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COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, February 19, 2019

Legislative Committees Office

Paws Fur Thought Program - Overview

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WITNESSES

Paws Fur Thought

Mr. Mike Gingell,
Steering Committee Chair

Ms. Kim Gingell,
Intake Coordinator



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, FEBRUARY 19, 2019

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIRMAN
Ms. Rafah DiCostanzo

MADAM CHAIRMAN: Good afternoon, everyone. I'll call the meeting of the Veterans Affairs Committee to order. I would like to welcome everybody here. We are having a presentation by the organization Paws Fur Thought. We have Mr. Mike Gingell, steering committee chair; and Kim Gingell, the intake coordinator. I will start by asking the members to state their names. (Interruption)

Sorry, I should really do a couple of things. The washrooms are just outside to the left. Also, we have coffee and tea outside. In case of emergency, we will all exit through the Granville Street exit. Also, if you don't mind, check your phones and make sure they're all on silent or put away. Before you speak or ask a question, if you could look at me, I will address you so that your name is in Hansard. Before you answer a question, I will call your name or introduce you.

[The committee members introduced themselves.]

MADAM CHAIRMAN: I'm going to maintain a list for speakers. They indicate to me that they have - we have Lisa who has a question already. Do you have a presentation first that you would like to make, I'm assuming?

MR. MIKE GINGELL: We'll start with a presentation just to give you an overview of what we are, where we're at, and what needs to be done.

MADAM CHAIRMAN: That would be wonderful. Please go ahead.

MR. MIKE GINGELL: First of all, I want to introduce the team here. My name is Mike Gingell. I'm recently the steering committee chair for Paws Fur Thought. There's a fair amount of history, over five years, of how we came to be. I'm still kind of new at the game, although I have lived the benefits of a service dog for the last five years with my wife, who is a veteran. Basically, I've seen what service dogs can do, and now I'm paying it forward. I am also a veteran. Fortunately, I was not injured in duty.

What I want to do today is just talk a little bit about where we are, some of our support, and some of the problems we're having. Service dogs have only been around for maybe 10 years, and the education and so forth is still a little bit immature, and we need to get in front of that - plus support from the federal government and things like that. We'll tell you what we're doing because we really, really believe in what service dogs do. They are saving lives. They certainly are. We have done a lot, and we're going to do a lot more.

I'm just rambling on. Kim is the intake coordinator. She has actually been paying this forward for almost four years now, and she has the bulk of the knowledge, so any tough questions, I'm just going to turn over to Kim.

MS. KIM GINGELL: I'm Kim Gingell, the other half of Mike. I have been doing intake for about four years, and it's just amazing to see the veterans, from where they were to where they go, and they're still going, so it's awesome.

MR. MIKE GINGELL: A little over five years ago, our co-founder, somebody you may know - Medric Cousineau - who was basically hiding in a shed and was really in bad shape, found out about the service dog program that was going on in the United States - a particular school in Kansas called CARES, which stands for Canine Assistance Rehabilitation Education & Services. He actually contacted the Royal Canadian Legion here, the Nova Scotia/Nunavut Command, which funded his dog and travel down to Kansas to get the very first service dog.

You'll hear stories about Cousineau and Thai. It's all over the news. He's a super champion of this whole process. It brought him out of the dark and basically he was so changed and so moved by this. Thai certainly saved his life. He said that he wants to pay it forward and look at all his fellow veterans that were suffering, to try to make a difference. He decided that he was going to do a Long Walk to Sanity - he called it - which was basically a walk from Eastern Passage to Ottawa to pair 50 veterans with 50 service dogs. That was his goal. Kim and I were actually there August 1, 2013, when he started his march. At that point, Paws Fur Thought was really born.

Just to put things into perspective, Medric was number one with Thai, and Kim is number three with Omega. We didn't introduce Omega, but Omega is under the table, and that's Kim's service dog.

That was Medric's goal, and over the last five years we've done a lot to promote service dogs, trying to promote national standards, trying to get the supply and demand issues and all these sorts of things that I'll talk about briefly in a minute. That's sort of where we're at.

I'm just going to click through some slides so I don't forget to talk about some things. I apologize for the delay; I forgot yesterday was a family day so I sent this stuff off yesterday so most of you probably didn't see it until today. Before I forget, I do have other supplementary material - things like some of the efficacy studies from Purdue, which is in the States. They've done two. Laval University has done one in Canada, and some other information about public access to us and stuff. After, I can make that available to everybody.

Our primary mandate now - and I'm really talking about now because in the last two years, things have happened where the growth of service dog pairing and that sort of activity has grown through public awareness and so on. The original mandate that Paws Fur Thought had was basically that we'd pair veterans with PTSD anywhere in Canada, any way we can. However, it's a little bit too much.

In the last year, we've basically collaborated with Wounded Warriors Canada that now has a service dog program. Wounded Warriors Canada has five-plus-other service dog providers - schools and so on - and they are looking after veterans. By "veteran" I mean military veterans and RCMP veterans, anybody who is covered under Veterans Affairs Canada. Wounded Warriors Canada is starting to look after pairing animals basically west of Ontario. Our mandate is now mostly for military and RCMP veterans with PTSD-related operational stress injuries in Atlantic Canada, pretty much.

We have some constraints right now. Supply and demand is one. A lot of the schools will only be able to provide well-trained dogs - maybe three to five per year. We are fortunate that we are able to get 12 dogs a year through our school. Funding is always an issue. Everything that we've done has been done through fundraising through support from the Legion through the Benevolent Fund and our poppy fund, Wounded Warriors Canada, and a million other people that I just can't say. But we have not received anything from the government per se.

One of the other constraints we have at the moment - and I guess this is a little bit of how we got to where we are - the Royal Canadian Legion, which sponsored the first dog, has basically been looking after all of our accounting and financial stuff through one of their Benevolent Funds so that we can still issue receipts as part of a non-profit charitable organization.

The reality is that Nova Scotia/Nunavut Command is really only responsible for Nova Scotia and Nunavut. They have some problems if we were to try to take money out

of the Nova Scotia Benevolent Fund and fund service dogs in Ontario or B.C. or something. That's a bit of a problem, but we're looking at that now.

As part of our steering committee, one of the things that I'm trying to achieve is to become a separate entity as a non-profit charitable organization. We'll still have the same funding support and level of support from all of these organizations, but we won't have the same financial mandate constraints that they currently have. There are some things that we have to work around.

Funding from Wounded Warriors Canada - we can fund dogs outside of Nova Scotia, obviously. We have Covenant Cup in Newfoundland and we have the Order of St. George, which just recently gave us \$20,000, \$5,000 for each of the Atlantic Provinces - these sorts of things. They're not coming strictly out of the Legion's Benevolent Fund, so that's how we can actually fund animals outside of that. We kind of have to work around those constraints at the moment, but it's time that we move on and do something better.

