and deal with the ensuing emotion that comes with it. That makes that person vulnerable in a combat theatre of operations, and that's not good.

We become very good at putting that stuff into a box and setting it aside, compartmentalizing it in order to complete the mission. Even upon return, that has negative effects. What Mark was speaking to about a member not being ready, maybe, for a particular program or to enter an intervention is absolutely true. The social support that Debbie and your other witnesses have spoken to, even Dr. Norris on February 1 with regard to bringing in the family and looking at the member holistically and at where he or she is, is absolutely necessary.

What that individual deals with is the loss of identity, the loss of someone that they've had, the loss of who essentially they were, because sometimes the moral architecture that the individual goes into combat with does not withstand the demands of war.

• (1235)

The Chair: Thank you.

Mr. Bratina, go ahead for four minutes.

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

Mr. Lipana, my city of Hamilton, Ontario, sent about 400 soldiers to Afghanistan, and if you came to my office, you would see the city flag that flew in Kandahar, which was given to me when I left office in Hamilton to come here. I'm very proud of the work they did. Some lost their lives there. Some lost their lives here.

When we toured Walter Reed army hospital—our group went over—we saw some of the innovations that were being brought into treatment. When we hear the terrible stories that we heard previously—we're talking about barriers to transition—we also want to look to new, innovative ways of dealing with that transition, and one of them—I looked up your bio—is through the arts.

Could you speak to that? I still have photos of the masks that the veterans had done in Washington. They were just staggering. They blew us all away. Could you comment on that?

Mr. Noel Lipana: Sure. I'm on the board of directors for an art foundation named for the soldier, in fact, who rode in my vehicle and was killed by an IED, the David J. Drakulich Art Foundation. The purpose of the foundation is to offer art as a medium for military-connected community, to reassimilate, reintegrate, and intentionally shape the narrative for warriors coming back.

Too often you're cast into one of two modes. You're a hero or you're broken, and maybe both of those are true at the same time. Again, I'll refer to Mark's circumstance. Just because his disability makes him incompatible for military service, that does not make him incompatible for continued service in his community.

Art is a way to do that as a therapeutic mode. Soldiers, airmen, and marines don't have to be artists. There are tactile modes. We do combat papermaking, in which we turn uniforms into paper. It's a way to draw a community in, and it's a way for a community to take ownership of their veterans. It provides a good safe medium for veterans, regardless of their political stance or their disposition towards the war. It's a common medium and it's a safe place for a community to recapture their veterans at a personal level.

Mr. Bob Bratina: I'm sorry we're short of time. I'll go to Ms. Lowther.

In terms of your databases, how do you keep track of your activities and the outcomes?

Ms. Debbie Lowther: We are required, through our contract with Veterans Affairs Canada, to produce reports for them at the end of every month. Because of that reporting system, we do have to keep quite significant documentation and records regarding the veterans we assist and the services we're providing. We have to report things like how many veterans in the run of a month we prevent from losing their housing by paying rental arrears, and how many veterans in the run of a month we simply provide peer support to.

We are required to keep rigorous records.

Mr. Bob Bratina: If I caught your submission correctly, were you sort of hinting that we train soldiers but we don't train veterans? We teach you how to be a warrior but not to transition?

Ms. Debbie Lowther: Yes. When you look at somebody who goes through basic training, they're not much more than a child, really, when you look at someone who's 18 or 19. They have no life experience, and so everything that they know, that they are indoctrinated to become is a soldier, sailor, or air person. So at the end of the line, we see people struggle with simple things like paying their phone bill. They don't know how to do that because their wife or their husband, the person who was at home, always took care of that.

I've heard stories from people who have said, "My CO told me when to go get a haircut", and things like that. At the end of the line, those are things that people do struggle with, simple things.

• (1240)

The Chair: Thank you.

Mr. Johns, go ahead for four minutes.

Mr. Gord Johns: Thank you both for your testimony and for the important work that you're doing.

I'll start with you, Lieutenant Colonel Lipana. Your story is so important. Thank you for coming to Canada and sharing that story with us, and for your service as an ally. I really hope you feel like you're at home, because we're all brothers and sisters, and you really connected us there. So thank you.

In terms of best practices in Canada, maybe you could speak about what we do well, and where you see some gaps, and maybe you could speak about where you're doing well. It's my understanding, in terms of return to work, that a lot of your caseworkers, 30% I think, are former military service members.

Could you talk about the importance of that familiarity? With regard to Mark's story, I think if he were dealing with people who had served, maybe there would be that understanding, that important piece. Could you speak to the return to work, and case managers in that sense?

Mr. Noel Lipana: Many of your witnesses have commented about changing the culture. I think the apparatus itself is well in place and the interventions are good. Having caseworkers who are former members is a huge benefit. He looks like you, sounds like you, understands what you've been through, and speaks your language.

