House of Commons
CANADA

Standing Committee on National Defence

NDDN • NUMBER 025 • 2nd SESSION • 39th PARLIAMENT

EVIDENCE

Tuesday, May 6, 2008

Chair

Mr. Rick Casson

Standing Committee on National Defence

Tuesday, May 6, 2008

● (1535)

[*English*]

The Chair (Mr. Rick Casson (Lethbridge, CPC)): I call the meeting to order.

This is our 25th meeting dealing with the study of health services provided to Canadian Forces personnel, with an emphasis on post-traumatic stress disorder.

Mr. Claude Bachand (Saint-Jean, BQ): Do we have champagne for that?

Some hon. members: Oh, oh!

The Chair: Mr. Bachand thinks we should have champagne to celebrate the 25th meeting. We'll leave that for other events.

Today we have a panel of witnesses. We have James Price, who is the acting chairperson for the Canadian Forces Grievance Board. With him is Caroline Maynard, director of legal services. From the Office of the National Defence and Canadian Forces Ombudsman, we have Mary McFadyen, interim ombudsman. And as an individual, we have Pat Stogran. He is a retired colonel, and I understand he works as the veterans ombudsman as well.

I understand that the three of you have presentations to make to the committee, and I will let you all do that before we go on to a round of questions. Who wants to kick it off?

Mr. Price.

Mr. James Price (Acting Chairperson, Canadian Forces Grievance Board): Mr. Chair and members, my name is Jim Price. As the chair has indicated, I am the acting chair of the Canadian Forces Grievance Board. With me is Caroline Maynard, our director of legal services.

To give my own background, I retired in 2003 from the Canadian Forces after 37 years of service, the last 23 as a legal officer and military judge. I was appointed vice-chair of the grievance board in December 2004 for a term of four years. Currently the chair's office is vacant, so I have assumed that role as well.

I think I will start off with a short background on how the Canadian Forces Grievance Board came to be. It was part of very substantial amendments made to the National Defence Act in 1998 by Bill C-25. That involved the big post-Somali amendments largely having to do with military justice.

At that time, in 1998, the grievance system was also rejigged. There had been a number of studies in the mid-nineties showing that the grievance system was slow and lacked transparency. The minister was the final authority in the process, which was not seen to be a good thing. Bill C-25 created a two-stage process, initial authority and final authority, and made the Chief of the Defence Staff the final authority rather than the minister.

With respect to the board per se, it was seen that an outside independent agency—and that's what we are, a quasi-judicial tribunal, not connected to National Defence—would add to the adjudicative fairness of the grievance process and would generally bolster confidence in the system.

It's important to understand that the grievance board is not a decision-making body; that is the chief, who is the final authority. What we do is make findings and recommendations in certain types of cases to the chief, and the chief, if he or she does not agree with our findings and recommendations, must say so in the final decision. The chief must personally adjudicate the files that come from the board, which the board has reviewed. All of the other files are done by the chief's delegate.

The subject matter jurisdiction we have is limited by regulation. Essentially it's involuntary release, harassment, pay and allowances, medical, and dental. The effect of the regulatory restriction is that we see only 40% of the grievances at the CDS level. I can tell you that we have been talking to the Canadian Forces about expanding our mandate.

We wonder, if the purpose of the existence of this board is to bolster confidence in the grievance system, why we can't see all of the grievances. I should say, too, that the Canadian Forces are not resisting this. We've been talking about it for the past year, and we have some more talking to do. We feel this is an important thing that we want to pursue.

One of the subject matter areas we have is medical care. You will see from the briefing note I have supplied to you that we have only actually seen 12 grievances on the quality of medical care—19 grievances on post-traumatic stress syndrome. I should add that these are not, of course, necessarily the only grievances in the Canadian Forces dealing with post-traumatic stress. We see them because there's a release involved or the quality of care is involved.

You may have a case, for example, of someone who has post-traumatic stress syndrome who is placed on constant probation for misbehaviour and claims that the reason for the misbehaviour is post-traumatic stress. We would not see that kind of grievance at our board, because that has to do with personnel administration; it doesn't have to do with release per se.

Out of the files that we've seen, there are two main points we would wish to make. In some of the cases there has been, we think, a requirement for financial compensation with respect to medical care. The chief has agreed with us, but unfortunately the chief has no financial authority. He has to send those kinds of cases off to a Justice lawyer who works in National Defence.

● (1540)

We think it would be a very good thing if the chief had the authority to give some kind of financial relief. This was recommended by Justice Lamer in 2003, when he did the five-year review of Bill C-25. Unfortunately it has still not happened.

This is something we would like to see. We think the Chief of the Defence Staff, as the final authority in the grievance process, should have the ability to bring finality to the grievance. In our view, he shouldn't have to write the griever to say, "We think you have a meritorious case, but unfortunately I don't have the authority to grant relief. I have to send it somewhere else."