What else do we do? We found that education is huge. What is a service dog? There are problems. There are therapy dogs, emotional support peacocks, people bringing in their hamsters and stuff as therapy animals, but that's not what a service dog is. Specifically, a service dog performs tasks related to a patient's disability - that's the key. A lot of different animals have public access. We go through a series of tests.

Nova Scotia has now legislated a test for qualifying a service animal, but they're tasks, and that's something that we don't necessarily know how to test for. For example, a PTSD dog is trained to watch somebody's "six" - their back. If Kim is in an area that's crowded and her anxiety starts to come up - hypervigilance is the PTSD term for that - Omega will basically look on her side and be facing back, for example. Night terrors and things are also symptoms of PTSD - the dog will jump up and wake the person before things get really bad.

MS. KIM GINGELL: Most importantly, a lot of veterans suffer from night terrors. Now Omega will sense it before I even - nine times out of 10, I don't realize I have it until afterwards, but she will actually sense it beforehand and wake me up to save me from having that. That's a great benefit.

MR. MIKE GINGELL: In addition to that, I have seen Omega take Kim out of situations that could be potentially hazardous. There was one day we were in a hotel checking in and there were some sirens going off. Omega was acting up, pulling on the leash, and Kim was saying, bad dog, whatever. I said, no, wait a second, she's telling you something. As soon as Kim took her out of that situation, the dog was fine. It's really amazing what they do. This is for PTSD types of tasks.

The other types of service dogs from our provider deal with people with disabilities. For example, we're going to pair a veteran who has early-stage Parkinson's and PTSD.

They're also good for autism, diabetic alerts, seizures, mobility - all kinds of different things. If you want to open a door and if it has the button for accessibility, they will basically jump up and open the door for you. They are very, very well trained. They're task trained. That's really the major difference between an emotional support animal, which you often see, or therapy animals in hospitals and going to group sessions for counselling. That's huge.

The bullet points I have on my slides are really related to the Americans with Disabilities Act in the States. Hopefully we'll get that going in Canada throughout, where only service dogs can legally go anywhere. In Nova Scotia, we have certification now, where she can get tested and have basically a licence. Other than that, the only option we have is sort of a human rights kind of complaint if that happened.

[2:15 p.m.]

The other thing is that service dogs must abide by certain behavioural standards. That's why we have this testing - Nova Scotia, British Columbia and Alberta are the only provinces that have this. It's a good start. There are still some growing pains, in my opinion, but it's good.

What else do we do? As I said, education is huge, but we also have to support the handlers and their dogs. So you get a dog - the way it works is you go down and you get paired with a dog. You have to do training, you can't just be handed a dog. The training is a week and at the end of that week you do a public access test in a mall with a whole bunch of people and other dogs and everything else going on. You go through that whole public access test and you get paired.

Meanwhile, you get a veteran who has PTSD who is freaking out generally - because that's why they don't go out in the first place. So we have to provide ongoing support. Two or three weeks later they'll call up and say, what happened, the dog's not doing what he's supposed to do. It's just that whole week we're dealing with mental health issues and everything else. It takes about six months for that bond to really occur so that the handler and the dog know. So we really spend a lot of time training the handlers. The dogs are well trained - they know what they're supposed to do. So that's part of it.

Sometimes, the dogs just don't work out - for various reasons, you don't know. They're biological beasts. They're not software. The problem sometimes is that we have to basically figure out what's going on. Is it the handler not doing what he's supposed to do to keep the dog doing what it's supposed to do, or is it a problem with the dog - in which case, there are certain options we have. The school basically provides, for lack of a better term, a warranty under contract to look after their animals. In certain cases, they've taken animals back and given new ones or they've done retraining events and those sorts of things. That's how we support the handlers that we pair.

As well, obviously we don't get any money for free so fundraising events are huge. As part of our fundraising and event activities, we always promote education and public awareness - you know, don't pet the thing without the handler's acknowledgement, that kind of stuff.

Obviously, we want to show our donors how their support is making a difference so it's really great when - let's say the Windsor Legion gives us \$5,000 for a dog, and after we pair the veteran, we go up and the veteran or some other representative goes up and actually shows the members what a difference it has made. So that is also really huge, and it chokes me up when I see it all the time.

Just a few statistics; I saw the - I don't know what you call it, but the briefing notes that you sent out, and there are a ton of newspaper clippings. That's just really the surface. We've done a lot of that, and mostly it's Medric and his wife Jocelyn that started this, but Kim and other people have also provided a lot of news briefings, interviews, fundraising things and so on.

Since 2012, we've either sponsored or paired 114 service dogs with veterans at this point. This is not including 2019 of which we have three going down next month - March 9th, and another nine scheduled through the year.

We have also sponsored other schools in Canada. We've sponsored BC and Alberta Guide Dogs; National Service Dogs in Ontario; Les Chiens Togo, which is in Quebec; and CIAD, which is a new organization on the South Shore here. I'm not sure what CIAD stands for, but Kevin Johnson who actually started CIAD was one of the handlers we paired with a dog. So he's paying it forward. The difference is that CIAD's mandate is looking at first responders more so than just veterans. Again, as I said before, one of the reasons we're basically concentrating on DND military veterans and RCMP is really because of our relationship with the Legion.

Right now, we've got 28 veterans and RCMP in the queue, and it's averaging about 18 to 24 months wait time to get paired. That's normal. In fact, right now if you were to try to get a dog from National Service Dogs, they're closed. They're not taking any more applicants right now because they only put out four or five dogs a year and their wait-list is so long that they don't want to do that. So it's a problem.

I already talked about our steering committee and our intent to become a non-profit. I do need to talk about our provider - our relationship with CARES, our school in Kansas. They provide us 12 dogs a year and are responsible for matching so they know all about this. They've been doing this for 26 years, and they generally pair 60 to 80 dogs a year, of which Canada gets 12. Again, they're very good at it. They're very professional. They follow up. They do refresher training. We bring them up periodically to do refresher training locally, which is a responsibility to make sure that the dogs and handlers are

working together and that the handlers are not abusing their dogs by over-feeding all that kind of thing. That's also part of it, and they are very responsive to any problems.

One of the jobs that Kim provides - and this is our support activity - if a handler is having an issue and it's not a handler problem necessarily, then she will coordinate and basically be the point of contact with CARES so that we don't have all kinds of people going in with all whatever - so we try to funnel it all through Kim. Kim has a very good relationship with the CEO, Sarah Holbert, down there, and it's working out really well for us. We've asked if they would give us more dogs, and they said no, we can't. She has a waiting list too and it's a supply and demand issue.

The Legion, as I said, supported us since the beginning. They work with the local Legions as well. So let's say up in St. Peter's in Cape Breton, Truro, Windsor, whatever, they want to sponsor a dog and they say, what does a dog cost? Actually right now a dog costs \$5,000 U.S. I'll talk about that maybe a little bit later, if you ask me the right questions. They give \$5,000 - they have to funnel that through Nova Scotia Nunavut Command, but that all works out well, and they help us out from that respect. I also said that we're a member of the Wounded Warriors Service Dog Program, too, so that helps us outside of Nova Scotia.