Again, from the testimonies I heard earlier, you share so many of the same problems. There are a lot of good interventions, and the program is built to do good things. But we're paying a trust tax at lower levels of bureaucracy, where an individual who is processing a piece of paperwork or needs a signature—oh, this box isn't checked, he missed a signature—doesn't have the authority at his or her level to exercise judgment. So that norm has to be broken. The trust tax has to be taken off both the member, people like Mark, and certainly the individual doing the middle-level management in that face-to-face casework, for sure.

In the Department of Veterans Affairs in the U.S, the experience varies widely. You can have great caseworkers and you can have awful ones. It's difficult in a big bureaucracy, for sure.

Mr. Gord Johns: Do you get the sense that someone who has served is better suited to that job overall? Is it a trust factor?

Mr. Noel Lipana: I think the trust factor is big. As far as competency goes, no. I think any military family member or just even a civilian.... That can even be a benefit in itself. When I look across at a caseworker and I see a civilian, he or she has volunteered to be there. They've opted into that piece of work. Every civilian I've worked with has told me, they wanted to be there. This is their way of serving our nation, to reclaim and recapture, even it's just doing some administrative paperwork.

You talked about best practices. I got the sense that you tie your first responder community a bit closer to your military veteran community as well. That may not be a fair observation. And I think that's extremely wise, because at least in the U.S., many of our first responders—paramedics, fire, police—come from a military background. So when they transition out, it's intermediate before retirement, and they come into another very structured environment, one that is purpose- and value-driven. It's a good landing spot, if you will. But then you still have the same problems when that individual comes out of retirement from police, fire, or medical work.

My broader vision and hope is that the work we do in the U.S. for our military veterans will translate to our first responder community as well. We're taking notes of how well you do that here in Canada.

The Chair: Thank you.

Ms. Lambropoulos, you have four minutes.

Ms. Emmanuella Lambropoulos: Thank you for being here with us to answer our questions.

Either one of you can answer my first question. Have you met a significant number of veterans who don't want support when they retire from the military, who would rather be left alone, and who don't want to be tied up in Veterans Affairs?

Ms. Debbie Lowther: We have had experience with veterans who are not interested in connecting with Veterans Affairs. Sometimes they're in denial of the fact that they do need those services. Sometimes it's a case of their having heard the horror stories of dealing with Veterans Affairs, and they don't want to subject themselves to that.

When we have the opportunity to connect with a veteran, we tell them they're cutting off their nose to spite their face. Veterans Affairs has the benefits they need and are entitled to. Our volunteers will walk them through that process, act as an intermediary between the veteran and the Veterans Affairs case manager, a buffer to help smooth that relationship a little.

• (1245)

Ms. Emmanuella Lambropoulos: As you said, when members are in the military they're very much moulded into being the soldiers the military wants, that their commanders want. Then they're left on their own afterwards. It's up to them if they want to receive services, or if they even want to create a My VAC Account.

Would you recommend or suggest that it be mandatory and that it should begin before their release? Perhaps you could speak a bit to it and give us examples.

Ms. Debbie Lowther: I would say that it should be voluntary, but I think that perhaps the chain of command should have some input, because some people don't realize that they're struggling. I think the chain of command should be educated to look for the warning signs that people might not be doing as well as they think they're doing. It's been our experience that the people who tend to struggle the most are sergeant and below. Sometimes people who serve less than 10 years are the people who tend to struggle the most. Then, on the flip side, we also see people who serve for a very long time who struggle because that's the only life they've ever known.

I think it should be voluntary, because I do know a lot of members who would want to release and not have somebody tell them that they need training to become a civilian. However, I think the chain of command should have input.

Ms. Emmanuella Lambropoulos: Thank you.

The Chair: Mr. Samson, you have four minutes.

Mr. Darrell Samson: Thank you both very much for your presentations.

Ms. Lowther, I really appreciate your coming here and also the work you do in Nova Scotia, my home province. I find it amazing when I hear stories about veterans and how you are able to help them. I sometimes wonder what we would do if you and your team were not there.

Your outreach is right across Canada. I only have four minutes and I have about four more questions. In 45 seconds, can you tell us how you provide the service right across Canada?

Ms. Debbie Lowther: As you said, we did start in Nova Scotia. Through the power of social media, actually, we were able to expand our reach across the country and encourage like-minded, caring, Canadians to step up and volunteer.

We do things in two ways, proactively and reactively. Proactively, our volunteers actually go out into the streets and visit the shelters. You know that, as you've come out with us before. We actively go looking for veterans who may be in crisis. Reactively, we take referrals from Veterans Affairs case managers, from shelter staff, and from veterans themselves or family members. Our reach is wide. We have a large volunteer database, so we're able to assist veterans pretty much anywhere.