That's a point that has arisen from our review of these types of cases.

The other batch of cases that concerns us has to do with individuals who have been diagnosed with post-traumatic stress syndrome and they then misbehave in some fashion. In one of the cases I looked at the individual had assaulted his spouse, and in another case there was excessive drinking. In these cases, from what I can see at least, the military focuses on the misbehaviour. They tend to look at whether the PTSD is a defence to criminal charge or whatever, and if it isn't, then the military basically releases the individual under an item called 5(f). A 5(f) is unsuitable for further service because of factors within one's control.

Another possible release item is 3(b), which is medical, being disabled. And 3(b) carries a host of benefits that a 5(f) release does not, including full severance pay, an immediate indexed pension if you have 10 years of service, vocational training, six months' notice and so forth.

We have seen a fairly rigid attitude so far.... I caution that we have not made recommendations to the chief in some of these cases, and he may well have a different view than some of his subordinates. But it seems to us that a more generous view might be that a medical release should not be dismissed out of hand simply because the individual has misbehaved. Of course the caveat I would put on this is that every case is different and this is highly contextual. But we want to make this point to the chief in some of these cases as we go along.

I think those are the two main points out of the cases we have seen so far. And some of the cases go back to the 1990s—Croatia, Bosnia and so forth.

● (1545)

The Chair: Thank you very much.

Ms. McFadyen.

Mrs. Mary McFadyen (Interim Ombudsman, Office of the National Defence and Canadian Forces Ombudsman, Department of National Defence): Thank you.

I would like to begin by thanking the committee for inviting me to testify this afternoon on the issue of health care services to Canadian Forces personnel, and in particular issues surrounding post-traumatic stress disorder.

[*Translation*]

It is a pleasure and an honor to be here today as the National Defence and Canadian Forces Interim Ombudsman. I have been following your work with great interest over the past few months.

Our work at the Office of the Ombudsman during the past six years has allowed us to see clearly that the post-traumatic stress syndrome affects a very high number of members of the Canadian Forces. Furthermore, it has very serious consequences for the families of those members in many cases.

[*English*]

Since 2002, our office has invested a great deal of time and effort in examining the problems associated with PTSD. Over the next few minutes, I will highlight some of the key findings from our original report, as well as the progress that has been made by the department and the Canadian Forces. I will also underscore some of the areas where we feel improvement is still required.

Our original investigation was conducted in 2002. It included some 200 individual interviews with CF members suffering from PTSD, their families, and members of the chain of command. The investigation produced 31 recommendations aimed at strengthening Canadian Forces leadership and improving the day-to-day lives of PTSD sufferers. The recommendations were designed to ensure proper diagnosis, improved education and training, tracking and treatment of those suffering from PTSD, as well as assistance for sufferers reintegrating into their home environments. These recommendations were the subject of a follow-up report nine months after the release of the original report. In that follow-up report, the office of the ombudsman made a commitment to continue to monitor the matter.

We are now finalizing our re-examination of the original series of recommendations. We are also looking at developing new recommendations designed to take into consideration the current operational reality of the Canadian Forces. This means that we are looking at all forms of operational stress injuries, including PTSD.

It is clear from our most recent review that the CF has made progress over the last few years in the way it approaches operational stress injuries, that is, in the way in which it attempts to prevent these injuries and to identify and treat those individuals with them. Unfortunately, it is also clear that the stigma associated with operational stress injuries is still pervasive at some individual military bases and among some units and that a real cultural problem still exists in some parts of Canada.

[*Translation*]

We have also found that what is missing is a function of general governance as well as strategic coordination relating to operational stress injuries.

[*English*]

Services are being delivered at a local level and on an ad hoc basis.

[*Translation*]

This has to change. No member of the Canadian Forces should be left aside because of a lack of coordination or because of ineffective management in the Forces.

[*English*]

Operational stress injuries also profoundly affect families. The stress of caring for and coping with a CF member suffering from PTSD can take its toll on a spouse and the family. Although we have seen progress for those in uniform suffering from operational stress injuries, the Canadian Forces have not done nearly enough to help the families of operational stress injury sufferers.

Adequate services are simply not available for the family members who may need help in dealing with their very difficult circumstances. Many sufferers of operational stress injuries, including those suffering from PTSD, are concerned about the effect their illness has on those around them and want to ensure that their families are cared for. As it stands, there is no coordinated national approach that ensures timely local access to services for family members.

● (1550)

[*Translation*]

Family members should be treated with compassion and understanding. They should be able to get services easily for the affected member or for themselves, wherever they live. Operational realities have changed a lot in the Canadian Forces since our initial investigation of 2002. Even though we are pleased to see that progress has been made in some areas, there is more work to do, and that work is important. The Canadian Forces should continue to move forward with the implementation of our recommendations and of those of other agencies dealing with this matter.