We do have a process a little bit that has evolved over the years. It was pretty ad hoc. All you had to do was know Medric Cousineau and say you have a problem and he'd get you a dog. Can't really do that - it's not that fair. So we do have an intake screening process now, which is evolving. I think I might get Kim to describe it a little bit more because she does the intake.

MADAM CHAIRMAN: Ms. Gingell.

MS. KIM GINGELL: Okay, so basically what I do is we have a web page and there is a contact form, which goes to Jocelyn. She's supposed to vet it and then send it to me to make sure that it is military and RCMP. From that point, if they're local I will meet up and have a coffee with them at Tim Hortons or I will go - yesterday I was in the Valley to meet up with a veteran and his family to talk about things.

I find when you're talking with a veteran face to face, it really gives you a lot about where they are. That's so important because we all have psychiatrists, we all have psychologists, we're all on medication, we're all on cannabis oil - it's true - but are they able to make that commitment that says, yes, I can take on this dog?

It's a big commitment because nobody else can interact with the dog for the first little while. It's the veteran and the dog, and that's it. The veteran has to take him out on lead all the time. The veteran has to feed him. The veteran puts him in and out of his crate. When the crate is opened, it has got to be the veteran. It's all this bonding process, which is so key to them being a successful candidate.

Once I get a feel for that, then I send them out the paperwork and of course everybody hates paperwork, but sometimes that's the only way you can get the information that you need. We need them to verify that they are military or RCMP. We need them to verify that they're PTSD. This is a hard one too, believe it or not. I was released because of my PTSD. That's an easy one. There are a lot of people who experience incident upon incident upon incident and it just sort of compounds itself. When they get out, they might get out because they have had enough of the Forces. They get out after 25 years only to find out two or three years down the road, guess what's kicking them in the butt? PTSD. That's difficult to prove. Anyway, we're managing, and we're getting there.

There have only been two that we had to turn away, and that had nothing to do with their PTSD or military service. One person actually was presenting himself as a military individual, and he wasn't, so we had a conversation and stuff. You learn so much by talking to people. So we were able to stop that.

Then once we get all that sorted, we need a letter from the psychologist explaining - don't want to know any details. I need to know, is this person going to be able to look after the dog? Are they going to be able to work together? It is work. It's work in progress, as I tell our veterans. You have to take the time so it will work so you can move forward. After that, we put them on the waiting list once their file is complete, and they wait for 18 months to two years.

I leave my phone open for them, any phone calls and questions. PTSD, there's a lot of hypervigilance and anxiety around it. They get anxious, and I can hear it. I understand. I was where they were, and I get it. So I'll say, yes, if you have a question - well, I've got a really dumb question, but I need to know the answer. Do I need a leash? No, you don't need a leash. The dog comes with a leash. It's little things like that. But it's those little things that will put the veteran at ease. That's very crucial.

That's the initial process. We will not let our veterans go down by themselves. If they get into a situation - and you cannot get out of going through Chicago or Atlanta or Newark. If they are unable to take a spouse with them or a relative or something, then I go down with them because you don't want to have an episode in an airport in a foreign country. It's just not a good thing. That's all part of the intake process.

MR. MIKE GINGELL: Some of the things that we're trying to do to help are, we have developed some prescriber guidelines for the therapists to go through because they have to be educated as well. Not all of them understand what service dogs do, believe it or not. We're coming up with guidelines that help. We're looking for that from the subscriber before we can say, yes, you have PTSD, and you're able to look after a dog. We're developing those in collaboration with some of the other schools across Canada.

The other thing is, we do all their travel arrangements as well. We pay for their travel and living down there. Again, as Kim was saying, it's hard when you have to worry

about all that stuff when you can't even look after yourself, generally. After the dog has been with them for six months or a year, that's a different story altogether, and I have seen that.

As far as Kim being intake coordinator and dealing with the veterans, I guess I could say it takes one to know one. I'm a veteran but I don't have PTSD, so I can't talk to them the same way. I can't relate. I have not been there. That makes a huge difference as well.

There's training week, public access, and all that kind of stuff that goes along with it. Some of the issues we're having right now - I kind of alluded to supply and demand. We have a bunch on the waiting list, and it's going to take a little while. Something else that's going to come up pretty soon is a succession plan. Service dogs work hard, and anywhere from seven to maybe nine or 10 years, depending on the dog and the breed, they have to be retired. At that point, what do we do? It basically means we have to replace it if the veteran still requires a service dog. Not all of them will, but if they do, then that becomes another person in the queue, and we can't put them on a waiting list for two years.

Really it's a succession plan that we need, and we're kind of concerned about the supply and demand issues for that because it's coming up real soon. Thai, who is number one dog, has probably got another year or so. Omega is seven, so in a couple of years, we have to start looking at retiring. They're task trained. They have to be young enough and able enough to perform the tasks that they were trained to do. They can still be a pet for a long time, but they can't do the tasks anymore. So we're worried about that a little bit.

[2:30 p.m.]

As I said, we're working through the process of becoming a federally recognized non-profit charitable organization, so that's going to take a little while. We have a couple of great volunteers on our team who have done some of this stuff before out in Alberta and are helping us through that process.

Standards are a problem. It's a big problem. The federal government will brag about how they now have an item where we can basically write off \$1,000 or something like that on a service dog, like a medical expense kind of thing. However, they don't have a standard that basically defines what a service dog is, so we're a little concerned. There was an initiative through the Canadian General Standards Board (CGSB) to try and put together a national standard for service dogs, but the whole process basically fell apart. We don't have anything, and there are no real plans to do that.

Really what has happened is that Wounded Warriors Canada and people like us have kind of provided our own standards based on what we know from Assistance Dogs International, Guide Dogs, Seeing Eye Dogs, and those communities down in the United

States. We put together some of our own standards that we're trying to hold ourselves against. Again, there aren't much.

It was a great move by Nova Scotia to legislate service dogs. That was really good. However, although it's well-intentioned, it's a little inflexible at this moment. Speaking to the Justice Minister, they don't want to change anything right now. One of the things that comes up, for example, is CARES. Even though they provide 80 service dogs a year, they are not what's called ADI members - Assistance Dogs International - and because they're not ADI-certified, the province doesn't recognize that. Coming up for the test, we have to now go and do another public access test with the testers in Nova Scotia at a cost of \$200-some odd every two years because our school is not ADI-certified, even though they were ADI-certified, and we probably have exactly the same public access test that ADI has anyway. We're a little worried about that.

The second thing is, it's great to have public access, but we also have veterans that are maybe recently paired, and they're still having some problems, and just to work together. When the public access test is done as a group, and they're all veterans, and they all have PTSD, and they all work together, it's great. As I said, we bring CARES up to do that here, but it doesn't count in Nova Scotia. Now Nova Scotia does it individually. Even though we have a group that we could potentially test all at once, we're not allowed to do that.

