House of Commons
Chambre des communes
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 048 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Monday, April 3, 2017

Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

Monday, April 3, 2017

● (1535)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good afternoon, everybody.

I would like to call the meeting to order. Pursuant to Standing Order 108(2) and the motion adopted on September 29, the committee resumes its study of mental health and suicide prevention among veterans.

We'll start with a panel today. We have four witnesses. We'll start with statements of up to 10 minutes from each witness, and then we'll swing into questions and answers. We'll start first with Michael McKean by video conference from Barrie.

Good afternoon, Michael. The floor is yours.

Mr. Michael McKean (As an Individual): Good day. I am providing key points as testimony to assist in the study of mental health and suicide prevention. I draw on 35-plus years of service to Canada with both the reserve force for 16 years and the regular force for 21 years, and with my ongoing efforts to reintegrate into civilian life since being medically released on December 15, 2013.

My views on mental health and specifically suicide prevention flow from having lost a friend who was a reserve officer; my involvement with a veteran of Bosnia who attempted suicide while I was his commanding officer; my experience on Operation Attention, roto 0, in Kabul, Afghanistan, from July 17, 2011 to February 15, 2012; and my ongoing transition struggles.

Preparation and training allows small teams to overcome even unimaginable conditions. Recovery requires similar support systems, which are not yet there for many veterans.

I enrolled as a private soldier in the 26th Field Regiment, Royal Canadian Artillery, during December 1975. My entire career in uniform has been as a gunner or gunner officer.

From my initial class in military psychology and leadership at the Royal Military College of Canada, I realized that successful leadership required a profound understanding of human desires and fears. The knowledge and experience bestowed upon me by Canada has helped me to better appreciate the words of my grandfather, a veteran of the First World War, with service at the front and in the Home Guard for World War II, and my military mentors, and it has been augmented by the study of Sun Tzu, Clausewitz, Viktor Frankl, Toffler, Roméo Dallaire, and Chris Linford.

When the call for testimony to this committee originally went out in 2016, my thoughts were that limited services were available to Canadian Armed Forces veterans from Veterans Affairs Canada to address reserve force mental health suicide prevention, and that both the CAF and VAC could and should be involving veterans in the process of change.

I am recommending the use of a systems approach to the integration of veterans, especially reserve force veterans, in a metric that leverages the existing operational stress injury social support—or OSISS—framework. This requires a modification, a change of attitude, so that we focus away from full-time OSISS coordinators, expand the volunteer opportunities, and stop the budget roller coaster.

Military theory—Sun Tzu, Clausewitz—which has been immortalized by the words of Napoleon Bonaparte, who said that "the moral is to the physical as three to one", is a guiding principle. When I was in Afghanistan in August of 2011, I injured my right knee. While I was laying on the operating table getting seven stitches with the assistance of morphine, I knew that the injury I had was similar to ones that I had experienced over my career, which should have resulted in two weeks or more on crutches. Those were the medical orders in the past.

When they finished, I was asked if I could bear weight on my leg. I put my game face on and said yes. The reason was that if I had more than two days of light duties—forget about crutches—I would be returned to unit. My unit would have had serious problems. Shortly after I arrived in theatre they changed the operating procedures to prevent travel outside the wire with less than four personnel. Our team consisted of six. We lost one person—RTU—shortly before my injury, and we had another individual go home on compassionate leave for two weeks approximately two weeks after my injury. My team would not have been able to go outside the wire if I had been on light duties or on pain medication that would have precluded my driving.

During 2000-01 as a newly appointed commanding officer I found myself struggling to assist a reserve force officer recently returned from deployment in Bosnia. The system failed then to identify the obvious alcohol abuse symptoms he was exhibiting, and after his attempted suicide, provision of assistance only occurred through his wife's extended health care benefits. During 2012-13 on return from deployment to Afghanistan I felt like a failure and this was repeatedly reinforced as I fell into almost every conceivable crack in the system: no follow-up on a mental health recommendation for OSI assessment; limited, incomplete communication of information to the release base, the reserve unit; financial issues, eight months before pension resolved; access issues for mental health services, wait, wait, and end up bridging through the Canadian Forces member assistance program; and confusion on the medical release process.

I was actually assigned a VAC case manager and then, oops, they realized that I had to go back and wait for the Canadian Armed Forces to sort it out. I didn't get a CAF case manager until 2013. At that point, despite testimony to this committee, JPSU was not identified as an option even though it was very clear that I had recently returned from a deployment. There was confusion at every stage of the disability claim process. I actually had to go to Archives Canada and get them to provide the information because the system had not gotten around to addressing things in a timely manner and the documents went to archives.

A possible way forward is to involve veterans in change management. *Warrior Rising*, which is a book produced by retired Lieutenant-Colonel Chris Linford, on page 356 highlights, as has other testimony to this committee, including that of retired Lieutenant General Dallaire, that “a highly skilled ill/injured military veteran needs relevant work.”

Since 2012, I have spent a significant amount of time studying what has been done for operational stress injuries and post-traumatic stress disorder. There are lessons learned from work, both positive and negative, done by the U.K., the United States, etc. It offers more than a starting point that would entail many years of further study before action is taken, which is what I perceive to be what the Government of Canada is currently looking at doing.

There are post-traumatic stress disorder best practices and knowledge. I make these comments in the context that from 2012 to 2014, as part of my retraining, I completed my master's degree in social work and I became a registered social worker in the province of Ontario. I was able to do that because I had 20 years of experience as a drug education coordinator, and health promotion coordinator, prior to my deployment to Afghanistan. My take-away on this is that veterans have the experience to help if attitudes and full-time limitations can change.

What do I mean by attitude change? Most of the medical priority job opportunities are for full-time positions and the ones that I have looked at require that the individual obtain health provider sign-off that they are stable and will not be triggered. I do not currently satisfy these requirements. I am reading to you from a prepared script because I tend to lose focus and I get triggered by things if I'm not careful.

With the encouragement of my psychologist, I pursued part-time opportunities only to be confronted with failure as my qualifications fell short of Calian criteria for providing mental health assistance to Canadian Armed Forces members. This was despite becoming an authorized Blue Cross provider for social work and being a clinical care manager in 2014, based on my extensive experience as a military officer and a drug education coordinator, working in health promotion with all of the courses and background that I'd taken.

● (1540)

I had a total of one referral over the last three years, and then they cancelled it because they decided that it was inappropriate. That was all I was told.

Over the last three years, I have successfully worked in a volunteer capacity in reserve force mental health suicide prevention. Reserve units are geographically located across Canada. They offer a simple way to connect with many veterans who move away from larger communities. Working with reserve units offers one of the few ways to more appropriately address reserve force mental health challenges.

Although far from perfect, the OSISS framework currently offers a mechanism to connect JPSU transition services to the community. That could be enhanced by the integration of veterans, especially reserve force veterans, and could also benefit by linking to ongoing efforts to help veterans, like the Royal Canadian Legion operational stress injury special section. These are not competing entities; they're part of an overall system.

One of the problems is, if we go back to the budget issues, OSISS puts limits on its coordinators. They're not allowed to take calls after hours, because that would be considered overtime. If you don't have an extended group of volunteers, the March 2017 stop travel, then restart, offers a perfect example of the kind of roller coaster that we get into. The volunteer training course for OSISS volunteers was cancelled because of budget shortfalls, and now we're having to play catch-up, which will cost months.

Thank you.

● (1545)

The Chair: Thank you, Mr. McKean.

Mr. Mitic.

Mr. Jody Mitic (City Councillor, City of Ottawa, As an Individual): I'm Jody Mitic, a city councillor here in Ottawa. I was in the military for 20 years, from 1994 to 2014, and was wounded in January 2007. I am an advocate for mental health. Although I was surprisingly cleared by three different professionals to be mentally stable, I think my wife would question it.

I got into politics to advocate for my brothers and sisters. I believe the more of us that are at any table as elected officials will help. I'm lucky right now that my MP is Andrew Leslie, a former commander of the army.

Overall, mental health is as much a veterans issue as it is a military issue, two different departments with the same goal of having people with mental stability throughout a career that asks a lot of them. When we take a guy off the street or a girl off the street, and put them into basic training, we teach them RICE on day one almost.

Do you guys know RICE? Anyone? Doctor? It's rest, ice, compression, and elevation. If you sprain your ankle, we need you to know that stuff because the medics are busy. Every little scratch can't be something where you run to the doctor and get a band-aid. You have to be able to take care of yourself.

What is RICE for your mind? Anyone? Right. We don't have that in our society overall. This is also a public health issue. I can go down to the Shoppers Drug Mart with a cold, get advice from the pharmacist, and ask, “What medication or home remedy would you recommend?”, and they usually have a pretty good answer. We can't do that for mental health at any level: military, veteran, or civilian.

We have to go back to the drawing board and train our people from day one to deal with mental stress. I believe there was a colonel, he wrote *On Killing*. I forget his name. He was an American, a green beret. He called it stress inoculation, and a lot of the experts do.

I noticed, in my career, that it was something we didn't do a lot of, specifically to prep mentally. We did a lot of push-ups, chin-ups, running, and target practice, but we didn't really train for the day that we would see our buddy vaporized in front of us by stepping on an IED—

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): It was Dave Grossman.

Mr. Jody Mitic: Dave Grossman, yes, there you go—great guy. They're hard books to read, but there's a lot of great information.

The first time you see the insides of a person is when you're on the battlefield. There are ways to train for that. I always quote the show *Band of Brothers*, where they're crawling through pig guts. We never did anything like that in my entire career. As I said, the first time I zipped up a body bag was the first time I was putting one of my buddies in it.