[*English*]

Thank you, Mr. Chair.

The Chair: Thank you.

Mr. Stogran.

Colonel (Retired) Pat Stogran (Veterans Ombudsman, As an Individual): First of all, I'd like to thank the committee for giving me the opportunity to appear before you today on something that's been very important to me, especially in the latter years of my career. I'd like to remind you that I am here as a private member. I'm not reflecting my current office as the veterans ombudsman. I may be out of the military, but the military is not out of me.

My consciousness regarding operational stress injuries—and I'd prefer to refer to them as operational stress injuries, because PTSD tends to be a particular diagnosis that doesn't really treat the entire community of personnel who have endured psychological injuries—was really heightened in 1995 in the aftermath of the Bosnian-Serb offensive on the enclave of Srebrenica. If you remember, at the time the Dutch, who were protecting the inhabitants of the enclave, had decided that they wouldn't fight. As such, the soldiers who were in the enclave had to witness the atrocities that were subsequently committed. Now, on one hand they managed to avoid the killed in action and wounded in action that they would have endured had they fought. But on the other hand, they weren't able to avoid the soldiers who had ruined lives due to alcohol misuse and drug addictions, as well as suicide. There was a huge aftermath.

I would like to think that I bring a bit of a different perspective to the table here today, because as a result of my experiences at that time, I developed the attitude that force protection is often referred to in the physical sense, but it applies just as much in the psychological domain and it remains just as much a priority for the chain of command to address. My assertion is that with all this emphasis on treating those who have been wounded or have endured psychological trauma, we have neglected to put enough emphasis on preventing or mitigating the effects of operational stress so that we have fewer casualties after a battle or an operation.

Now, many mental health experts are completely dismissive of the possibility that you can prevent operational stress injuries. However, I would submit to you that there are sporting organizations around the world that spend millions of dollars to mentally prepare their athletes for the types of competitions that they will engage in.

I will outline one of my own experiences as the commanding officer of the 3rd Battalion Patricias, which tends to validate my assumption in this respect. When I arrived at 3rd Battalion...of course, as I said, force protection is a command responsibility, and not only did I look at the physical side of it, but I also was very concerned about the psychological side. As such, I and my command team embarked on a very thorough training program that was state of the art at the time—critical incident stress debriefing. We were also a little bit avant-garde in our approach to doing business in that we developed what we called a stress inoculation training package. We drew from some of the contemporary writings in the field of killing, combat, and psychological stress. The intention was to introduce our soldiers to the types of psychological traumas that they might endure in a theatre of operations, but introduce it to them in a controlled environment with a view to controlling their responses and how they would react from it subsequently.

Now, unfortunately—or fortunately, depending on how you look at it—we were deployed to Afghanistan before we could actually get into that part of our program. But I might add that while we were in Afghanistan, with a view to protecting the mental health of the soldiers we had two padres and two military chaplains attached to us. We had a social worker, and of course, a very large number of critical incident stress debriefers in theatre.

After the operation, we embarked on a program that was established by my staff and at the time was referred to as decompression reintegration. The intention at that time was to bring soldiers out of the combat environment of Kandahar Airfield, take them to a third location, allow them to decompress somewhat, identify the soldiers that might be suffering some immediate impacts of the experience we just had, and have them learn to sleep between white sheets again and learn what had happened in the real world. In other words, we would prepare them to reintegrate into the workplace.

● (1555)

At the time, I encountered huge opposition to that concept. There was no scientific evidence at the time that indicated this type of activity would be advantageous. National Defence headquarters, all the medical experts, and the soldiers themselves didn't want to go to third-location decompression, because they wanted to get home to their families, and vice versa. The families and friends wanted their soldiers home.

Interestingly, we had overwhelming acknowledgement that the third-location decompression was indeed successful. In fact, I'd like to report today that they do carry out third-location decompression in Cyprus for all troops coming home from Afghanistan. There are, however, still some detractors of this concept of decompression or reintegration, and I would have to admit that I would agree with them to a point. I would say that third-location decompression is not necessarily ineffective but it's insufficient.

My recommendation would be that we should be treating the problem of operational stress injuries from recruitment through to retirement, and we should be engaging the medical community to be assisting the chain of command in preparing soldiers to endure the psychological traumas long before they might ever set foot in a field of operation.

My second recommendation is probably even more important. I submit that psychological stress injuries are the responsibility of the chain of command. I shudder when I hear senior officers say, “Yes, we've got it almost correct, but some soldiers slip through the cracks.” Personally, I consider that analogous to leaving a wounded soldier on the battlefields of Afghanistan. A casualty is a casualty, and we should endeavour to have nobody slip through the cracks.

In conclusion, I have heard forecasts, depending who you read, that there could be upwards of 20% to 25% stress casualties coming out of the field of operations in Afghanistan. I personally, as a past commander and if I were in command today, find that morally reprehensible. I find that the wrong message to be sending out to our troops, to our recruits, and most importantly, to the families and friends who have to live with the casualties when they come home.