There are other issues too. The testers and so on, from what I have heard, are excellent. They really understand some of the issues. We have had an incident where part of the test is to bring your dog on a bus or a train, which is fine. The dogs are trained to do that. But the handler had issues and was triggered immediately and basically got really sick and came back and had that kind of thing.

There are some issues with that that I don't think were completely thought out. I really, really like the fact that we're doing this, but we need to have a little bit more flexibility or a bit more continuous improvement, let me call it that. That's just something I thought I would say.

MS. KIM GINGELL: Just a note to that is that we have had six of our handlers go through the testing, and they have all passed. Omega and I are going shortly. Again, I know what I'm in for. I have all the faith in Omega, but I'm not sure I can do it. It's really a nerve-racking thing. I'm sure we'll be fine, but who knows.

MR. MIKE GINGELL: There have been some studies done. A number of them have been done in the United States by Purdue University about the efficacy of service dogs in military veterans with PTSD. I do have some additional information about that. If you want, I can forward that on later. There was a study put on by Veterans Affairs Canada, sponsored through Laval University as well. It was two years back. We actually had 10 out

of 30 dogs that were part of that program that came from us. The study was done. It indicated very good success, not across the board, but I guess that would be normal.

Basically, the government sort of said, very good, thank you very much, but there's not enough samples to prove that we can justify paying for service dogs as part of a benefit. We're a little frustrated with that. They want to do another study, even though there have been lots of studies down in the United States with hundreds of dogs, and our 30-dog trial and so on. We're not getting a whole lot of support from VAC, from that perspective. Veterans and VAC are like oil and water, so that doesn't help much. I'm just saying.

We have tons of supporters. CARE supports us, the Legion, Wounded Warriors, UN NATO veterans group, which you see all over the place. They're great. They sponsored Ride for Red, breakfast on Saturdays and badging and all that kind of stuff for the swag that we give out and sell. Order of St. George, Covenant Cup - there are many, many, many supporters. Really, I don't do it justice by just putting a few bullets on the page. I don't care if you give me \$5. It's still contributing to that. We have veterans who have been paired who are real craftsmen and artists who are selling stuff and giving all their stuff to us for service dogs because they have been paired, and their lives have been saved, literally.

I think that's enough. I'm done talking for now. I'm sure you all have questions for us. I would be more than happy to see if I can answer.

MADAM CHAIRMAN: Thank you. That was a wonderful presentation, and I'm sure we have a few questions already. I have Ms. Lisa Roberts starting, and I have a list if you put up your hands. Perfect. Thank you. Ms. Lisa Roberts.

MS. LISA ROBERTS: Thank you for your presentation. Madam Chairman, when I raised my hand initially, I was going to suggest that maybe we take a moment of silence given the real tragedy this morning in Halifax Atlantic. I feel that given that we're meeting this morning, it would be good for Nova Scotians to know that we're thinking of that family and that loss.

MADAM CHAIRMAN: Thank you, Lisa, and I actually was going to speak to it. That's the reason why Brendan is not here. He's dealing with that. We have very bad news of a new immigrant family - I believe Syrian - that had a fire, and seven children are dead. It's very, very sad. That's all that we know right now. A moment's silence would be great.

[A moment of silence was observed.]

MADAM CHAIRMAN: Thank you, Lisa, for mentioning it.

MS. ROBERTS: I will ask a first question. I wonder if, given that we're a committee of provincial MLAs, and of course, you primarily would deal with Veterans Affairs Canada . . .

MS. KIM GINGELL: Paws Fur Thought doesn't deal with VAC, Veterans Affairs Canada. I'm sorry I interrupted you.

MS. ROBERTS: That's okay. I was just providing the context that our relationships are with the provincial government, and of course, the provincial government has responsibility for mental health services for all Nova Scotians. I was interested to know about your experiences or the experiences of veterans across the province who you deal with in terms of accessing mental health services through what is available provincially and any thoughts you have based on those networks and those conversations that you have. That would be helpful for us to hear.

MS. KIM GINGELL: It's difficult because once you have been released from the military - in my case for example, I got out in 2006. I didn't know what was going on. The military set up all these briefing things and everything. I could not tell you one person or one word that came out of their mouths, because it was just so fast and everything. You get out on the streets. Then you have to find yourself a family doctor, and then you have to find yourself a psychiatrist, but you have to re-prove that you really need a psychiatrist even though you have been released with PTSD. It took me - what? A suicide attempt. Then it was like, oh, we'd better help this one out.

Then I got a psychologist and I got a psychiatrist. However, that's only good for so long. I think it was, at the time, 10 sessions with my psychologist. Okay, so that's 10 months, but I need to see him every week or twice a week at that point. We go through those 10 sessions, and then he would have to write a report. In all fairness, the case managers - it's like every place else. Their workload is up here, so they can't always get to everything.

I wait usually anywhere from a year to a year and a half to get my sessions renewed. I'm not the only one who goes through this. It's the same with medication. Sometimes if the doctor changes a prescription - we have our little card, but if the prescription changes, then we have to reinvent the wheel again and go through all the red tape and everything. They don't make it easy.

Again, the shortage of doctors - a lot of veterans have tried to go - okay, the ones I'm talking about are the ones who were released and were not released because of their PTSD, but their PTSD was as a result of the career. Those are the guys who are really stuck. They can't even get a family doctor to refer them to a psychologist, so they're just stuck in limbo. Some of the guys are coming forward, and they're saying - especially the new vets, Afghanistan guys and stuff. They can go to a walk-in clinic, but they won't refer them, so they're really stuck. The support for mental health, and I'm just talking about the veterans, is not really there. Again, it's nobody in particular. I think it's just the system.

MS. ROBERTS: I'm wondering, with the service dog program, with Paws Fur Thought, could you share a little bit about your own experience of how that changed your health?

MS. KIM GINGELL: Yes, I can, but it's a bit difficult because it was a difficult path. This is confidential?

MS. ROBERTS: No, it's public.

MADAM CHAIRMAN: If you're not comfortable, no problem.

MS. KIM GINGELL: No, I would rather not - I'll try and condense it. It was two suicide attempts. I self-medicated for about 10 to 12 years. It would be nothing for me to sit down and kill a 40 of rum or scotch or whatever was in the house. It was great. The thing was, you get drunk and pass out, and you don't have to deal with anything.

A lot of us go that route. We don't know where to get help. We don't know how to get help. It sucks on the family life. My three kids, when they were 16, 17, and 18, just said, enough Mom, we're out of here. It's a very difficult road. I don't drink anymore; I don't need it. I can if I want, but I don't need it, and I don't drink. I can sit here and talk to you people - you wouldn't have got me in here without the dog. I have gained back my confidence, self-esteem. I get up in the morning. I don't sleep all day. It's just moving forward so that I can actually - I'll never be the person I was, but I think I'm pretty damn close.