At the time, you're in combat; you can deal with it. Later on, you reflect on it, but there's no buffer. There's nothing to say this is what you're going to feel, it's normal, and you should be sad. You're not a wussy if you cry because your buddy died, but the attitude at the beginning was that way.

Fast forward to when someone becomes a veteran, as cases have shown.... A friend of mine's father-in-law was a Korean War veteran in his eighties, and suddenly he had PTSD from the war. It shows you that it could take a lifetime for it to expose itself. I may one day have symptoms and have to deal with it. My wife was released medically from the forces for PTSD. She was a medic.

I feel the overall approach needs to be teamwork between DND and VAC to come up with a game plan from the day we enlist someone to the day we bring them into the veteran's house. I don't know what the answer is. I think there are a lot treatments that work for seven out of 10, and then there are those three, and then seven out of 10 of those, and seven out of 10 of those. Whether it's dogs, yoga, virtual reality, MDMA, or whatever other treatments we hear about, they all work for about seven out of 10.

The flip side of that is the support system. I can tell you that Alannah was heavily affected by the DND side, where we went in expecting certain supports, very clearly written out, only to have them either be changed or yanked away or modified without our knowledge. Also, we were made almost to feel like we were having to fight for them. I hate when I talk to my brothers and sisters and they say they're fighting back for this and fighting back for that. It should never be a fight. You should not feel like you're in a scrap when you're going to a department.

We're fortunate as Canada's veterans that we have a whole ministry dedicated to our support. A lot of us feel as though we're fighting with this ministry that's supposed to be there to help us through life. I don't know what the answer to that is either, but I know, when it comes to dealing with the system, that causes a ton of mental stress to a lot of my brothers and sisters, to the point where they just won't....

Recently one of the widows, who was also serving and has a daughter the same age as our oldest, disappeared off social media, stopped returning calls. We found out that something had happened with her Veterans Affairs file, and it had completely shut her down socially. She didn't even want to pick up the phone, because just to call her Veterans Affairs office or the 1-800 number was a trigger, frankly. She just didn't want to have to deal with it.

I don't know what the answers are. I just know that we have a ministry for our support, and we have a lot of veterans feeling that they're fighting with it. I really wish we could change the tone on how that happens.

That's it for me.

● (1550)

The Chair: Thank you.

Mr. MacKinnon.

Mr. Philip MacKinnon (As an Individual): Good afternoon.

My name is Phil MacKinnon. I retired just under a year ago from the Canadian Forces after 26-plus years of service. I joined in 1989 as a private. As a private I was told what to do, where to go, and when to be there. I did my job and would gladly do it again.

As you work your way up through the ranks, you're given more responsibility, but your orders come from higher so you're still told where to go, what to do, and when to be there.

Now I'm retired. No one tells me where to go other than my wife, and I'm not really sure I can repeat where she tells me to go sometimes, but a lot of times, you don't know what to do. When I was in the military, I had a doctor's appointment. It was a parade. I was there. I'm not in the military anymore. I haven't even got a family doctor yet because of the wait-list. I'm in an area that is underserved, so I have no family doctor. I have to try to make appointments to visit either the emergency room or a family medical clinic that will take someone in.

It's the same thing with mental health. When I had an appointment, I was there. For me, speaking to someone like that helped a lot. When my guys went through a traumatic incident, as their supervisor, it was incumbent upon me to ensure that they sought counselling for what was required. It was mandated for us.

My trade was military police. We dealt with a lot of traumatic issues. It could be anything from a very severe domestic to a suicide, what have you. My guys would go, they would do their stuff, and then I would ensure that they saw counselling.

Now I'm that person who's in need and to try to seek counselling, I don't even know where to go. I have talked to a case manager who I recently was in contact with, and she starting to get me on the right track again, but when I was diagnosed in 2006 with PTSD, I went through a lot of counselling, two, sometimes even three times a week. Before that my solace came from a bottle. On an average weekend I would drink two, maybe three 40-ouncers, sometimes a little bit more, depending on how rough a week it was.

I deployed in 2001 to Bosnia on roto 8, where I found out I was actually in a minefield, although it was supposedly cleared by the agencies. In 2003 I ended up on roto 0 in Kabul, Afghanistan, and went back on roto 4 in Kabul, and roto 0 in Kandahar. I finished that tour in 2005.

Prior to that I was deployed on Op Recuperation. I'm sure a few people here probably remember the ice storm. During the ice storm in 1998, I was deploying back home. I was told there was HLVW that had gone off the side of the road, and we needed to do an accident report on it. Okay, not a problem.

There was a whiteout behind us. Before the OPP could get there to close down the highway, my patrol vehicle was hit by a 10-tonne truck from Toronto. I was in the driver's seat. The only thing that saved me was that I couldn't get the damn seatbelt undone. That seatbelt and the vest that I was wearing saved my life. I still have nightmares about it. I still have nightmares about Afghanistan. That's the way it is, but the counsellor who I had down in Halifax—and, God, I wish I could remember her name—was phenomenal, a psychologist. She told me one thing that has always stuck with me. She said, “You'll never get over it, but you'll learn to get through it.”

● (1555)

In 2014, I was posted to Toronto. We couldn't sell our house in North Bay so I went down to Toronto in IR, that is, imposed restriction. I was down there living in a tiny apartment. It was 490 square feet, my entire apartment, and you'd have to step out onto the balcony to change your mind. I was on the 22nd floor. The pain and the mental stress of being away from the family take a toll on a body, but you have nowhere to turn because you don't know who to turn to. When I'd get back to North Bay, I'd seek out my psychologist and talk to him whenever I could. Now, though, for his own medical reasons he's had to retire.

As far as I'm concerned, there needs to be a system in place so that veterans transitioning from the military can be taken on as priority cases. When I was diagnosed I had a lot of problems. I had anger issues, and the last thing you want is a Cape Bretoner with a badge, a bad attitude, PTSD, and nothing to lose. That's just a recipe for disaster.

There needs to be something to allow you to transition from the military, where they're providing your mental health resources, to an civilian system Veterans Affairs can refer you to immediately. If you have a civilian psychologist, you should be able to keep the same individuals. I have friends who have put calls into OSISS and have not received callbacks. They've sent them emails and not received an email back, even acknowledging them. There is a big disconnect and it's a gap that needs to be bridged and needs to be bridged quickly.

Thank you.

● (1600)

The Chair: Thank you.

Mr. Brindle.

Mr. Joseph Brindle (As an Individual): I didn't know what to put down or say, so I'm going to wing it. I have prepared a PowerPoint, which has not been translated, but I'll make it available to the committee afterwards. It goes into further detail.

I was looking for a title for this, and I called it “My 14-year Suicide Attempt”.

I grew up in Ontario housing in Markham, Eglinton, and Scarborough, quite poor, with a lot of discipline problems, such as break and enter, and theft. I failed grade 7. They thought I was a bit slow and wanted to send me to a special school, but my mom talked to them to keep me in a regular school. I was a survivor of long-term sexual abuse by a friend of the family.

When I was eight years old, I set our family apartment on fire and narrowly escaped that. I basically shut myself away from age 12 to about age 18, hiding down in the basement and working on an old car. It was my safe spot. I didn't socialize. I didn't date.

Then this thing called YTEP came up, where you could join the military for a year as a reserve and try out the system to see if you liked it and if they liked you. I applied as an aero-engine technician, to follow up on my love of mechanics. There were no openings, so they suggested I take ammunition technician, a trade I knew nothing about. I did. They said that if I did well on my course, there was a very good chance I could remuster or change trades once I had a foot in the door. This was a lie. Ammo tech is one of the few trades you cannot remuster out of. It's the smallest trade in the Canadian Armed Forces, with about 140 strong when I was in.

However, I did enjoy working with explosives. There are two aspects to ammo tech: the supply side and the operational side, the improvised explosive device disposal. I decided to go that route, just due to the interest in it. At that time, IED wasn't a word as familiar to everyone as it is now.

My first posting was at CFAD Rocky Point, out in B.C. As I mentioned, it was a very small trade, and all of a sudden it had an influx of 12 privates, which they don't normally have, so I was sent out to Rocky Point, which had no provisions for privates, no accommodations, and no junior staff. I was put on a naval base, Nelles Block, about 40 kilometres away, in transient quarters for six months, driving to a job with a bunch of old civilian ammunition workers who didn't want to work.

I hated my job. Isolation and depression set in. I arrived there in September 1986, and on December 6, 1986, I wrapped my brand new car around a pole after I had consumed a bottle of cheap navy liquor. At the time, you could drink on the ships for about 25¢ for a beer and 25¢ for a glass of whisky. I started to work on my alcoholism very strongly then.

To counteract this, the military sent me on a three-day life skills course, which is essentially a course to tell you, “Don't do this again or you'll go on a spin dry course.” It tells you to hide it. They kept me away from trouble and B.C. by tasking me and sending me on my trade qualification 5 early, and then immediately posting me to 2 Service Battalion special service force, Petawawa.

Petawawa was an absolute dream. It was all field. I loved it. I thrived in the field position, and I also became a very functional alcoholic, where you can drink until four and run in at six. That was fairly standard in the early nineties' Canadian Armed Forces. I am certain it's changed now.

I became HC improvised explosive disposal-qualified in April 1990. In this, I accomplished my initial goal. To top it off, at the age of 23, I was the youngest IED technician in Canadian history, which is yet to be matched—and it won't, because of the qualifications you need now to get it.