Once again, my assertion is that we should be looking at the complete career of the soldier and that the chain of command should be held responsible for it.

I have a host of other ideas that I will defer until the question and answer session. Thank you very much, Mr. Chair.

The Chair: Thank you all for your presentations.

We'll get into the opening round of questions. It's a seven-minute round. We'll start with Mr. Wilfert.

Hon. Bryon Wilfert (Richmond Hill, Lib.): Thank you, Mr. Chairman. I am splitting my time with Mr. McGuire.

Thank you all for coming.

Ms. McFadyen, I'm not going to speak directly to your report, although it's an excellent report on the reserves at the moment. I noticed a quote in there from the director general of health services, from January 2007, which says, “No one is really 100 percent sure who gets what. Nobody really knows, including me, and I run the system...”.

What I think we have found so far is that there seems to be a lack of consistency in support services, whether in the west or in the east of the country. There seems to be a lack of knowledge about the issue we're dealing with. There seems to be a lack of compassion in some cases, people telling soldiers to just suck it up. There is a lack of resources in terms of having trained psychiatrists, and so on, and a lack of consistency in terms of reintegration. And concerning the comment made by Mr. Stogran that no one should slip through the cracks, we've heard that term again and again.

First of all, are you surprised by these observations? Have you been able to look at how we can in fact respond effectively to these? When we hear from the higher ranks, they basically tell us that things are reasonably very good, except that there are cracks in the system and obviously they need to be addressed. Are there specific recommendations that you would be making?

● (1600)

Mrs. Mary McFadyen: Certainly we're in the process of re-examining our 31 original recommendations, and certainly I can make some general observations about what we've found.

What we've found is that there is inconsistency in services, as you said, throughout Canada. It depends on where you are, where you'll get services, and that allows people to slip through the cracks. As Mr. Stogran said, that's unacceptable.

We do know that the CF has made progress. They've put money towards health care. My understanding is that between 2004 and 2009, $98 million went towards mental health care. We know money has been thrown at it; is it being thrown at it properly?

We have generally observed that there's a lack of strategic coordination throughout the CF to make sure this money is being spent properly to make sure people are getting the care they need.

Hon. Bryon Wilfert: Through you, Mr. Chairman, in terms of the integration issue, we've heard also that for those who are reservists versus those who are in the regular forces, when they come back there's obviously a difference. Some go back to the units while others go back home, and of course family members are not able to respond as effectively. There seems to be a two-tier system here.

Again, in what you have done so far, do you see ways that this can be addressed?

Mrs. Mary McFadyen: Certainly with reservists and how they're treated, from what we found they appear to be treated differently in general by the length of the contract they signed as opposed to whether or not they were injured as a result of their military duty. Certainly when you quoted the Surgeon General, the policies and regulations that have been there have been there forever and they need to be updated. Nobody understands them. They're very hard to follow.

We've recommended that this be fixed so that if one is injured as a result of one's military duty or on service, CF is responsible for looking after an individual and making sure they're cared for.

Hon. Bryon Wilfert: My impression has been that you can't distinguish between a reservist and a regular force member. Certainly the time I visited the troops in Afghanistan, I wouldn't have known that. They were all trained the same and they all were prepared to do the same tasks. But again, the concern is that when they came home, particularly on medical issues such as this, they feel they are simply second-class.

Mrs. Mary McFadyen: Exactly what you have said is correct. If we are expecting them to take the same risks as regular force members, they should be treated the same way.

The Chair: Mr. McGuire.

Hon. Joe McGuire (Egmont, Lib.): Thank you very much.

I was wondering why you are interim and acting? How long have you been acting in the interim position?

Mrs. Mary McFadyen: The previous ombudsman, Yves Côté, left the position on January 7. He became associate deputy minister of justice. At that time Minister Peter MacKay appointed me as interim ombudsman, with the full powers of the office until they appoint a permanent ombudsman.

Hon. Joe McGuire: Jim.

Mr. James Price: Ms. Diane Laurin was the chair of the Canadian Forces Grievance Board until February 25, when her term expired. The government has not appointed a new chair in the meantime, so I've been acting since that time.

Hon. Joe McGuire: When do you expect to be confirmed or have somebody confirmed as permanent?

Mr. James Price: I don't know, sir. That's the short answer.

Hon. Joe McGuire: You said that only 40% of the grievances reach the final authority. Are the other 60% that are missing simply not complaining or filing grievances, or are there a whole bunch of things that are being missed here in the legislation?

Mr. James Price: No. The point I was trying to make is that of the grievances that reach a final authority—and historically about 300 a year reach the final authority—the regulations that give us jurisdiction over subject matter are such that we only see 40%. We see the ones having to do with involuntary release, medical issues, and some others.