[2:45 p.m.]

MADAM CHAIRMAN: Mr. MacKay.

MR. HUGH MACKAY: I think you have actually addressed some of my question. I'm curious, because PTSD obviously has such an impact on family as well as the individual. Does this program take family into consideration? I guess supply and demand factors there. But are there cases where family support is provided through this at all?

MS. KIM GINGELL: I have to say no simply because we don't have the resources. Unfortunately, it's one dog one person. I know we have had people say, do you think - and it's no. We have a case in Newfoundland right now. Husband and wife are both ex-military, and both have PTSD, and they're raising four kids. The problem is, we can't send a dog in there because the dog will become confused because it won't know who to help. There's so much stress. I wish we could. I really wish we could.

MR. MACKAY: You have spoken to your own situation, which we can appreciate. Generally, how does one measure success for this program? Is it all individual?

MS. KIM GINGELL: Success is the fact that - how do I measure? You just look at the veterans. The first week they're home, they'll go to Tim Hortons for a coffee. They'll walk with their dog to the mailbox. They might even go grocery shopping by themselves. It's the little things. A lot of them have cut back on some of their medication, with the advice of the doctor. A lot of them have given up self-medicating.

What we find, too, is veterans with PTSD tend to migrate to something of interest, a passion. If you look at Medric, his passion is fly-tying. Mine is quilting. It's like a compulsion. You can't stop. One gentleman we have makes pens. Just the fact that they can actually get out and find something that they can do positively, I think that speaks for itself.

MADAM CHAIRMAN: Mr. Horne.

MR. BILL HORNE: Thank you for your presentation. I just wanted to say I have a person in our community who has gone through similar things with a dog. It was so early in their getting the dog that she had to do all the training and not knowing how to train became really - but it was very fulfilling for her. She has now been passed as a trainer, done all of whatever she had to do at the testing.

I'm wondering, are you trying to secure dogs in Nova Scotia? What are the reasons why there may be problems in trying to supply the dogs and the training in Nova Scotia? There are lots of issues there with training, and of course, with getting the proper type of dog that is acceptable because of their temperament and so on.

MS. KIM GINGELL: Paws Fur Thought did look at a few schools in Nova Scotia, but the problem was - and this is no reflection on the school or their training, the dogs are very well-trained dogs - they weren't task trained. That's the downfall because the vet needs to know that he or she can depend on their dog. That wasn't there, so we have a few vets with nice dogs.

MR. HORNE: Maybe you're quite aware of our government passing a bill recently to recognize PTSD in the emergency management system, for paramedics, in the last session. Have you had any discussions with the paramedics, with those who may want to get a service dog?

MS. KIM GINGELL: No, I actually wasn't aware of that.

MR. MIKE GINGELL: Just to add a little bit to that, we do help Kevin with CIAD, who is doing first responders. I would imagine that he is more familiar with that. Again, because of the supply and demand thing, we have had to just focus on military and RCMP veterans. We would love to be able to help everybody else too. That's what's Kevin is doing with CIAD, and there some other trainers who are most likely working with those

folks in Mental Health Services. We have worked with Mental Health Services in Nova Scotia in the past as well. We have paired a few people.

MADAM CHAIRMAN: I'll move on to Ben Jessome.

MR. BEN JESSOME: Mr. and Mrs. Gingell, thank you, firstly, for your time serving this country. It's really nice to see you both here. Could you clarify whether or not the organization is a not-for-profit or a registered charity or what your status is.

MR. MIKE GINGELL: Right now, we're just a steering committee that works under the umbrella of the Legion. The Royal Canadian Legion has a benevolent fund which is a charitable organization, so we can give out receipts. What we're putting in place is an initiative to become a federally recognized non-profit charitable organization. That's going to take a little bit of time, but we have to do that in order to have more flexibility in how we can pair veterans.

MR. JESSOME: With respect to your presentation around wait-lists, you referenced 28 veterans and former RCMP in the queue. Is that just under your roof, or would that be across the country? What sort of a scope are we talking about here?

MR. MIKE GINGELL: That's just for us, just for Paws Fur Thought. There is a huge wait-list across the country. As I said before, National Service Dogs in Ontario is closed. Wounded Warriors Canada will try and refer to the various schools, but a number of them are just not taking in any more at the moment as they're trying to increase their supply. It's a problem.

MADAM CHAIRMAN: Mr. MacLeod.

HON. ALFIE MACLEOD: Thank you both very much. It's really good to have you here and hear your presentation and of course to hear your story. I congratulate you on being so open with it. I have had an opportunity to meet Medric a few times, and it's very interesting.

There are a couple of things that I'm curious about. You talk about the \$5,000 cost, and that you have to go to the United States. Is there a preference of breed for this type of training, or does any dog work?

MS. KIM GINGELL: It depends on what the tasks are. For PTSD, they generally use Labradors, Golden Retrievers. Border Collies have been very successful. Doodles - we have a Poodle. We have two Great Danes. She does a wide variety. What she will not use is any dogs that are aggressive by instinct - that's your Amstaff, your Rottweiler, your Doberman - because that is instinctual. You can't train that out of them, so they won't use them.

In fact, Sarah will take donations from breeders around and she will actually do a blood test that goes back four generations just to make sure that there is no aggressive breed in that gene pool. She has done Miniature Schnauzer, Miniature Pinscher. She has done a new breed for me, a Leonberger. She has done Bernese, Newfoundland, she has done St. Bernard. She has done a lot.

MR. MACLEOD: So any breed might work, I guess is what you're saying. I'm kind of curious then, as to the supply. Do you work with animal shelters or SPCA or any of those to get animals if there's this kind of testing?

MS. KIM GINGELL: Let me speak to CARES first. They have their own breeding stock. They have their own Labrador Retrievers, and they have their own Golden Retrievers. Depending on how many pups each dog has depends on how many labs she can use. She will use mixed breeds, but she does the testing. She doesn't want the dog to be very old. At CARES, from their breeding stock, they will identify a puppy as early as three to four days old. They do a puppy test, and whatever characteristics the dog has, they'll either pass or fail. That's how they determine those dogs.

Again, with donations, what they'll do is a test when the dog is young - not the same one, a little bit more advanced - to see if the dog has the qualities that could possibly enable it to be trained to be a service dog. The problem with SPCA or strays or that sort of thing is that the dogs have a history, and the dogs can't speak to it. At any time, those poor animals could just lose it because they're triggered by something. You can't have that. That's one of the major reasons that we don't use SPCA. That's really sad. I know there's a lot of good dogs out there, but like I said, they all have a history, and they can't share it with us. That could be detrimental.

MADAM CHAIRMAN: Next is Kim Masland.

MS. KIM MASLAND: Being the last to ask the questions, all my questions have already been answered. I just want to be clear. Right now, Veterans Affairs Canada does not offer any type of funding for this type of program?