From there, I was posted to the Canadian Forces School of Electrical and Mechanical Engineering in 1991 as an instructor. While there, I was a member of the nuclear, biological, and chemical emergency response team as their explosive engineer. In Borden, in 1991, they found mustard gas Livens containers from World War I. I heard about it, because I was actually in my IED course when they found them, and they didn't know what to do with them. In 1994, when I was a member of the team, they decided they wanted to dispose of them.

The number one was away, so I was called up and I ended up disposing of the mustard gas. Now, the only way to breach these was explosively, so you had to ensure that you used just enough explosives to crack the shell but not crack the burster and contaminate all of Borden with mustard gas. I was contaminated and had to go through full decon. Mustard gas preserves very well. I had seven bars on a CAM, too. Every time I see balsamic vinegar now, which looks identical to mustard gas, I have a panic attack.

● (1605)

My time at Borden was the happiest time in my life. I met my wife. I had three children. My military career was progressing extremely well. I was promoted ahead of my peers. I was socially adjusted to family life and meeting new people. My drinking had become more social, not drink until four and run in at six. It was about family. My quality of life at that point could not have been better.

Then I was posted to Toronto in 1994. I was posted to the Canadian Forces base supply, as a 2IC of the ammo section and was meant to be the supply tech. As I was posted and the message was cut, Toronto announced that it was closing. We had two positions there: a master corporal and a sergeant. They didn't replace the sergeant because they lost the spot. In a small trade like ammo tech, you can't just take another sergeant from somewhere and put them in there.

The assumption was that if it was closing out, a master corporal could close it out. The problem is that there was an also a EOD team there. It was EOD 14, and they needed a chief. I was temporarily promoted to sergeant and sent over to the U.K. to have an advanced IED course and made the chief of EOD centre 14. During that time, notification hit the press that CFB Toronto was closing, which created concern for the community.

Various police forces announced an amnesty period for military-related artifacts. This had the unintended effect of increasing EOD teams by factors of hundreds. I was temporarily promoted to sergeant, as I mentioned. I was unaided until closure, after hundreds of emergency calls, thousands upon thousands of kilometres, often driven with hazardous cargo, such as 10 disposal IEDs, and the most horrifying event of my life, a post-blast investigation involving a young boy.

I was promoted to sergeant as I left Toronto, with an outstanding PER from the base commander, but Toronto closed and so did the fanfare. I lived in Angus, so I drove down every day.

All of a sudden, instead of going to Toronto one day, I went back to Borden, and they made me the explosives safety officer for southwestern Ontario. For the next years, I visited cadet units and militia units and gave briefings on explosives safety. I was living in hotels, driving a rental care, and had lots of money for claims, so I could hide my alcoholism. My days consisted of basically drinking until about three, waking up about noon, getting myself cleaned up, visiting a cadet unit, checking their lockers, doing an inspection, having a few beers with the senior cadet officer, telling some war stories, and then repeating if necessary the next day, until I found the courage to go home because I couldn't face my family anymore.

My drinking increased heavily. By that point, I was alcohol dependent. My weight substantially increased, from my perfect BMI in Toronto to BMI 31,and I was diagnosed with sleep apnea. In 1999, I received a medical category that wouldn't allow me to be unit tasked or operational. No one looked into the circumstances as to why I put that weight on. My symptoms of depression had set in, and my family life was deteriorating. I had worked alone for four years with no support, after an operational spot. I was nowhere near a base to be part of the unit functions and the camaraderie that a base has, be it a bowling afternoon, a beer call, or what have you. No one noticed the changes except my family, and I was away from my family.

After 15 years in, one year as reserve YTEP, I retired from the military on August 12, 2000, with a promotion PER to warrant officer. I was released in the tail end of the last force reduction plan, so there were no questions asked. It was a numbers game. They wanted to get rid of people, and they didn't care how they did it. When I asked for my release, no questions were asked. I was released in less than two weeks from my request. I received a basic physical exam and no mental health observation.

I departed from Canada for Kosovo and started my civilian career of disposing cluster bombs in Kosovo. I then went up to Kurdistan, northern Iraq, and performed humanitarian demining for the United Nations. I attempted to rejoin the Canadian Forces in 2001, and the recruitment centre did not respond. Then, a plane flew into some buildings and that changed everything. I spent the next years in Afghanistan, Iraq, Iran, Turkey, Amman, Laos, Yemen, Russia, the Balkan states, performing EOD work, mine clearance, and then later high-voltage clearance of the power lines in Iraq, Afghanistan, Tanzania, and Rwanda.

● (1610)

I spent six years in total in Baghdad and two years in Afghanistan as a civilian working outside the wire. I'm being recognized by the United Nations for finding the largest cache of explosives ever in Afghanistan.

Do I have much time?

The Chair: Could you wrap it up?

Mr. Joseph Brindle: I'll wrap it up quickly.

I live like there's no tomorrow. I tried to get back with my family and it didn't work, which eventually led to three suicide attempts. The first was in 2010 in Iraq and another in 2013 in Tanzania, which was discovered by my work, which then fired me. I was sent home and at that point, I didn't know I was a veteran. I was in Canada. I had been out of the country for 14 years. I had no idea where to go or what to do, and eventually, I ended up in a hotel room slicing my wrists.

Obviously, I survived that third attempt and then spent a month in the mental health unit. It was there that an intern, who was a reservist, told me that I was a veteran and that's when I started getting help. I've recovered to the point now that, with the help of a service dog, I'm actually starting school in September.

My path through recovery has been long—from January 24, 2014, when I had my last drink. The road to recovery has been outstanding. I have my relationship back with my children. I can be in the same room as my ex-wife with my grandson now. I just want an opportunity to live a normal life and to volunteer and work in my community.

Quickly, these are my recommendations to the Canadian Forces.

There should be an introduction to VAC during basic training. As soon as you qualify for basic training and are released as an honourable discharge, you are a veteran and there's a good chance you may become a client of VAC. Soldiers should be made aware of this. As of 2000, as a sergeant in the Canadian Armed Forces, I didn't know I was a veteran. That's because Afghanistan happened and you only knew you were a veteran if you went to Afghanistan—even someone who was working in Afghanistan under a different uniform.

Mental health exams need to be done prior to enrolment, before selection for specialist trades, after operational task ends, prior to command of an operational team, and before release.

I also have some quick recommendations to VAC.

We don't need more case managers. Case managers need more help. They should have assistants working directly for them who can answer the vets' calls directly—a veteran 911. We have to be treated differently. If you have an episode in an office, you don't call the police and send out three police cars and a paramedic because we are suicidal. I said, “Delay, deny, hope we die and don't finish our claims” and that resulted in a suicide attempt at my house, apparently. That was last October.

Regarding service dog assistants, the studies have been done on the benefits of a service dog. I wouldn't be here today without this dog. The studies have been done. There has been enough supportive information. VAC needs to adopt a program now because dogs will save lives. I have this dog from Audeamus, and Marc Lapointe is in the area. We really need to resource this now. If I didn't have her, I would not be here. I went through some very dark days in the last three years and she's helped me through them.

The last thing is incentives for civilian medical doctors. When you are not a part of the medical community, you come out with nothing. You don't even have a health card. Doctors realize that veterans are a burden to their practice because of the documentation they require for absolutely everything we need, so they won't take us on. There have to be incentives for medical doctors to look after vets.

Thank you.

● (1615)

The Chair: Thank you.

We'll start with six minutes.

Go ahead, Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair, and I want to thank all four of you for your service to your country.

The information you have provided to us has been just tremendous. Much of what we've heard in this committee on the issue of mental health and suicide prevention has been dealing with the issues of identity loss and stigma that arise through some of the issues that our veterans are seeing.

Mr. McKean, I think you were talking about recognition of prior learning and allowing veterans to take that aspect of what they learned in the years in the military and putting them in positions afterwards to help them. I think what you are saying is that there needs to be some recognition of what veterans have learned over their careers that will be of assistance later on. I'm just wondering if I am following you correctly on that. If so, can you expand on that?

Mr. Michael McKean: You are following me correctly. In 2012, I had to take my uniform off because I was too emotional. I cried. I was not prepared to continue in uniform. That said, when I was retraining as a social worker, I was not allowed to do a practicum at the mental health services on the base because I knew too much about the military. Having been recognized by Blue Cross but not by the Canadian Armed Forces, specifically Calian who manages most of the contract work for social work health care services, I have been avoided because I know more than people want to know. There is concern, which is part of the testimony from other individuals, that I would become an advocate.

Many veterans have significant experience that can be used. Most people who are transitioning are not able to work full time, but if we recognize the valuable knowledge that they have and put in place a system that's robust enough, I believe we can address a lot of the issues, because veterans who have been injured and have gone through the process understand the identity loss. They have lived through the issues and they can help other individuals overcome those things and can explain to case managers and others who are not familiar with the system.

Mr. Robert Kitchen: Thank you, sir.

Mr. Mitic, you talked a lot about training. You basically talked about stress inoculation. We've heard a lot about that. We've also talked about—and Mr. Brindle talked about the same thing—how we train our soldiers from day one to be a machine, but at the very end of it, we don't decommission you. We don't "detrain" you to be a civilian.

You talked about training on day one on mental stress. How do you see that? How do you see that in those initial—

Mr. Jody Mitic: Are you putting me in charge now? Is this blue sky? I'm in charge?

Mr. Robert Kitchen: Yes.