Things, for example, like personnel evaluation reports or personnel administration are done by the chief's delegate. He adjudicates these cases. So of the cases that come to the final authority level, we only see 40%. And as I was saying, we are of the view that we ought to see them all, frankly, if the whole idea is that we're adding an outside perspective.

● (1605)

Hon. Joe McGuire: Right. So what has to be done in order to do that? Does the act have to be—

Mr. James Price: What has to be done, I guess, is for the department and the minister to agree that this is a good thing. We have had discussions with the vice-chief over the last number of months, and those discussions will probably resume shortly, I'm hoping.

Hon. Joe McGuire: I want to compliment Mr. Stogran for his decompression idea, because it certainly seems to be well accepted. I think it's now universally accepted as something that should happen.

When they leave Afghanistan, you're saying that whether they're on the front or whether they stay on the base, they all go through a decompression in Cyprus.

The Chair: Mr. Stogran, go ahead.

Col Pat Stogran: Mr. Chair, that is my understanding. However, I haven't personally experienced it. It has changed considerably from the concept that we put forth in 2002, but it is my understanding that everybody who leaves the theatre of operation goes through third-location decompression in Cyprus.

The Chair: Thank you.

Mr. Bachand.

[*Translation*]

Mr. Claude Bachand: Thank you, Mr. Chair.

Welcome to everybody.

Did I understand correctly, Mr. Price, that the Chief of Defence Staff has the final decision-making power but that, if he believes that the member has been treated unfairly, he has to refer the file to someone else for financial compensation?

[*English*]

Mr. James Price: Yes, the magic words are “deputy head” in financial authority from the Treasury Board, and the chief is not considered a deputy head. I am told the Commissioner of the RCMP is considered a deputy head and does have financial power. But the chief has no financial power in terms of ex gratia payments and that kind of thing.

[*Translation*]

Mr. Claude Bachand: Having worked in labour relations for close to 20 years, I wonder if the real solution... Let me say in passing, Mr. Price, that Bill C-45 will be referred to our committee after second reading in the House. It would be important for you to come before us at that time.

I find it strange that the Chief of Defence Staff, who is the ultimate leader of the Canadian Forces, would be involved in the process at the end.

I would like you to tell me what you think of the idea of having a grievance committee completely independent from the chain of command. Could that be considered?

[*English*]

Mr. James Price: I'm not getting the translation.

Ms. Caroline Maynard (Director, Legal Services, Canadian Forces Grievance Board): It's about having a board that makes the final decisions instead of the CDS inside the armed forces.

Mr. James Price: That was discussed. In fact, I was a legal officer working on Bill C-25 in 1998. The decision of the government at that time was to have a recommending board as opposed to a decision-making board.

This board was based on the RCMP external review committee. It serves virtually the same purpose. As you know, that committee was looked at recently and some recommendations were made to the government. I'm not sure what the decision is going to be. So we're very much a model of the RCMP external review committee.

[*Translation*]

Mr. Claude Bachand: I am not saying that you should be involved but rather that it is not appropriate for the Chief of Defence Staff to be called upon to decide on a grievance relating to the chain of command and affecting a soldier because he is biased, in a way. I suppose that he would tend to support... It is as if, with a grievance from an employee about his employer, the decision were to be made by the CEO. His tendency would probably be in many cases to decide against the employee.

As the chairperson, you could set up an independent tribunal. Do you think that tribunal should have the final decision-making power, instead of the Chief of Defence Staff?

● (1610)

[*English*]

Mr. James Price: That's a completely legitimate point of view. Senior military officers would probably tell you that the grievance business is integral to esprit de corps, to the functioning of the military, and it belongs with the chain of command.

[*Translation*]

Mr. Claude Bachand: Mrs. McFadyen, was there any reaction from the government about your report on reservists? I found that report very interesting. It showed clearly that there are two classes of soldiers, those of the regular force and the reservists.

Has the government made any comment? Are they going to react to your report?

Mrs. Mary McFadyen: No, we have not yet received the response of the Department.

Mr. Claude Bachand: Are they legally obliged to react to your report?

Mrs. Mary McFadyen: The Office of the Ombudsman has the power to make recommendations but not to order anyone to do something. Our power is to make our report public and, in so doing, to put pressure on the government to implement our recommendations.

Mr. Claude Bachand: Would you like the legislation to be amended to give you the decision-making power instead of leaving it in the hands of the government?

Mrs. Mary McFadyen: No, because the role of the Ombudsman is to put pressure on the government to do the right thing.

Mr. Claude Bachand: All right.

Mr. Stogran, I will end with you. Why are you here as an individual? Why are you not here as the Veterans' Ombudsman?

Col Pat Stogran: Mr. Chairman, I am the Veterans' Ombudsman but, since our office has not yet opened its doors, we cannot yet deal with the complaints from soldiers and veterans.