MS. KIM GINGELL: No, they don't. What's kind of interesting is that their case managers are talking to their veterans and saying, if you have PTSD and you're really bad, you might want to check out Paws Fur Thought. So their case managers probably recognize the need, but that's about all they can do.

MS. MASLAND: It's very sad to hear that. If we look at the cost of a dog being \$5,000 and the fact that that is going to help with health, it just blows my mind to think that that's not being recognized.

MS. KIM GINGELL: The \$5,000 is U.S., so it's whatever that equates to. Also, it costs us probably between \$12,000 to \$15,000 per veteran to send down there; that's

Canadian. If you look at the costs here in Canada, they're anywhere from \$15,000 to \$30,000 depending on how the dog is trained.

With the CARES program, a lot of people will ask, why are you going to the United States? The way CARES works is, if you can provide an education program for a prison, the prison will actually pay you to provide that training. Sarah right now has two in Colorado, two in Kansas, and two in Missouri, and she's always visiting them. Again, they have their specific prerequisites and stuff. These guys in there are not nice guys. But even to see what it does for them is just incredible. But that's why we go down there, and it is a lot of money.

[3:00 p.m.]

MR. MIKE GINGELL: Just to clarify a little bit, as Kim was saying, they do the puppy test, then they go to foster, then they go to the prison program, then they go to finishing school at CARES, and then they're paired. That's another reason the costs are quite low, because the federal government in the U.S. is paying CARES to provide dogs into their prison system, plus the donations. That helps. If we could do something like that up here, it would be awesome as well.

MADAM CHAIRMAN: Next I have Lisa Roberts again.

MS. ROBERTS: You referenced collaborating with Wounded Warriors Canada in various ways. I'm wondering if you see regional differences in the supports that veterans are able to access across different provinces but also across this province. Again, with a particular interest in the provincial health care system, do you notice that other provinces are able to provide better support for veterans, or are things different in Cape Breton or the Valley versus Halifax?

MS. KIM GINGELL: That is a hard question to answer. I have to say just from my limited experience - although I deal with a lot of veterans, I don't deal with a mass of veterans - I feel that some places are adequate, and some places are, well, you just keep going until something happens, and then you have to contact them to say, yes, I need help.

I think what it boils down to is their case managers. You have some awesome case managers out there, and they go that extra step. Then you have some where the veteran is just a number, and that's it. I think I understand what you're trying to get to, but it's difficult to really assess that, from my point of view.

MR. MIKE GINGELL: To add to that a little bit, throughout Nova Scotia we found that the level of care and everything else is pretty much the same whether you're from Cape Breton or down in the Valley or down on the South Shore - we found that pretty good, actually. Alberta and B.C. are very strong proponents for this sort of thing, which is also why they have provincial regulations for service dogs. Wounded Warriors Canada's

service dog program is trying to cover all of Canada. There are a number of schools as I said - the six schools, including us - that do that.

Again, a lot of it is supply and demand. Whether Wounded Warriors gets money from Dominion Command, which is Ontario, or other funding sources is kind of how they have to support it. Depending on where you're from, you can put in a request for Wounded Warriors, and they will try and support it. Right now, they don't give us much because we're already doing way more than all the rest of the schools in Canada. They do still give us money periodically. We just got another \$15,000 from them to do some stuff.

Other than the service dog program, I can't speak to any of their other programs, but they do have other programs that I'm sure are much easier and levelled across Canada than service dogs right at the moment. Just to speak to our relationship, Medric Cousineau, who started this whole thing, left it to the steering committee to deal with it, and he is now the Wounded Warriors Canada service dog guy. He calls himself the dogfather. That's just how things have evolved.

MADAM CHAIRMAN: Next, I believe we have Ben Jessome. (Interruption) Sorry, Ms. Roberts, on the first question, you get a supplementary one, but the second question is just one. But there's room.

MR. JESSOME: You're going to have a Hall of Fame here soon where retirements are taking place - I'm just curious about what the intention is. Would the service dog remain with their handler and then a new dog would come into the picture? My partner just sent me something that basically said you can adopt therapy dogs that don't make it the whole way. Would it be like the dog stays in your home, or would there be an adoption process? How does that work?

MS. KIM GINGELL: I have an option when it's time for her to retire. CARES makes that decision, we don't. CARES trains the dogs, they know their dogs. They make that decision. When it is time, I have an option: I can keep her as a pet and I will get another service dog if I need one, or I can take the dog back to Kansas and what she does is awesome.

What she will do is, she will adopt the dogs out to families with autistic children. The dogs are great with autistic children. She will give them to school counsellors and put them in the schools so they can be utilized for kids who have been traumatized. The dog still fulfills a function, even though they might retire as a service dog. These dogs are bred to work. They love it. That's what they do.

MADAM CHAIRMAN: Next I have Alfie MacLeod.

MR. MACLEOD: I want to go back to your relationship with Veterans Affairs Canada or lack of a relationship. I'm just curious - over the period of time that you have

been involved, has there been any formal presentation made to Veterans Affairs to try to get them to understand the benefit of the program? In that presentation, would you have numbers that you could share with them to prove the worth of the program?

MR. MIKE GINGELL: That's Medric's bailiwick. He has been in Ottawa on numerous occasions talking to the Minister of Veterans Affairs and his bureaucrats. Basically, he has talked about the efficacy studies, he has talked about proof that the dogs are there and so on - he has generally not gotten too far. He was probably the reason why we got the medical expense deduction, because of his tenacity, for lack of a better term.

He is continuously doing that, but he suffered as well - compassion fatigue and stuff like that. It gets to the point where - first of all, he's disabled, and you beat your head against the wall enough. It's time to stop. That's why he's down there fishing in Florida right now. That's why he had to form a steering committee to help take that away from him. He will still be a very strong advocate, through his position and role in Wounded Warriors Canada. He will be doing the same thing over and over and over and over again, because that's what he does.

MADAM CHAIRMAN: Ms. Roberts, would you like to ask your question now?

MS. ROBERTS: I'm here today as the MLA for Halifax Needham, but I'm also part of the NDP caucus. We have proposed a mental health bill of rights that would give people the right to certain supports and make sure mental health services are adequately funded. Right now in Nova Scotia, 4 per cent of the health budget is spent on mental health supports, where the World Health Organization recommends that governments spend at least 10 per cent of their Health budget on mental health supports.

I broke my wrist recently, and I see my colleague across the way is also bandaged today - I haven't had a chance to compare injuries. Regardless, we tend to treat physical injuries as non-negotiable and requiring treatment, where sometimes people with real mental health issues - there's no door for them to walk through. There's no access to service.

I'm wondering if you would share your thoughts on the idea of a mental health bill of rights. Do you like it as an idea? What do you think would be important to include in a mental health bill of rights?