Mr. Jody Mitic: When I joined, as I said, it was in 1994 and if you had any issue mentally, a different word was used. You were a "wuss", even if it was physical. I sprained an ankle pretty badly on exercise once and I was told to suck it up. Funny, I don't have ankles anymore, so it's not really an issue. That was a joke, guys.

Voices: Oh, oh!

Mr. Jody Mitic: In centuries past—I'm a geek for history—every warrior class has had its reflective moments, its self-examining moments. If you look at samurais, they practised perfect calligraphy. If you look at the Spartans, they had their mountain where they would go and take their hallucinogenics and things like that. They also had the camaraderie of the march to and from battle.

What we've lost in the western modern military is these moments where we would reflect. Even the monk knights prayed and fasted a lot. It's basically meditation and self-reflection.

I would from day one come up with a system somehow. Maybe we would talk about best practices and we would teach our soldiers that as much as they want to bench press 300 pounds, we need them to spend 20 to 30 minutes a day thinking about how they're going to feel the first time they take a life or the first time a friend of theirs falls in battle. Also, we need to simulate these actions somehow. I know I keep talking about crawling through pig guts, but that's a very visceral training tool to prepare you.

We'd have a gentleman like Joe. Sorry, what did you say you actually go by?

A voice: Don.

Mr. Jody Mitic: Don would set up explosives to simulate artillery coming in on us. That was great. When I was under mortar attack by the Taliban, it kind of felt the same, so I kind of knew that my heart rate would go up and I was prepared for it a little bit.

I think this is where DND has to step up and start from day one with a soldier and train them to deal with mental stress. Also, tell them it's okay to feel scared. It's okay for this. It's okay for that. Rely on your training, because a lot of the tough-guy attitude comes from people saying, "Don't be such a wuss. Suck it up." That's great in the moment when you're under attack or something, but in training, I believe the mental attitude needs to be fostered that you toughen through repetition. That's a training thing, and that's a budget thing, because that kind of training is expensive. It's also just a concept that we seem to have lost in the last seven years or so.

● (1620)

The Chair: Thank you.

Mr. Fraser.

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

Thank you, gentlemen, for joining us today and for your service to Canada.

Mr. MacKinnon, I really appreciated your testimony and some of the comments you made. With regard to counselling, you said you're not sure where to go or how that works. I know there has been an expansion of the number of counselling services you can actually take. Is there an actual problem you've identified with regard to getting counselling services? Is there a barrier for you, personally, that you see could be fixed?

Mr. Philip MacKinnon: Spilling your guts to one person is hard to do. To two people, it's a lot harder. Now you're getting into numbers of three and four, and people don't want to do it.

There needs to be somewhere.... For example, throughout my career I had one posting that was six years, one posting that was seven years, and everything else was either two or three years. I was down in Halifax and the two years I was down there I started getting the help I needed, and that put me on the right track. There was nothing in London. I got to northern Ontario after that and I was gone too much. When I was home I made contact through the military with a civilian psychologist, but as I said, that psychologist has now retired.

We're in an under-serviced area, so to start over for a third or fourth time...and in that area, there is not that wide a variety. If there are more people there who will take on military personnel.... It needs to be more open. They need to actually tell you how to go about getting in contact with these people, whether it's through Veterans Affairs or through the military. To my knowledge, there are very few there, and the ones who are there now, because this one doctor retired, are already over-booked, so you can't get in to see them.

● (1625)

Mr. Colin Fraser: It would be very helpful to have a formal structure in place for how this is going to work, and to have specialized people in the field available through VAC.

Mr. Philip MacKinnon: Yes, exactly.

If you were to have a total breakdown today, do you have a doctor to go to? You're in Ottawa, and we're in North Bay, which is an under-serviced area.

VAC needs to look at some of these areas where there is a large defence community. They need to come up with some sort of plan to help these people or else they need to petition the government to give them greater incentives to move to this area so these people can be serviced.

It's not financially feasible for someone in North Bay to drive two and a half hours down the road to Petawawa, or four and a half hours to Ottawa for an hour visit once a week or twice a month. I have to stop about half a dozen times to get to Ottawa because of back injuries and knee injuries and all that. Besides the mental strain, you have the physical pain, and that takes a lot out of a person.

I'd like nothing better than to go back and to speak to a psychologist, but that's not going to happen right now.

Mr. Colin Fraser: All right, thank you, Mr. MacKinnon.

Mr. Brindle, you mentioned a veterans 911. There is a VAC number to call 24 hours a day, 365. Are you familiar with that service?

Mr. Joseph Brindle: I am.

Mr. Colin Fraser: One of the things—

Mr. Joseph Brindle: That's not the point I'm trying to get at, though.

Mr. Colin Fraser: Okay. All right.

Mr. Joseph Brindle: When a vet is in crisis, the 911 system that works for civilians doesn't work for the military. I'll give a clear example.

I walked into the base Borden VAC office to get the disability claim I submitted in September 2015, and in fact I had a meltdown. I was angry and the woman felt threatened. I said, "Oh, typical VAC —delay, deny, wait till we die." Two hours later, I had three OPP officers and a paramedic sitting in my driveway. That's where the 911 call should go. That person who felt threatened in the VAC office should have called the veterans 911.

Your case manager should be involved if a case manager would be of assistance, or there should be a group within the system to contact the veteran, because sometimes they just want to talk. They are just so frustrated with the system that sometimes they have a blow-up. Then they over-respond. They think you're suicidal and they send out the cavalry. Two days later, I got a registered letter banning me from that office. That's the way I was treated over a statement.

Mr. Colin Fraser: I appreciate that, Mr. Brindle. I'm glad you clarified.

Mr. Joseph Brindle: I'm not the only one.

Mr. Colin Fraser: What do you think about having available peer support?

Mr. Joseph Brindle: Peer support works great when they're not cutting budgets for OSISS clinics, because the only place I go out sometimes is for a breakfast with the group in Borden.

Mr. Colin Fraser: I mean in a crisis situation, do you think peer support—

Mr. Joseph Brindle: I don't have any peers. When I quit drinking I lost all my friends. I've been out of the military for 14 years. Most of the colleagues that I worked with on contract are.... Most of them are dead. One is Australian, so I keep in touch overseas, but I have no friends. All my ammo-tech friends were from 15 years ago. Again, keep in mind that for the last six years of my career, I worked alone.

Mr. Colin Fraser: Okay, thanks.

The Chair: Ms. Mathyssen.

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

Thank you for being here and bringing us this expertise. It's very important to all of us here to make sure that what we tell the government with regard to the needs of our veterans and mental health supports is documented and supported by the experiences we have heard here.

I have so many questions, but I want to start with you, Mr. Mitic. You talked about the reality of when you and your wife Alannah transitioned out. You said that fighting with VAC creates mental stress, and that Alannah would apply for benefits and then things would shift and the benefits would not be there.

Can you describe or explain that more fully? What kind of impact did that have on your family?

● (1630)

Mr. Jody Mitic: Frankly, those were my benefits. In that case, to be fair to VAC, it was the DND side, but I hear similar stories from people who are applying to Veterans Affairs as well.

Actually, Alannah had some hearing damage from a mine strike. She applied and was denied immediately, and then she had to appeal. That did its thing, so she got a settlement. Then somebody lost her file, and her case manager was reassigned and she didn't know, so there was this 14-month delay where she was constantly calling the office and not getting anywhere.

She had stressed out enough when I was being messed around with by our case manager in the military. That one was a shock to us, because these are people in uniform who we thought were there to support us. I'm not saying they didn't support us. They did, but not in the spirit in which we would have expected them to treat injured, wounded soldiers.

She is much smarter than I am, so she was able to find her way through the system and deal with the right people. She's also Irish, so when she really gets on a roll, people tend to stand to. Her biggest thing, and my biggest thing, has always been.... As I said in my opening statement, this is a ministry established to help veterans transition into normal life, but so many veterans feel that it's not even worth calling, as in the case of our friend, for fear of receiving negative news or being denied something they expect should be easy-peasy.

I am considered to have my stuff together and to be relatively successful, but any time I have to deal with Veterans Affairs, I get a little uneasy. I look for better things to do, whatever they might be, because I just don't want to deal with, “Well I thought it was this”, and they say, “Well, no, it's not that. It's this”. There are certain benefits you would think are automatic that just aren't.

I was on a committee under former Minister O'Toole when the last government was in charge, and a lot of it was about cutting the red tape and getting rid of all these forms that have to be repeated, but that's just part of it. It's also about the ease of accessing benefits. Call them entitlements for service or whatever you want to call them, but the spirit of it just doesn't seem to be what a lot of veterans feel it should be.

Ms. Irene Mathyssen: Thank you.

It's a wise husband who admits his wife is much smarter, very wise.

I wanted to ask a bit about family supports, and we've heard they are absolutely critical, very essential.

What works successfully for families? Anyone can jump in here. Is it training? Is it marriage counselling, medical health care for spouses and children, or respite care and better access to VAC for spouses? Do those play a role in making things smoother, easier, and less stressful?

Mr. Jody Mitic: In a short answer, yes, all of it.

I think in the last budget there was money for home care, or there's a tax break now. That's been 70 years coming. That should have been done 70 years ago. It's amazing.

Mr. Joseph Brindle: Informal home health care.

Ms. Irene Mathyssen: It has increased up to $1,000 a month.

If you're the spouse who's giving up a career, and that's not just a career but a future pension, $1,000 a month is—

Mr. Jody Mitic: Better than nothing.

Ms. Irene Mathyssen: It's better than nothing, but it's not a career.

Mr. Jody Mitic: I understand, but this is now a benefit that people can rely on if they do decide to abandon a career.