Mr. Darrell Samson: Thank you.

I know you could go on for a long time.

I have two quick questions. We hear all kinds of stories of the problems, how they got into these situations, and how they fell through the gap.

One, you write a report every month to Veterans Affairs. When they hear certain things that are ongoing, are they making changes or adjustments to make it seamless?

Two, I know you may not feel comfortable talking about Veterans Affairs directly, but what are some of the stories you're hearing about what's really causing the gap for the seamless transition?

Ms. Debbie Lowther: One of the big issues we see is the lack of uniformity in the services that veterans receive from Veterans Affairs.

For example, when my husband released, his case manager was fantastic. She went head to toe, talked about his service, and told him of every benefit that he could possibly be entitled to. We have veterans who come to us and say that they went to Veterans Affairs and the case manager said here's your paperwork and come back when it's filled out. They have no idea what they're entitled to. If they don't know, they don't know what to ask for. I think that's one of the biggest concerns we have with Veterans Affairs.

• (1250)

Mr. Darrell Samson: Have you see any changes? It's been since 2010, so eight years or so. Have you see any adjustments? If I'm responsible for delivering services and I have an agency helping me, telling me what's happening on the ground... Are you seeing ongoing changes? Or is it just status quo: here's how it unfolds, here's how decisions are taken, this is the process, and it continues on?

Ms. Debbie Lowther: The biggest change we've seen is the fact that the department has actually acknowledged the fact that there are veterans who are homeless or in crisis. When we first started this in 2010 and we approached the department in Nova Scotia, we were told that there were no homeless veterans. They had visited shelters, dropped off brochures, and nobody contacted them. Their conclusion was that there were no homeless veterans.

Fast-forward to 2014, and they're awarding us a contract to provide this service for veterans who are homeless and in crisis. I think that's the biggest improvement. I know that when veterans identify as homeless to Veterans Affairs, there is a check in the box on their file so that they are given priority of services and they are looked at a little bit more closely, supposedly. It's been our experience that that's not always the case.

Mr. Darrell Samson: I don't have any more time but just throw me a number. You have an outreach across Canada. How many homeless veterans do you think exist in Canada?

Ms. Debbie Lowther: I know the official number that was thrown around a few years ago was 2,250. I would say it's more like 5,000.

The Chair: Mr. Kitchen, you have four minutes, please.

Mr. Robert Kitchen: Thank you, Mr. Chair, and thank you both for coming.

Colonel, with this committee, I was fortunate to get a tour of Walter Reed National Military Medical Center down in the United States. I happen to have been a patient there back in 1976, many years ago.

When we deal with soldiers who are injured, who may have lost a limb, we talk a lot about the loss of the social support that they had and their ability to lose their comrades. One of the things that we learned and saw is that the U.S. integrates those soldiers and keeps them within the service for longer because they can provide a service.

I'm just wondering if you could comment on that and how you see that as a benefit.

Mr. Noel Lipana: We have what's called the integrated disability evaluation system. I don't know if you were apprised of that during your tour, but essentially that is a way for the service to keep a member in, regardless of branch, if that member wants to stay in. If you lose a limb, or whatever your disability is, they will rate you concurrently with the U.S. Department of Veterans Affairs.

Before, that wasn't the case. You could come out of the military with one rating from the service and one from the VA, which are very different. They've integrated those two now and will give the member the option to stay in if they want it and if their disability does not preclude them from prolonged military service.

Mr. Robert Kitchen: Is that of value, and would you also comment on whether you feel that it helps in that transition when they finally do decide to retire and go into civilian life?

Mr. Noel Lipana: I think it's of value for several reasons, not the least of which is because that individual gets to model continued service for his or her fellow service members. I believe the term you use here in Canada is "universality". It also gives the member agency so that they have initiative and have input on what the trajectory of their transition is, whether it's to stay in or, later, to leave.

We also have wounded care within the services. I had a team assigned to help me navigate the administration, my benefits package, and my community support.

Mr. Robert Kitchen: Thank you.

Ms. Lowther, back in December 2016, we did a report. Recommendation, 10 talked about not releasing until the member is ready and all things are in place—health, rehabilitation, and vocational services.

Would you add anything that should be in there?

Ms. Debbie Lowther: I think that efforts are being made to enforce that, but it is still happening that members are being released before they're ready, so I think improvements need to be made in that regard. In some cases, it's the fact that the member is just very good at hiding the fact that they're struggling.

• (1255)

Mr. Robert Kitchen: I agree with you on the concept of an exit boot camp. We have talked about that many times. You mentioned pairing with a peer or a mentor.

In the short time I have left, I'm wondering whether you could expand on that. What do you mean? How do you see that working?