Mr. Claude Bachand: All right. So, your office has not yet been officially set up?

Mr. Stogran, I would like to know what you think about what we have heard. General Yaeger said that the Forces are doing their best, that work is progressing well and that the situation is not that serious, even though not everything is perfect, of course. On the other hand, some people have told us that the chain of command reports to General Yaeger, which means that people do not dare tell him the truth, i.e. that the situation is far worse than he might think.

The problem may not lie at the top of the chain of command but in the middle. People who report to the Brigadier-General do not dare tell him how bad the situation is in the Canadian Forces in relation to post-traumatic stress issues. What do you think?

Col Pat Stogran: Mr. Chairman, I will try to answer in French but it may be a little bit difficult.

The problem is that the treatment of people with psychological injuries is the responsibility of the medical staff. The chain of command does not have the responsibility...

[*English*]

I'll excuse myself at this point and switch back into English—a valiant attempt.

The problem is that the chain of command relies a great deal on the medical authority to treat psychological casualties, those who endured operational stress injuries. I would submit that the medical authorities are experts in treating those who have been injured, but the chain of command should be held accountable for it. The medical side of the Canadian Forces should be the advisers to the chain of command.

For example, in my case I was criticized because I had soldiers suffering from operational stress injuries who were put into the medical system, and we were forbidden to communicate with them. I would hope that situation has resolved itself now. Those soldiers, sailors, and air force personnel who had been injured in our organization felt they were abandoned by the chain of command.

I think that's fundamentally wrong. On the one hand, I think it's very difficult for the chain of command or the military to be criticized for having stigma about operational stress injuries, but on the other hand, we leave it to the medical authorities to look after our injured. We don't do that with our physical casualties. We bring them back into line, and we try to get them back into service as quickly as we possibly can.

● (1615)

The Chair: You've indicated that as a commanding officer you were forbidden to talk to your troops? When was that, what years?

Col Pat Stogran: That was the situation as of 2003, after I left the unit, because my successors had also been blamed for not being able to address them. I hope that situation has changed, but what hasn't changed is that the chain of command at every level is relying on the medical experts to solve that problem for them. I would submit that we should be, in the case of preparation, preparing ourselves for battle. The medical experts should be integrated into the training system to make sure the psychological preparation is just as rigorous as the physical preparation—the pulling of the trigger, the manoeuvring around the battle space.

The Chair: Thank you.

Mr. Comartin, seven minutes.

Mr. Joe Comartin (Windsor—Tecumseh, NDP): Thank you, Mr. Chair.

Thank you for being here.

I apologize for being late.

Mr. Stogran, if we can go back to the point Mr. Bachand was raising around the culture, the institutional mindset, he didn't really get an answer from you as to whether it was more ingrained at the mid-level of the forces or at the top. I don't know if you have a comment on that, but if you do, I'd like to hear it.

Col Pat Stogran: Mr. Chair, it's throughout the chain of command. I have met with soldiers who feel that the senior non-commissioned officers do not treat these things with the care they deserve, and I've also heard at the very top, very senior officers saying that a few slip through the cracks. So I would submit that it is endemic throughout the culture as it stands right now. Now, that's not to blame everybody for it, but I think that if the chain of command took ownership of those types of injuries, the entire chain of command would change.

Mr. Joe Comartin: Again, I'm not sure you've had time to do this, but can we look to any other military forces around the globe who you believe have addressed this and perhaps integrated this into their psyche better, that we need to deal with OSIs with a greater degree of understanding and compassion? Are there any other units around the globe we can look to for instruction or direction?

Col Pat Stogran: In my study of the situation, there are very few militaries of the world that actually engage in the prevention before deploying to a theatre of operation, aside from, for example, the U.S. Army Battlemind program, where they do pre-training of a sort. It's not as intensive as what I am suggesting, from recruitment to retirement. And importantly, in the Battlemind program they have a follow-on package that addresses the longer-term reintegration of soldiers after an operational deployment. The Missouri National Guard, for example, has what they call the yellow ribbon campaign. Now, I don't think they have the third-location decompression idea that we have here in Canada, but they will recall their National Guardsmen at 30, 60, and 90 days just to check on their reintegration to make sure they're getting the services and benefits they're entitled to, and to make sure things are going well for them at home.

So there are bits and pieces. I think what is really required is a coherent strategy that goes from recruitment to retirement. I don't think that exists anywhere.

Mr. Joe Comartin: In terms of the preparation, you make the analogy that we spend all this time on physical fitness and military tactics, and those are obviously directed by experts in those specific areas. In terms of this one, though, are you suggesting that the preventative work, the preparatory work for our soldiers, sailors, and air force people would be done by people with expertise in psychology and psychiatry? Or would it be a broader group?