I think of Captain Trevor Greene, who took an axe to the head. He was considered, clinically, a vegetable. He's now walking and talking. He walked down the aisle to marry his wife. The only reason he got there is that she decided that he was her full-time job. That kind of support, for her, is amazing. There are a lot of non-profits—True Patriot Love comes to mind, or Wounded Warriors—that could supplement that amount very well for home caregivers who decide to go that route.

Ms. Irene Mathyssen: Thank you.

My next question is for everyone. You were talking about the budget, but it doesn't include recognition of the sacred obligation to veterans. It is a rather contentious issue in regard to veterans who are looking for a pension because they've been medically released. What is your feeling in regard to that sacred obligation to veterans?

● (1635)

The Chair: I'm sorry. We're at six minutes and 30 seconds, so we'll have to make that your next question.

Mr. Eyolfson.

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

Thank you all for coming and for your service.

Mr. Brindle, I'd like to refer to something that Mr. Mitic referred to: the camaraderie that people have that goes back to those ancient traditions of marching together. It sounds to me from your account that you were denied that a lot throughout your career.

Mr. Joseph Brindle: The only time I really had it was in Petawawa and at my first post in Borden, where I was with the school and when I was with a service battalion, because we were very tight. When you're constantly on exercise working with people you know, you know how they tie their shoes. Then, to go off on your own, you fall through many gaps.

Mr. Doug Eyolfson: Exactly.

When you were describing having to stay at this naval base and commute 40 kilometres to work every day, was there any avenue for you to address that and perhaps—

Mr. Joseph Brindle: Not as a private.

As a private, you fall into a navy base where you have.... The rules are completely crazy compared to an army base. You can't wear work dress off base. If I got dropped off at the base hospital, which was off base, I had to Star Trek my ass over to the base or get yelled at by the base chief for not wearing my CFs outside the base. It's a culture shock for someone who joined the army.

Mr. Doug Eyolfson: You talked about having to struggle with alcoholism, which has been, unfortunately, a very common theme among many of the accounts we've heard at this committee.

I'm a physician. I've had much experience dealing with patients who have that. It's come to our attention that when someone has a problem with any substance, it's sometimes the first indicator that there's a deeper, underlying problem.

You mentioned that it had been pointed out to you that this problem was there. At any time, did any of your superiors say to you that you may have a problem and then refer you for further evaluation as to whether this...or did they just say, “Buck up and stop drinking”?

Mr. Joseph Brindle: Only after my accident.

It was a single-car accident. I was by myself. I had left the barracks. I don't even remember the accident because I have a scar here and I had a concussion. I just woke up in the hospital the next day. There were no cell phones. I had to find a bus to get back. My face was a watermelon. I was put on a three-day life skills course and basically warned that if there were any other incidents I'd end up in a spin dry course that would screw my career. That was the only threat. That taught me how to hide it.

Mr. Doug Eyolfson: Were you at any time offered access to any substance abuse or alcoholism treatment program?

Mr. Joseph Brindle: No. I went to Petawawa where drinking was part and parcel of showing your manliness. It is what it is. Friday afternoon was always a beer call in the MWO's office.

Mr. Doug Eyolfson: Yes. I wish I could say—

Mr. Joseph Brindle: That was an O group. That's where a lot more information was passed on than you could ever get out of anything. That was just part of the operation.

Mr. Doug Eyolfson: For sure. I wish I could say that was the first time I've heard that kind of account on this committee. It's unfortunately not.

Mr. Joseph Brindle: It teaches you how to be a functioning alcoholic, where you can get up and be functional at 6 a.m. I turned that into a career, a career where, because I was a contractor, my drinking could go unchecked. In fact, they prefer it if you're drinking, because you don't realize what you're doing. Who in their right mind would sign up to work in Baghdad?

Mr. Doug Eyolfson: Sure, okay.

You mentioned that after you were released, you had that suicide attempt that put you in the hospital, and that one intern had informed you that you were a veteran. How long after you released from the forces did this happen?

● (1640)

Mr. Joseph Brindle: Fourteen years.

Mr. Doug Eyolfson: Fourteen years....

Mr. Joseph Brindle: Yes. I was out of the country for 14 years.

Mr. Doug Eyolfson: When you were releasing, were you given any information as to the services that would be available to you should you need them?

Mr. Joseph Brindle: No. I was actually still on leave when I was in Kosovo; I was released so fast. I spent about five days going around getting my checkout list done, and my plaque was mailed to me from the base.

Mr. Doug Eyolfson: Were you given a VAC number when you were released?

Mr. Joseph Brindle: No.

Mr. Doug Eyolfson: Okay.

Mr. Joseph Brindle: I received absolutely zero information on VAC services, because the force reduction plan was on, and it was all about numbers. They really didn't care about mental health.

Mr. Doug Eyolfson: Okay.

Mr. Joseph Brindle: It was a question they didn't want to ask.

Mr. Doug Eyolfson: I understand.

When you were told this, were you able to start accessing benefits from VAC at that time?

Mr. Joseph Brindle: No. I became a client while I was in the hospital, and then I went on a voluntary rehab course in Belleville, Ontario. It wasn't the vet-sponsored one. It was a fairly tough one—a kick in the ass when I needed it. From there I started completing all the paperwork, and I was assigned a case manager.

Mr. Doug Eyolfson: The was 14 years after you released.

Mr. Joseph Brindle: After 14 years I got my first case manager, yes.

Mr. Doug Eyolfson: All right.

On behalf of the Government of Canada, I apologize that this happened to you. It should not have happened.

The Chair: Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you, Mr. Chair, and thank you to each of you for your testimony today. It's been very good for us.

Mr. Mitic, you mentioned that you think we need to change the tone. We've talked about that a lot in this committee. One example that we had heard about, and I'm not sure if it was in this study or the previous study, was that the time that was allocated for veterans to use training and education and the career transition program was only two years, and that this actually caused more stress.

What do you think might be a more appropriate time frame? Might that change the tone, if there weren't these tight time frames to utilize benefits?

Mr. Jody Mitic: Time frames in the context of who you're dealing with, I think, are ridiculous. A two-year time frame on someone.... Let's say everything goes perfectly, all the i's are dotted and all the t's are crossed, and they get out and they're medically unfit to do anything. Then in two, three, four, or maybe five years they're up and about, feeling good, thinking they'd like to go to school and maybe go out and get a job. It's, “Oh sorry, man. That was a two-year window.”

In my case, I lost both feet. Let's say the system had worked, and Rick Hillier hadn't said, “You're not releasing anyone wounded in combat until I say so.” That would have had me released in 2010 or maybe 2011 and still dealing with the loss of my entire career, identity, etc., and figuring out what I wanted to do or go to school for. For most of the things I asked about taking, I was told, no, I couldn't take that. I think the new budget changes what you can go to school for, which is great. In my case, as an infantry sniper, there's not a lot of transition to the civilian world unless I want to go work for certain people in Aleppo, which I don't.

The two-year window to decide what to take or even if you're healthy enough to take it, in my opinion.... It took me a solid five years just to recover physically from my injury. Mentally, as I said, ask Alannah what she thinks. These arbitrary time limits are baffling to me in some cases. You either qualify for a benefit or you don't. Especially considering you're dealing with people who are mentally or physically, or both sometimes, smashed. With someone who doesn't want to be released, to tell them to get a grip and wrap their head around going to school.... I know lots of troops that have gone to school and done something they hated, and they have no desire to go into the field or the training that they took advantage of. That's one place where I think we should just lose the time limits. Let the individual decide when they're ready.

Mrs. Alaina Lockhart: Thank you.

Mr. Brindle.

Mr. Joseph Brindle: I just want to follow up quickly with that. I start school in September, and the day I start I have two years. I don't know what's going to happen to me in the next two years. I don't know how I'm going to react in public. I'm anxious and I want to go to school, but there shouldn't be a two-year limit on it for me to complete this course. If I need to take six months off to get my progression well.... I've haven't been in a classroom since I was 18 as a full-time student. Two years, there's no reason for it. Are you going to kick me out after two years? Possibly, because of my disability, it might take me three years. It doesn't make sense.

● (1645)

Mrs. Alaina Lockhart: Thank you for that.

Mr. MacKinnon, you talked about colleagues you knew who had reached out to the OSISS and then received an email back instead of a phone call.

Mr. Philip MacKinnon: We never received an email or a phone call.

Mrs. Alaina Lockhart: Excuse me, that's even worse. One of the things that I think has been really important here is that we talked about that personal contact with VAC or OSISS, and we hear you say again how important that is, and that one's quite obvious. But are there other aspects that you think are really important to help our veterans with their mental health concerns? As I said, there was the personal contact, but are there any other things like that in our delivery that you feel are really important?

Mr. Philip MacKinnon: Like I said, there may be a lot of resources out there, but you have to get the word out what those resources are and where they can be located, and how to access them. A lot of veterans don't know this. You can go to a Legion and somebody there may or may not know. Go to the Veterans Affairs' offices, and it depends on whether they're understaffed or they're even staffed at all.

I tried calling my case manager. I had to call the 1-800 number, so I had to go through about a half-hour spiel with the person on this phone who then says, “Okay, I'll transfer you. If I can't get hold of your case manager, do you want to leave a message?” No, I want to talk to the case manager. If I wanted to leave a message, I'd just go to her office. If she's not there, then I'd leave a message, but I want to talk to her.

I'm not sure if there's a big moratorium on direct lines to the VAC case managers. I don't know why everybody wants you to go through the 1-800 number. If you have a case manager, you should be able to get a direct-dial number for them. Make them available.