MS. KIM GINGELL: In theory, it would be a great idea, but is it real? Is it really realistic? I don't know. There certainly is a need, there's no doubt about that. It's one of those things that's sort of like, is that too good to be true?

MR. MIKE GINGELL: A mental health bill of rights sounds like a great idea. However, we already have a shortage of doctors and practitioners, so even if you have a

bill of rights, we still have to deal with a shortage of therapists. If you could figure that one out too, that would be amazing.

MADAM CHAIRMAN: Mr. Jessome.

MR. JESSOME: I have lots of questions, folks, sorry. I'm just curious - referencing your comments and facts about the supply of pooches, are there not enough animals being put through the system and coming out the other side as finished work dogs? If you had \$1 million, could you produce more dogs? I guess that's the question.

MS. KIM GINGELL: Not necessarily. If you boil it right down to what it is, it just depends on how many pups a dog has. A good healthy litter from a lab would be anywhere from 10 to 12. However, there was one year, all the CARES litters were two pups, so what do you do? It's a kind of biological thing, a force of nature.

MR. MIKE GINGELL: I think if you had enough money and resources, you could always build up the school and the capacity, but again, it's a very slow process. It takes a minimum of 18 months to get a dog trained properly. Again, as Kim was saying, it depends on Mother Nature in a lot of respects. We had actually talked about bringing up, say, a CARES North or CARES Canada but at the time, it just wasn't practical. It's still not necessarily out of the question.

As I said, CIAD started up just recently, and I can see maybe three to five years that we can do something as well. I would like to do that too. It makes a lot of sense. It's going to support our own people locally; it's another industry that can provide jobs. The outcome of that is just so awesome. It saves lives, so why don't we do it? As I said right now, there's only a few of us on this committee, and we're doing what we can to do what we do.

MADAM CHAIRMAN: I believe next is Bill Horne.

MR. HORNE: I guess this is on the same topic as my colleague here who just asked. I know the Lions Club are quite with seeing eye dogs, but I don't know where their supply is; it's mostly Ontario and B.C., I think.

I'm a Lions member. It might be a worthwhile cause to lobby the Lions Club or other organizations like Kinsmen and Kiwanis. Have you thought about doing that? I know you're limited in what you can do with the number of people you have in your organization. Maybe that's where it begins - maybe talking to the province here on setting up something for you with concerns for EMS people and their needs for PTSD problems. Just a thought. I don't know. It's a lot of work, and you almost need somebody separately to look at the angle of doing it that way.

[3:15 p.m.]

MR. MIKE GINGELL: I think you're speaking to our future. Certainly one of the things that I have in my head is that we want to basically become a little bit more independent so that we have the flexibility to do that. At that point in time, we will engage the other people like the Lions Club, for example, and start to talk to Mental Health Nova Scotia a little bit more and dealing with first responders through EMS. It's certainly on my radar; it's just not today.

MADAM CHAIRMAN: The next I have on my list is Mr. Hugh MacKay.

MR. MACKAY: My question follows almost identical to my colleague's. Having spent many, many years in community service clubs, I know that sometimes their priorities change, and so it can be challenging to count on long-term funding from them. He was referencing the seeing eye dogs - Canadian Guide Dogs, I think, was established many years ago and would probably have some good lessons learned through the years that could be conveyed to you. Have you reached out to an organization like that that does have its own funding model rather than being tied to Kiwanis or Lions or whatever?

MR. MIKE GINGELL: To be honest, we haven't. I know that there has been discussion of B.C. Guide Dogs who are now part of providing service dogs as well as guide dogs, so they have something on the go. As it turns out, we have a conference the week after next that Wounded Warriors Canada is sponsoring. It's bringing us all together with all of the schools. That is in fact one of the items I'm going to discuss.

Moving forward, we have to look at other things. In an ideal world, VAC will do all of our funding for us, but we're not holding our breath. In the meantime, opportunities and other agencies and people like the Lions Club and all the other groups are certainly worth looking at and how the Guide Dogs community does it as well. They have been doing this for a long time. It makes sense to leverage lessons learned.

MADAM CHAIRMAN: I have Mr. MacLeod next on the list.

MR. MACLEOD: We're talking about PTSD and the effects it has and the impact that this program has on people like that. But there are many who can't access this program. Am I correct in saying that there are many people who have PTSD who cannot access this program just because of the parameters of the program? Not that you don't want to, but they can't.

This may be outside your area of expertise, but I'm just wondering, when you can't access this programming, is there anything out there available for people with PTSD? I know at one point, we had people in who suggested that there should be a walk-in clinic here in Halifax for people with PTSD. After you sharing your story with us, Kim, I'm just

curious, if we can't do this to the degree it needs to be, are there other things that we should be prodding government to be doing to help people with the service and PTSD?

MS. KIM GINGELL: I know just from being intake coordinator, I do get some requests from people who have PTSD from various different things, and I tell them they don't fit into our mandate, unfortunately. Of course, the next question is, is there a place anywhere in Nova Scotia? No, there isn't.

This is where trouble can start because there are a lot of fake trainers, and they're selling these dogs for way more than what a trainer would, so these people are probably paying \$25,000 or \$30,000 for a well-trained dog. I always tell them, no, we don't have anything - there are some out there. There's one or two that are pretty good, and they're not going to charge you that. The majority of them are all about the money because they have an audience. These people are paying it. The only thing I can tell them is, you have to do your research. You have to ask for references from these people.

It's a sad state. It really is because there is a lot of PTSD out there. I always feel so rotten because I know. I know where they're coming from. I can't offer too much help there.

MADAM CHAIRMAN: Next on the list, I believe, is Lisa Roberts.

MS. ROBERTS: You mentioned the provincial legislation, which I see was passed in May 2016. I wonder if you could just speak a little bit more to how it has helped and where it has hindered your work. I don't know if I quite understood.

MS. KIM GINGELL: I just want to make sure I understand what you're asking.

MS. ROBERTS: Sorry. In Mr. Gingell's presentation, he talked about inflexibility of the Act. I actually have never looked at the Act in great detail. I can see that there's reference to a registrar. I'm not sure what the Act has meant and it sounds like it has created a hoop that is hard for you to walk through.

MS. KIM GINGELL: Like I said, Omega and I haven't done it yet, but we are in a couple of weeks. This bill was supposed to come into effect on June 27, 2018. Everybody who has a service dog was supposed to have been registered. People went, people passed, and people failed. I'm just sort of sitting back because I'm scared to go take the test, to be honest, watching and seeing. I have to pay \$200.

I'm watching what's going on. I'm going into my restaurants, and I'm going into Costco, and I'm going here and there, and nobody - nobody - is asking me for this ID. They're not enforcing it. I'm sitting here, and I know it's law. I went to breakfast with the UNNATO bikers two weeks ago. A guy came in and he had a puppy in training. In-training PTSD dogs do not have public access yet. He wasn't even challenged in a restaurant.