Col Pat Stogran: Mr. Chair, I feel that within the training system you should have medical experts who are contributing to the design, development, and delivery of training. However, once again, the actual hands-on, the procedures that are used within a unit, that should be transparent to the troops. They should see their chain of command treating this just as if it was applying a shell dressing to a sucking chest wound.

There used to be, in the 1970s and 1980s, a great deal of beasting going on in the ranks when we were being trained. I would submit that—as primitive as that was at the time—it built a certain strength of character in soldiers; it weeded out people who weren't really cut out to go on operations, but once again it was very primitive. If we had psychiatrists and psychologists who, in the same fashion as we do physical training, would push soldiers to their psychological limit and introduce them to the types of traumas and atrocities that they could experience in theatre....

I'll give you an example. When I was a young officer, we used to offer our troops—when they were on their basic training—rabbits and chickens to kill as part of their basic training and to eat them. That in itself, for many young recruits coming from downtown Toronto, was a traumatic experience. So these soldiers would make it through the training system, only to arrive in theatre and either kill a person, or the first dead thing they see—because it's politically incorrect to do that kind of thing now—would be a human being on operations.

So there must be ways of desensitizing our soldiers, using virtual reality, for example. They're experimenting with it in the treatment of stress casualties. I would submit that we can make the conditions real enough for them so that we can control their responses.

Colonel Grossman, in his books *On Killing* and *On Combat*, writes about separating these traumatic events, separating the emotions from the memories, so that if you don't have the emotive response at the outset, you won't have it later on when you're remembering these types of occurrences. I'm not endorsing that particular approach, but I know of no studies at this point in time in the Canadian Forces—my last job was with research and development—that are going to that length to make our training more scientific.

I'm sorry for the long answer.

● (1620)

The Chair: You have a minute.

Mr. Joe Comartin: Let me pass for now.

The Chair: Mr. Hawn.

Mr. Laurie Hawn (Edmonton Centre, CPC): Thank you, Mr. Chair.

Thank you all for being here.

I can agree with Colonel Stogran. Seagulls taste like hell, but if you're hungry enough....

Mr. Price, just to clarify a little bit on the grievance procedure, we talked about the CDS seeing 40% of the 100% that make it to that level, but grievances are designed to be resolved at the lowest level possible, so if somebody makes a grievance and the lower office can satisfy that, then fine. If the person is not satisfied, then it keeps escalating to that point. It's not as though we want to see all those grievances at the CDS level.

Talking about the CDS providing financial relief, do you have a concept of the level of relief? There is a dollar value there somewhere. What level and what appeal process do you mean, if whoever has been granted this money says it is not enough?

Mr. James Price: We haven't discussed it, and I know it's being discussed at National Defence. He needs the authority to bring resolution to grievances that he sees. He doesn't need broad authority. I don't know what's been talked about, but certainly with the kinds of things we see, we find it frustrating that the chief has to go off to a third party to get an endorsement to pay out sometimes very small amounts of money.

Mr. Laurie Hawn: Yes.

Ms. McFadyen, regarding the response of the CF or the government to the reserve study, are you aware that some of these issues have gone to Treasury Board for further study and so on?

Mrs. Mary McFadyen: One of the recommendations we made with respect to accidental dismemberment was brought forward by Minister MacKay to make sure that...because as the policy now stands, if a reservist and a regular force member were in the same accident and had the same injury, the reservist could possibly get only 40% of what the other person would get. So that was one positive thing that went over to Treasury Board.

Mr. Laurie Hawn: Okay, Mr. Stogran, you mentioned early on in your comments what I would call ROE-induced PTSD. The example is of Srebrenica, where the rules of engagement did not allow the soldiers to do what they knew in their soldier hearts should be done, and that obviously induced some PTSD. Is it fair to make the connection that robust ROE under which soldiers are empowered to do the things they know they should do would ultimately result in potentially fewer operational stress injuries?

Col Pat Stogran: Mr. Chair, I would have to qualify my answer, because that's only one very small part of the answer. I couldn't say conclusively that would be the case. However, I can say from personal experience that the opposite is true. Denying a soldier the ability to do what is morally right in his mind does cause psychological trauma.

● (1625)

Mr. Laurie Hawn: Again, Mr. Stogran, through the chair, you're talking about recruitment or retirement and OSI training, and I would have to agree with that. Following on from what Mr. Comartin said, just to expand that question a little bit, are you aware of any other services that are looking at that kind of recruitment or retirement training?

Col Pat Stogran: Mr. Chairman, at this point in time, I know of no others. However, I am taking advantage of the present position I have to hopefully hold a symposium in the new year to find out what the state is of various armies around the world in addressing that situation.

Mr. Laurie Hawn: For both Mr. Price and Ms. McFadyen, you said you are acting on an interim basis, but I would emphasize that you do have the full authority. If you take the “acting” and “interim” off, it would make no difference.

Col Pat Stogran: Yes.

Mrs. Mary McFadyen: Yes.

Mr. Laurie Hawn: Thank you.