Mrs. Alaina Lockhart: Okay.

I just have one other quick question. Are any of you aware that there is a handbook of benefits? We have one nod, but that's not—

Mr. Philip MacKinnon: I know that there are benefits, exactly what they are....

Mr. Joseph Brindle: Actually, you find out either by discussion... and Facebook is a good place to find out what benefits you can get. The pamphlet I'm not familiar with, but for the benefits there are so many hurdles. For example, there's a recent benefit that's out where you can claim $300 for a tablet because of apps that help with PTSD. However, the approval authority is not your doctor. It's a psychiatrist. Trying to get in to see a psychiatrist, you can spend $500 to get a $300 claim. It took me 18 months to see my psychiatrist to get my prescription sorted out.

They create things, and it sounds great in the book, but it doesn't translate into anything substantial because you just don't have the ability. You don't have a medical doctor, a family doctor. To try to see a psychiatrist is a whole other level. It's great to have a benefit, but if you can't get access to it, it's useless.

The Chair: Ms. Wagantall.

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

I want to thank you all for your service. I know we say this in Canada, and I love this country as well, and your service is phenomenal, but I want to just say from my husband and myself and our children, and our grandchildren, being on this committee has brought this home to me significantly, and my grandkids are learning. I think it's really important that you understand that it's everyday Canadians who really do appreciate what you've done.

I have so many questions.

First of all, Mr. Brindle, you talked about your dog, and I know the Audeamus group, and I've met personally with Chris, and Marc and Katalin. They are doing amazing research at the University of Saskatchewan and B.C. on specific training for the multiplicity of concerns that challenge a veteran. Very specifically they have strong metrics and measurements, and they're veteran-centred. That's what they're all about.

Mr. Joseph Brindle: As an example, I applied to Courageous Companions at the time, in November 2014. At that time, Marc Lapointe was assigned to me.

He called me and we spent about four hours on the phone going through various symptoms. Then he decided which dog I should have—I didn't. The last thing in my imagination was a Jack Russell as a service dog. Because of my specific symptoms, they took a dog and trained her up for me. I didn't receive her until July.

● (1650)

Mrs. Cathay Wagantall: Can I ask how much you paid for her?

Mr. Joseph Brindle: Nothing.

Mrs. Cathay Wagantall: Okay. Because this is a significant thing. We're always talking about money here. I know there are other groups. I'm not specifically mentioning any, but they can cost up to $30,000.

Mr. Joseph Brindle: Yes.

Mrs. Cathay Wagantall: Here we have again a situation of veterans helping veterans.

Mr. Joseph Brindle: Yes. It's all run by veterans.

Mrs. Cathay Wagantall: Exactly.

We seem to struggle here with the confidence. You talk about trust to get the care you need. It seems to me there's a lack of trust to believe that you know what you need most and can provide that in a way that would be the most beneficial.

Mr. Joseph Brindle: There's no way I could sit in front of this board without her here. I'm terrified of the public.

Mrs. Cathay Wagantall: Okay.

You mentioned that service dogs need to be taken care of now and that this takes care of the needs, the mental illness, that many of our veterans are facing, and armed forces.

Now, Lieutenant-General Roméo Dallaire came before this committee. We were talking about mefloquine. I asked whether we needed to study it, and he just broke right in and said no, enough with the studies, just get rid of it.

In this case, there's so much evidence out there about what service dogs can do. Basically, what is your perspective?

Mr. Joseph Brindle: My perspective is that the studies have been done. I believe everyone goes by the bad example of the Legion who spent millions on phony dogs from the States that were not properly serviced and qualified. That just put a black mark on the service dog group as a whole.

Audeamus is a fully not-for-profit.... I didn't have to pay a penny. Her value is over $20,000, for the amount of training that was put into her. They did it all on the backs of other veterans. We do fundraisers and stuff. I'm now volunteering my time to the project.

My eventual plan is to become a trainer so I can train a dog and give it to another veteran. We have to do this ourselves because VAC doesn't want to look at the issues of dogs and the benefits.

A caregiver award was just announced, but my costs for specialty foods, veterinary services, I have to pay out of my own pocket.

Mrs. Cathay Wagantall: Okay.

I'm understanding the government's perspective that this has to be done properly so that we don't have issues as in the past. But that being said, it's not that we have to study this further. We just need to get this done.

Mr. Joseph Brindle: The study is done.

Mrs. Cathay Wagantall: We could recommend that they come and speak to people like you. I know Audeamus has tried to get a meeting with VAC. I have to say that of all the things we're doing around this table, one of the best things we can do as a committee is to have those folks come and make a presentation to us.

Mr. Joseph Brindle: I make myself open to anyone if I can save a life. I don't want anyone to travel the road I did. If there's any further discussion on it, I am happy to take the time and follow up.

Mrs. Cathay Wagantall: I'd recommend on our committee that within our various groups we all take the time to ask these folks to come to your office and meet as a caucus and see what they have to offer us.

I agree with you. I think it's phenomenal.

Mr. McKean, could you talk a little further about this concept of change of attitude and the use of volunteers and veterans?

Mr. Michael McKean: Currently the OSISS system requires health care professionals to sign off that people can work full time and not be triggered. One problem with that is you significantly limit the number of people who will apply. You're basically encouraging people to put their game face on and pretend it's not an issue or to avoid situations where they will be triggered.

As I was saying, even though I was on the official list as a Blue Cross provider for social work and clinical care manager, I have been avoided. When I tried to do a clinical practicum on the base, I was told that too many people knew me and that I had too much background on this.

I successfully did a clinical practicum in a mental health facility, Waypoint psychiatric hospital, and in a high school dealing with difficult youth. They had no trouble accepting me, but with my peers, my brothers and sisters in uniform, basically the approach was, “He has PTSD. We don't want that. We don't want people like this around so let's not deal with them.”

Whereas OSISS is generally recognized, and that's one of the reasons that people are able to connect, right now we're dealing with a budget roller coaster that is limiting their ability to bring on volunteers, which is causing burnout. It's a vicious circle.

● (1655)

Mrs. Cathay Wagantall: Okay, so this limiting of funding meant volunteer training was cancelled.

Mr. Michael McKean: Cancelled. Now they're trying to sort out the French training in Quebec and whether they'll be able to put English or bilingual people on that. But then you cause more travel, and you're limiting the available people. Plus, you're making people feel like failures, because they get themselves organized to be able to attend a week-long training and then it's, “Hurry up and wait.”

Mrs. Cathay Wagantall: Thanks.

The Chair: Thank you.

Mr. Bratina.

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

In my previous life I was a mayor, and I had a senior adviser of military heritage and protocol, Geordie Elms. He'd been the commanding officer of the Argylls, with a good military history. I would often speak at schools and talk to kids about “team Canada”. I told them that we've seen the hockey and this and that, but the greatest team Canada is the one with the Canada flash on your shoulder, which is the Canadian Armed Forces.

I will direct this question to you first, Mr. McKean. Did you have that team Canada feeling, that feeling of self-respect and that you were on a great team? Did you lose that feeling as a result of the experiences you've talked to us about here? Do you still feel in your heart that you did a job for Canada, and that Canada is proud of you?

Mr. Michael McKean: I absolutely had the feeling that I was part of team Canada. As I mentioned, when I was in Afghanistan I was injured. I put my game face on and continued. I went through my sleep disturbances. I went through all sorts of things because I felt a job needed to be done. I felt it was important that I do it and that I not withdraw so that other people had to carry the load.

I felt very sad when I returned to Canada. It was basically, “You're back. Focus on what you're doing. Perform or get out.” When I transferred back to the reserves.... I had been part-time reserve, regular force, part-time reserve. I was a CO with Jody when he was down with the Argylls. We had team spirit. We had the units. The reserve units in Canada are very significant creators of that perspective. They're our link to the community. That's where you will find a mechanism to get health care services in the community, especially if you start drawing on some of the T2 health from the States, because they are able to provide health care services to remote and under-serviced areas through telehealth and other things.

I couldn't continue. I felt that I was perceived to be bent or broken. I felt that many people were turning their backs on me and that I was no longer considered part of the team. I'm still trying to help other veterans, basically on a volunteer basis, because that's the only mechanism that works.

Mr. Bob Bratina: It's interesting that you make the comment about the reserves. In my four years as mayor, there was one event that could never be surpassed in terms of bringing the community together, although it was a very sad event. It was the funeral of Nathan Cirillo. That city came together. That reserve unit and all of our reserves, the “Rileys” and so on, felt the love from the community. Obviously you've lost a little bit of that, or somewhat of that, because of the experiences you've had.

Could I ask Mr. Mitic to respond to the same point?

● (1700)

Mr. Jody Mitic: Just for clarity, as fine and historied a unit as the Argylls are, I was a Lorne Scot, sir.

Voices: Oh, oh!

Mr. Bob Bratina: That's fine.

Mr. Jody Mitic: I'm sorry, could you ask your question again?

Mr. Bob Bratina: Did you feel a part of team Canada, and pride that you were working for Canada—

Mr. Jody Mitic: In the military?

Mr. Bob Bratina: In the military.

Mr. Jody Mitic: I didn't stay 20 years because I thought I was wasting time.

Mr. Bob Bratina: I understand that, but subsequently, because of the veterans issues and the problems that we're talking about, did you lose a little bit of that?