I'm thinking, has everybody just said, we don't care? To me, there's a need, but it has to be enforced. It has to be taken seriously because people are paying for this. For the people who have to take it, it's stressful.

MR. MIKE GINGELL: I can add to that a little bit. The intent is good, because it's really trying to protect people who have real service dogs and guarantee them public access where it's required and to be able to distinguish to a business owner that this is in fact a real service dog and not just somebody's pet that they want to take along, because we have seen a lot of that.

You can tell a service dog. If you're in a store or in the mall or something and see somebody with a dog, you know the ones that are service dogs - not just because they wear a vest because anybody can buy a vest, but just the way they behave. In a way, we have been proactive trying to get legislation to deal with this stuff. It's just the enforcement aspect and things like that. Just even how you get registered for it and that kind of thing are maybe not right yet.

I honestly believe it's something that we need whether we can enforce it or not. We do need that because now if somebody goes into a restaurant with a dog and the dog is up on the table trying to get food and stuff like that, then the business owner has all the right to kick them out now. Whereas if they have this, then they don't. If they do have this and the dog is acting up, then the business owner should report them, and remediation has to happen.

I really think it's a great idea. It's new, and hopefully we can continuously improve on it and not just say, we have done our thing. We have to be proactive in making sure that this actually meets the intent and isn't just a piece of law.

MADAM CHAIRMAN: Mr. Horne.

MR. HORNE: Continuing in this vein, we're going through right now with dogs. Do you see the availability of service dogs improving over the next few years so you will have more dogs that will be able to be given to persons with medically necessary conditions?

MR. MIKE GINGELL: I'm not sure the supply-demand problem is going to go away. The reason I say that is because a lot more people are familiar with service dogs and what they do, and a lot more people want them. It's kind of that we're the victims of our own success, in a way.

On that, through Wounded Warriors Canada and their service dog program, they're trying to get more schools into the program. They're financing some of the smaller schools so that they can grow and they can produce more animals. As I said, in our future, we

would like to be able to do that here in Atlantic Canada, in Nova Scotia in particular as well. It's growing. That causes, obviously, the demand problem.

I think that, looking forward, we're going to see an increase. We're really trying to promote that. A perfect example is CIAD, Kevin Johnson's group, which formed up two or three years ago and is now actually pairing RCMP and first responders. It's positive. It's a lot of work, but it's positive, and it's worth it.

MADAM CHAIRMAN: I have one last one. Ms. Masland.

MS. MASLAND: Just very quickly, we were talking earlier before we started our meeting here that my son-in-law actually trains RCMP dogs. He's an RCMP officer. He's on his second dog now. I know that he's not the only one in Canada. They're all over the place. We have these officers who go and take the training and then train these dogs. They go to Innisfail, and they pass the test, and they're off.

It would be great to have that in this program too, trainers right across. I know it's what you just basically said here, but I do hope that that does happen because that certainly will help the supply. Thank you for coming today.

MADAM CHAIRMAN: If there are no other questions, we can wrap it up - actually, before that, if I could ask a question. As a chair, I don't really get to ask.

I'm wondering if you know that we as MLAs can help you if you have an event, a fundraiser. If you let your MLA know wherever the fundraiser is happening, and we will be more than happy to publicize it for you and to help. I don't know if you need more volunteers or if you need people to come to the event so it can raise more money. We're definitely able to. Another thing that MLAs can do for you that we would love to do is for any volunteers, we would like to acknowledge them in the House, the work that you do. Wherever you live, just let your MLA know about that.

Please, if you have any closing statements, we would love to have them.

MR. MIKE GINGELL: I would just like to thank everybody here for giving us the opportunity to tell you what we do. It's hard for me to even tell you what a change it has made in our family, with our kids, and everything else. So bringing this forward and having the support from everybody else and understanding that it does save lives and families and everything else is huge. Again, thank you for giving us the opportunity to talk and we're looking forward to your support in the future.

MADAM CHAIRMAN: Thank you, this has been very educational for us and wonderful. I wish you all the best. Please continue doing what you're doing.

We will take a five-minute recess.

[3:30 p.m. The committee recessed.]

[3:35 p.m. the committee reconvened.]

MADAM CHAIRMAN: I would like to call the meeting to order. We have a couple of items on the agenda - one of them is correspondence that we have from previous. It was the letter that we had asked to send to Minister Seamus O'Regan who was replaced by Minister Wilson-Raybould who replied to our letter. She states that the medical services in Canada are delivered by provincial and territorial governments, and Veterans Affairs Canada does not have the mandate to support a separate tier of medical services for veterans beyond the funding it provides to provincially-run operational stress injury clinics.

You have a letter with all the details. This is just a quick summary of the letter that you have been provided. That is the response to our letter. On February 20, 2018 we sent that letter. We need a motion - Mr. Jessome.

MR. JESSOME: On a separate note, are we finished with that piece of correspondence? We don't need a motion.

MADAM CHAIRMAN: If everybody is okay with that one, we'll move to the next item. Mr. Jessome.

MR. JESSOME: Just as a bit of a housekeeping item, I'd like to make a motion. I move that the Veterans Affairs Standing Committee does not meet during legislative sessions for the remainder of the mandate as per a number of the other committees that we've done this motion for in the past two weeks.

MADAM CHAIRMAN: Mr. MacLeod.

MR. MACLEOD: I'm curious if the member would also like to make a motion that the Armed Forces don't do anything in the line of the duty when the House is sitting. After all, nothing else happens in the world when the House is sitting, so why should we not meet? Explain that. We expect everyone else to do their job during the session of the House, but we don't have to do our job? I'm sorry, but that just doesn't make any sense whatsoever to me.

MADAM CHAIRMAN: Thank you. Anybody else have any comments? Mr. Jessome, should we vote on it?

MR. JESSOME: Call the question, please. Let's vote.

MADAM CHAIRMAN: Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The next meeting - because we're not sure exactly when the session will be over - we're suggesting is May 21st. Is everybody okay with that one? Thank you. That wraps up the day. Thank you everyone for being here.

[The committee adjourned at 3:40 p.m.]

[The committee reconvened at 3:43 p.m.]

MADAM CHAIRMAN: Oh, sorry, there was one business item that I didn't do. I apologize. We need to vote on it. There was a report that was sent to all of us and we just need to make sure that we pass the motion.

At the agenda-setting meeting, the committee agreed to accept past correspondence and the 2018 annual report. The report has been sent to all members. If there are no amendments, may I have a motion to accept the report? (Interruption)

I would like to get consent from everybody that we reconvene the meeting for that one quick item. It shouldn't take us more than two minutes - I apologize. Do I have your permission? Thank you.

You have received the report and seen it, and you're okay with that as well - accept the past correspondence and that there is no amendment to the report? Is that okay with everybody? Can we vote on that?

So moved. Thank you. All is good, it has been accepted.

The meeting is adjourned.

[The committee adjourned at 3:43 p.m.]