Ms. Debbie Lowther: I think that people who release and are successful at releasing may volunteer to become a mentor for those who come after them. When members are releasing, they would have access to that kind of pool of peers who are available, even if it's just a phone call once in a while for a buddy check.

Mr. Robert Kitchen: Would this be a pairing that would be done automatically, similar to that being in place, or would it be something that the member would ask for?

Ms. Debbie Lowther: I think that it could be a voluntary thing, something that the member could ask for. Having said that, it could also be something that would be suggested by their chain of command.

Mr. Robert Kitchen: That member is not recognizing—

Ms. Debbie Lowther: Exactly.

Mr. Robert Kitchen: As they're transitioning out, they don't recognize it in the first place.

Ms. Debbie Lowther: Yes.

The Chair: Thank you.

Mr. Eyolfson, you have three minutes and 48 seconds.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

Thank you both for coming.

I've made reference to this before, about how upsetting some of the testimony can be about the challenges people have had. I practised emergency medicine for 20 years in the inner city of the murder capital of Canada, Winnipeg, if you're not familiar with Canadian news. I had to give much bad news to people, which had an emotional toll and really it was comparable to the emotional toll of hearing what I'm hearing in this committee. It's very upsetting to hear such struggles coming from people and the challenges they have.

Colonel Lipana, one of the things that we've talked about, and I'm sure again with your work in Canada...our military has the concept of universality of service. I'm not sure if you're familiar with that, but it means that if you can't perform any and every duty to deploy, then you must be out of the military. We've heard reports that there are people who will not report symptoms; the paratrooper who notices they're getting back pain, the person who's starting to get symptoms of PTSD. They don't want to report it because if they don't meet universality of service, they are thrown out, and things get worse.

In the American military, are there provisions for a career in modified service for someone who has an injury that prevents certain kinds of duty but could still very adequately perform other kinds of duty?

Mr. Noel Lipana: Absolutely.

Mr. Doug Eyolfson: Is there a provision in the U.S. military?

Mr. Noel Lipana: Yes, there is. You can find several examples where we have amputees, people who have lost sight, limbs, they have other disabilities, even up to certain ratings for PTSD, within the service. If they're not part of the active component we have National Guard, Reserve, and active components within the U.S. If you're not suited for one of those components, there are provisions to put you in another and you don't have to be deployable in order to stay in.

Mr. Doug Eyolfson: Okay, thank you.

One of the things I thought about—and again, I'm thinking intuitively and intuition isn't always correct—is if someone, say, is an amputee but has aptitudes that might make them suitable as an air traffic controller. Now, yes, theoretically everyone should be deployed. I've never actually heard of a long-term air traffic controller actually being handed a rifle and told to carry this back out into the battlefield. Do you think that if there were modifications to the Canadian policy of universality of service, if that was somehow modified, whereby people could in fact still serve where it wasn't universal, that would perhaps help in people coming forward with their symptoms and preventing people from being retired who wanted to stay?

Mr. Noel Lipana: I hesitate to speak for your Canadian Forces, but for the Americans I think it would make the member more willing to, as long as they trusted that the system wasn't going to harm them on the back end.

Mr. Doug Eyolfson: Thank you very much.

Ms. Lowther, this is my last question.

We talk about—and I've heard much about this too in regard to transitioning—how in the military you're told when to get your hair cut, someone takes care of all your bills and everything like that. You transition out and you have to take care of insurance for your apartment, your rent, handling bank accounts. Would there be a role

for just some ongoing education throughout a military career just so that people at every stage...you say, one day you're going to be out and you're going to need to know these things? So have them, at every stage, at least having an idea of the things they're going to have to know and be able to do once they're civilians.

• (1300)

Ms. Debbie Lowther: I agree with that entirely. I've actually spoken about this before. I come from a background of managing people where I've had to do performance evaluations, and those are opportunities in the military when they're doing their PERs to converse with the member and do that education at that point in time. Maybe talk to them about what their plan B might be and ask, "what are your plans when you get out" kind of thing, and educate them on the fact that life after service is going to be a little bit different. I absolutely think that would be wonderful.

Mr. Doug Eyolfson: Thank you.

The Chair: Thank you.

That ends our time today.

I just have one question for you, Ms. Lowther, and we'll have the clerk send it to you. I'll just read it here from the floor.

With recent increase of housing prices across Canada and notably on the west coast and Toronto, and in most of our ridings, are you seeing a spike in homeless vets and is this creating additional pressure on your organization? We'll get the clerk to email that, and if you could email it, she'll get it to the committee.

On behalf of the committee, I'd like to thank both of you for taking time out today to testify and help us on our journey to make things easiest for our veterans who have served. Thank you for all your help with that.

The meeting is adjourned.

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