Mr. Jody Mitic: No, you lose all of it. That's what I was saying earlier. You have a support system. I think Phil pointed it out, and I've said it before too. You're told where to go, what to wear, what to bring, we'll feed you, we'll get you there, we'll do your leave pass, blah, blah. You just have to be there. Then all of a sudden you're injured. An infantry unit looks forward, and I don't blame the CO or the RSM or anybody for worrying about the guys going out the door who are going to be going into combat and not worrying about the pieces of the machine that have fallen off.

But as I said, when you get into the system, and you realize when you're still on the DND side, these are folks in uniform with the same flash who swore the same oath to the Queen and country that you did, and you're told...you just get so much negativity. You're denied benefits. I'm convinced I'm still owed tens of thousands of dollars from the JPSU, which, for my mental health, I've just written off. I have a job that pays well and I've been lucky, but one day I might not be. That was more stressful than stepping on the land mine.

Mr. Bob Bratina: To conclude this, what I'm getting at is that in addition to financial resources, we want to make sure that all veterans know what services are available. We're trying for as many resources as we can, but do we need to train or retrain or talk to the people in vet services and DND about the respect and self-respect and self-worth that individuals need to continue to feel?

Mr. Jody Mitic: That has come up often. It's been 10 years since I got wounded, and that same sentence has been used at least half a dozen times that I can remember. Yes is the short answer, but at the same time I think the people who are on the front line of service need the latitude to make certain decisions that would make it a lot more timely. Sometimes it's less the language, it's more the time it can take. Two weeks to us if you're living your life and doing things don't seem like a lot, but if you're homebound and let's say you've hurt your back and you can't do any household chores, a two- or three- or six-week delay as it goes through the system and gets talked about.... Your house is a pigsty, and now you're self-conscious to invite anyone over. You feel you're disappointing yourself because you can't do the dishes. It just builds and builds. Streamlining some services would be great because—I forget who said it and I steal it all the time—when you look at the level of oversight and red tape it's almost as if for every dollar that goes out the door, you spend a buck fifty examining it and making sure it's okay.

A lot of the time, it's the time involved in getting the benefit and less about the language.

Mr. Bob Bratina: All right. Thank you.

The Chair: Mr. Brassard.

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

I only have five minutes. I want to ask two questions but the first one I think is really important from your perspective, so I'm going to need some quick answers on this.

The DND ombudsman whom I respect greatly, Gary Walbourne, has made recommendations with respect to transitioning because the overwhelming information that we're receiving is that the transition is the most difficult part. He's made recommendations, as has this committee in a report to Parliament, to ensure that DND makes certain that every aspect of our CAF members' life is taken care of with respect to pensions and potential doctors, before they're handed over to VAC.

Ombudsman Walbourne refers to it as a concierge service. I'm interested from all four of you how much value you see in that system, but very quickly because I have another question.

Michael.

● (1705)

Mr. Michael McKean: I believe it would be very important. Right now, we've spoken with the Barrie family health team. They're very interested in working with the military in the IPSC and the JPSU, but Base Borden is not currently on the pilot basis. I work with veterans every week who say that kind of service is critical because the points made by their people are the only way they're going to transition to find a family physician or other support. Because if you don't get that, you're behind the eight ball.

Mr. John Brassard: It goes beyond that, too, to ensure that your pension information and the money is there as you transition, not 16 weeks later.

Philip, I know you spoke about transition. How much value do you see in that? How would that have helped you?

Mr. Philip MacKinnon: It's a good idea but very impractical.

Mr. John Brassard: In what sense?

Mr. Philip MacKinnon: They haven't the resources in certain areas such as mine that are underserved in civilian health care practitioners. It might be great in Ottawa, Toronto, or Halifax, but not in places such as North Bay.

Mr. John Brassard: Okay.

Joseph.

Mr. Joseph Brindle: There's just too much of a disconnect between Veterans Affairs and the Canadian Forces. There's a Veterans Affairs office on every base. Part of your out-clearance for your release should be checking out with them and spending a day becoming a client, because in all likelihood you will become a client, possibly at 50 or 60 years of age, as military injuries start to sprout up.

It's important that Veterans Affairs be key to everyone who's being released. If it's dental work, they make sure our dental work is 100%, but for mental work, they don't care. People don't like to go to the dentist, so you have to order them to go there. That's why you have dental parade. It's the same thing with mental health and Veterans Affairs. No one is going to want to admit that they're a veteran or that they're disabled, but if it's part of an out-clearance where they must sit with Veterans Affairs and go through it, they could receive pamphlets about how to fill out documents correctly, or an introduction to My VAC Account, which can all be done within a couple of hours. Then we'd have vets who are informed and not finding out about it on Facebook.

Mr. John Brassard: Jody, what do you feel?

Mr. Jody Mitic: Transitioning was brutal. As I said, I'm considered somebody who has their stuff together, and the transition was overwhelming. Information was being thrown at you from a firehose. An example could be something as simple as this. If you're in the military, you have a service number, K41302461. That was mine for 20 years. Ask me my VAC service number.

Mr. John Brassard: You haven't a clue.

Mr. Jody Mitic: I have no idea. Why do I need a whole new VAC file when I could just walk to the clerk's desk, say, "Thanks, see you guys later", walk out as Mr. Mitic, show up at my VAC office, and say, "Here you guys go", and we can go through my file? It could be the same number, the same file, just change the cover from blue to red or something. The transition would feel a lot smoother. It's things such as that.

Mr. John Brassard: It would be less stressful.

Mr. Jody Mitic: It's a duplication. Phil said it's one thing to talk to one person about your deepest, darkest fears and secrets, but then there's the next person, and the next person, and then you just finally don't want to do it. It's the same when you're transitioning. You're filling out the same form, paperwork you've already done when you were in the service. It's the same form and the same information, just a different department on the top.

The Chair: You have 30 seconds for a question.

Mr. John Brassard: I'm not going to get this done in 30 seconds. Briefly, as we've sat at this committee and studied mental health and suicide prevention, we've heard often that suicidal tendencies are a result of prior mental health issues. How much of an impact did your military career have on your mental health issues?

Mr. Jody Mitic: Personally, I don't know. I've accepted things such as suicide, depression, and all that as being side effects that some of us get in this gig. First responders have the same issues, and emergency room doctors and nurses. They're tough jobs, and people do them voluntarily for a reason.

Mr. John Brassard: Mr. Chair, could I ask the witnesses to provide a synopsis of the impact from perhaps their military careers compared to what they were experiencing previously in their lives, maybe even some of the experiences of some of the people they know? I know it's a difficult question, but we hear that often, and that's why I felt that it was important to bring it up.

Mr. Jody Mitic: The only reason I would hesitate, sir, is that I joined the military at 17, and most of my colleagues did as well, young men and young women. In my opinion, I became an adult and a man in the military. Everyone's crazy when they're 17, right? We're all looking for who we're going to be as adults. It would be tough for me to judge whether I was different or the same.

Better people to ask would be my family.

● (1710)

Mr. John Brassard: Okay. I'll leave it there. Thank you.

The Chair: With that, if you want to answer that question, get it in to the clerk and he will get it to all the committee members—if you can.

Mr. Jody Mitic: Sure. I'll still try.

The Chair: Thank you.

Ms. Mathyssen.

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

In regard to the recognition of the sacred obligation to veterans, it feels very much as though that has been forgotten. How important is it that we remember that and make it part of how we function, how we interact, how we deal with and support our veterans?

Mr. Jody Mitic: I think the sacred obligation would come back to the spirit of what we're dealing with. If my comrades didn't have to say things like, "I'm fighting with Veterans Affairs for this", that would be a big step. There are a few benefits that were lost along the way without really asking us that I think should be re-implemented. There were a few things that were taken away or modified with the new Veterans Charter that I don't think were fully vetted out when they made these decisions, which could be re-implemented. That would go a long way as well, the biggest one being the lifetime medical pensions.

Ms. Irene Mathyssen: Okay. That's my next question. How important is that pension for medically releasing veterans? We keep hearing it's coming. Would that make a lot of difference in terms of how veterans felt in regard to recognition for their service?

Mr. Jody Mitic: In my case, personally, I didn't know the charter took away the lifetime pension. If you asked most combat soldiers, instead of a lifetime monetary pension, you're going to get this lump sum, and then there's going to be this patchwork of benefits that you may or may not qualify for at certain times in your life, it would have been, "No, go pound rocks". Look, it's not like it's a ton of money. A 100% pension, maybe indexed under the price consumer chart—whatever that thing is—would be maybe five grand a month for 100% disability. It's not like we're talking a ton of money, but it's something that.... Again, right now I'm able to work and make a few bucks, but one day I might not be able to, and I'll know I have a roof over my head and food on the table at the minimum.

Ms. Irene Mathyssen: Okay. Thank you.

One of the things that we've also heard is, yes, there are mental health services available for CF personnel, but once you leave, those mental health supports are not specific to the needs of veterans. For example, group therapy is one of the ways of trying to, I guess, provide veterans with help. Mixing veterans and non-veterans doesn't work, and I wonder if you could comment on that.

The Chair: I'm going to have to let somebody in, and I'll come back that. We're just going to run a short little round around the time out.

Your three minutes are up, and I'm going to flip to Mr. Kitchen for three minutes. We'll come back to Mr. Graham, and then you to finish it.

Okay, Mr. Kitchen, you have three minutes.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Mr. Brindle—and feel free, if I'm overstepping my bounds on this question, to not answer the question, or if it makes you uncomfortable at all—I realize this may be hard, but I'm wondering if you would be able to give some suggestions on approaches that you might take when that veteran is in that crisis situation. Regarding that suicide attempt that's in that crisis position, do you have any suggestions that you might have to.... We talk about a suicide hotline. What good is a hotline if no one's going to pick up that phone? Right?

Mr. Joseph Brindle: It all comes down to the word "suicide".

It's a scary word. I'm not afraid of it. I'm actually quite lucky. I feel like someone who has diabetes, or a heart condition, or a kidney condition and knows it. I have a certain condition where, under the exact correct circumstances, I don't want to live anymore. I avoid those circumstances, such as booze and working overseas, and I work with my therapist on meditation and yoga. That is my treatment to avoid suicide. It's no different from having a heart condition and eating a Baconator every day—you're going to shorten your life.

We have this stigma on the word “suicide”. We have to get rid of that, so that you're not afraid. If you have a suicide ideation or you're thinking about it, you're not thinking about actually doing it. It enters your mind over a long process. Your mind starts playing games with you and starts eliminating the reasons why you should live, on your own.... That fear of coming out and saying, “I just feel down”, without all the cavalry being called in all of a sudden, is the way you balance it, especially if you're doing medicine changes, you're by yourself, and you don't have anyone to talk to. You ride it out, thinking that it's going to get better, and you don't want to call and get everyone wound up again.

When you lose your temper in the Veterans Affairs office I've seen what happens, so you bite your tongue. You try not to get angry about the system, which, as we've all heard, is not just aimed at me. It's a system-wide problem when you can submit a claim in September 2015 and still argue it.... A lot of us joke that they do it on purpose to test us, to see if we actually are injured. When it comes down to that, there is no camaraderie. There is no brotherhood like we had in the forces. It becomes you and an insurance company. I don't see it as VAC; I see it as an insurance company. We all know the word “appeal”, because you're denied the first time.

To go back to the question of suicide, look at the word as not so scary. Everyone in this room is capable of suicide based on the information available to them at the moment they choose to do it. No one is above it. Let's not be scared of it. Let's get some peer support groups and start getting the word out that it's okay to speak about it.

● (1715)

The Chair: Thank you.

Mr. Graham, you have three minutes.

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

Mr. Brindle—or Don, if you will—I really appreciate that you came in and told us about the whole story, not just the end of your career. Hearing the background I think is important.

Mr. Joseph Brindle: I thought it was important because there have been recent studies saying that almost half of Canadian Forces personnel have suffered at some point from child abuse. Being a survivor of it, I thought it was important for you to realize that. As well, the depression rate is much higher in the Canadian Forces than the national average. Those items have to be addressed in the Canadian Forces.

Mr. David de Burgh Graham: I have a quick question for you. You mentioned “spin dry” a couple of times. Can you tell me more about what spin dry is?

Mr. Joseph Brindle: Spin dry is a course. If you get into any trouble with alcohol, you're sent away to it. I believe it was held in Kingston or something like that. There are probably various locations.

Mr. Philip MacKinnon: It's at various locations throughout—

Mr. Joseph Brindle: An MP would have much better information on spin dry, because he's—

Mr. Philip MacKinnon: I've never done it—

Mr. Joseph Brindle: I'm not saying he did, but he has probably sent a lot of people there. Or he has reported—

Mr. Philip MacKinnon: Their CO did.

Mr. Joseph Brindle: Yes, their CO, as based on his report. It's a course that you go on to quit alcohol. If you get into serious trouble with alcohol in the forces, you go on a spin dry. I don't know the official course name, but everyone knows it as spin dry.

Mr. Philip MacKinnon: It's alcohol awareness.

Mr. Joseph Brindle: Yes, alcohol awareness.

Mr. David de Burgh Graham: You referred to it as effectively a career ender.

Mr. Joseph Brindle: It is. If you as a corporal get sent on a spin dry course, you're going to be a career corporal.

Mr. David de Burgh Graham: I get you.

You mentioned that you found out you were a veteran. I thought that was a very interesting position to be in—to find out that you're a veteran. When you left the service, what happened?

Mr. Joseph Brindle: I made very bad irrational decisions based on my injuries.

Mr. David de Burgh Graham: There was nobody saying, “By the way, you're a veteran now and here's where you can go.” It was just—

Mr. Joseph Brindle: No. They were so quick to get me out. I was still on leave and I was in Kosovo. I was still effectively in the Canadian Armed Forces when I was destroying cluster bombs. The problem is that it happened so fast that I didn't even realize what I had done.

Mr. Philip MacKinnon: Did you get out under the first or the second plan?

Mr. Joseph Brindle: The second plan.

Mr. Philip MacKinnon: Was that in 1995?

Mr. Joseph Brindle: No. It was the tail end. It was in 2000, but it was still at the tail end of the last FRP.

Mr. Philip MacKinnon: Okay.

Mr. David de Burgh Graham: There must be a lot of people out there in the same situation who still haven't found out that they're a veteran, so—

Mr. Joseph Brindle: There are. Actually, I can list them by name, two of the guys I've lost. One of them is Jacques Richaud, who died in Iraq. He was a Canadian ammo tech. Paul Straughn is still in Libya right now.

You're afraid to come home because you don't know what you have. I've now said, in trying to be an advocate, “Call Veterans Affairs and you can get help.” But I didn't. No one said that to me. When you're out of the country, working in a complete combat zone, you're not watching commercials on the Canadian CBC saying that there's help. You don't see pamphlets in your doctor's office, because you don't go to a doctor's office.

I was not a Canadian for 14 years. I was a resident of Russia, a resident of Tanzania, and a resident of Baghdad, but the Veterans Affairs outreach doesn't go there. The last thing on my mind.... Then, when you start talking about PTSD.... I still had doubt for 10 years, not even believing that I had PTSD. It only sunk in on my first attempt—and PTSD was out with more knowledge—that I had a problem, but I still didn't know to phone Veterans Affairs.

● (1720)

Mr. David de Burgh Graham: How do we reach these people in Libya and Baghdad and wherever else they are who are not coming home?

Mr. Joseph Brindle: That's a great question. You have peer outreach.

The Chair: Thank you.

Our final three minutes go to Ms. Mathyssen.

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

I would like to come back to the question about mental health supports after a veteran is released and the fact that there isn't a whole lot available, so that veterans find themselves in group therapy. Could you give a response to that in terms of the veterans' needs?

Mr. Jody Mitic: Sorry, you said the group...?

Ms. Irene Mathyssen: I mean group therapy with non-veterans, a mix.

Mr. Jody Mitic: I never did that for mental health, but I did it for my physical rehabilitation. Canadian Armed Forces medical centre, which we used to have here in Ottawa, would have been my preferred place to do rehab. If I were going to go and do mental health therapy I would prefer to be around my brothers and sisters. Being the young fit guy in a hospital full of older diabetic car accident victims is not good for morale, and I spiralled pretty quickly when I realized I was the only army guy there. It would be the same in any other facility. Maybe it could be with first responders. DND and VAC should get together and sponsor a place just for military and/or veterans, because there seem to be plenty of clients available, and I don't think it would be a waste of money at all.

Mr. Joseph Brindle: And they're only getting more.

Mr. Jody Mitic: There are probably going to be a lot more in the next decade.

Ms. Irene Mathyssen: Thank you for that.

I have a quick question. I say quick, but it will probably take a great deal more than the minute and a half I have left. It has to do with the JPSU. We've had testimony about it. According to some it's working well, and according to others it's extremely limited and not working at all well. Have you had personal experience?

Mr. Jody Mitic: When I was wounded, JPSU was a concept. It was stood up after I was wounded. I was one of the first injured soldiers posted to the JPSU as part of Soldier On, and even though I was one of the team at JPSU, my service was less than stellar. Frankly, as I said, I've written off a lot of that part of my life just for my mental health. I'd rather not revisit it. Alannah and I speak sometimes about how they owe us money for things at the house, a lot to which was to have our house modified for wheelchair use. We're convinced that we'd be looking at probably $50,000, which we paid out of pocket, that we're owed, but just the thought of going and talking to someone, or starting that process has me curled up in the fetal position. That's not a good look for a professional tough guy, so I try to stay away from that.

Here's the theme that I see though, even with the Veterans Affairs stuff. About 70% to 75% are okay with things, and things seem to go smoothly, and then there's the 25% of us who are maybe 70% or more injured. We need the most care, and that seems to be on the JPSU and the Veterans Affairs side. For the simpler cases, of course there are a couple of forms, a couple of stamps, and you're good to go. The complex cases seem to be where things really start to have issues. I found that with JPSU and with Veterans Affairs.

Ms. Irene Mathyssen: The reality is that from this point on, cases are going to be more and more complex.

Mr. Jody Mitic: That's true, but also as I age, I'll become more and more complex myself. I was 30 when I was wounded. I'm 40 now and even right now I'm having issues just walking around, just to come here today. There was a question as to whether I would show up because of my mobility issues. I'll be 50 and then 60 and I'm going to need more services, and sometimes I wonder how things are going to go when I'm that age and when I really need someone to support me.

● (1725)

The Chair: Thank you. That ends our time for today. If there's anything you'd like to add to your testimony, you can email it to our clerk and he will get it to the committee.

On behalf of the committee today, I want to thank all of you for what you've done for our country, and I want to thank all of you for taking time out of today. I know it's tough to come and relate your stories to our committee. Without people like you, we wouldn't be sitting here today, and I hope your testimony will help us to make decisions that will help the men and women who serve.

The meeting is adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the Parliament of Canada Web Site at the following address: http://www.parl.gc.ca

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur.*

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : http://www.parl.gc.ca