One of the suggestions that came to us from one of our military witnesses who was a severely injured soldier was to have a separate office. He called it a wounded soldiers holding list, that sort of thing, basically establishing a unit that might not be together physically all the time but would be a unit of wounded soldiers. He said they were doing something similar at Walter Reed or in the U.S., and he was going to flesh it out and send us some more information. Do you see some potential value in that, because it would maintain a sense of unit cohesiveness since you would have injured privates, corporals, sergeants, etc.? Is that a worthwhile suggestion, in your view?

Col Pat Stogran: Mr. Chair, I'm very thankful to the honourable member for bringing this point up, because it's something that I did forget to put in my brief.

At Fort Leonard Wood, with the American warrior training unit or rehabilitation unit, they have established exactly that sort of thing: a disciplined chain of command within the structure of the hospital. I met with many soldiers who had been very seriously wounded in Iraq, and whether it's a captain, a major, or a private soldier, every morning at 0800 they report to their squad leader and are given their orders for the day as per any other military organization. However, those orders are in accordance with those particular injuries, so that chain of command in that case works very closely with the medical authority. The soldiers were all praising that particular approach to doing business.

Mr. Laurie Hawn: Also, along the same lines, the suggestion was that maybe within the VAC's ombudsman office and the CF ombudsman office.... Maybe this has already been done, I don't know, but there might be a separate office; or one of the offices should be assigned strictly to deal with the issues of veterans carrying wounds, physical or psychological, or the serving members carrying those kinds of wounds.

Mrs. Mary McFadyen: Again, our mandate deals with CF issues. So if it has to do with someone who's a serving member, that's our responsibility. When it goes over to VAC, we have no jurisdiction, but we certainly have talked about doing things together to make sure there is seamless service available.

Mr. Laurie Hawn: Yes, I understand that, and I may have misstated my question, but within the CF ombudsman's office, is there somebody or some organization that deals strictly with wounded soldiers—and the same thing at VAC, after they've gone to VAC? I'm not talking about the transition.

Mrs. Mary McFadyen: Certainly in our office we've set up a team to deal with the PTSD investigation and to do the original follow-up. We have certain investigators who we find have developed an expertise in dealing with these issues and who are certainly better briefed at knowing where the person should go to get help within DND.

The Chair: Go ahead, Colonel Stogran. A short response.

Col Pat Stogran: Very quickly, unfortunately, any time a soldier, sailor, or air force person tries to avail themselves of the services and benefits of Veterans Affairs, it's normally because they are injured in some way, shape, or form. I certainly intend to take that on with a passion within our office.

The Chair: Very good. Thank you.

That ends the opening round. We'll start into the five-minute round with the official opposition, the government, the Bloc, the official opposition, and then back to the government.

Mr. Rota.

Mr. Anthony Rota (Nipissing—Timiskaming, Lib.): Thank you, Mr. Chair.

Thank you for coming out today. It's very interesting.

Mr. Stogran, it was interesting to hear you talk about training for psychological trauma from recruitment right through to retirement. We've heard that from a couple of others, as well, who've gone through the system. It's a tough one, because you're trying to prevent something. But I'll get back to that later.

One of the statements made by someone a couple of weeks ago was that wounded soldiers should be able to stay in uniform as long as they want. One of the things you brought up was that we're not doing triage on who should and shouldn't be in the military. Are you suggesting that we're keeping people who aren't meant to be soldiers? I realize there's a shortage of people and that maybe we're not getting all of the right people in the right places. But are you saying that we should actually be turning away people, or that we should be doing a better job at placing them in a deployment or a job that would better suit their psychological background or assessment?

● (1630)

Col Pat Stogran: Mr. Chair, I'd like to approach that from two angles.

First of all, we should definitely be turning away people who are not cut out to serve in uniform and to witness some of the things that we ask our soldiers to see.

Having said that, once they're in uniform and they become severely wounded, for example—and we know of many cases like that coming out of Afghanistan—I would submit that it would be extremely advantageous to keep those people employed within the military in line units. My reason for that is that throughout my career I've trained with some of the hardest soldiers in the world right here in Canada. They always run around in tight muscle shirts and are the fittest people in the world, and it's a glamourous thing to do. The glamour erodes very quickly when you start treating your friends and comrades who've been seriously wounded in battle. I think it would be a very telling lesson to all of the young soldiers who think this is a really glamorous kind of profession if their company clerk were an amputee victim or perhaps somebody suffering from severe psychological problems.

I hope that answers the member's question.

Mr. Anthony Rota: So you would integrate them back into the service and have them do something, like a clerical job or something they would be suited to and that would actually give them value.

I'll say it in French:

[*Translation*]

to value their potential, which they do.

[*English*]

I'll let the interpreters say that, but to give value to what they're doing is probably the best way to say that.

Col Pat Stogran: Mr. Chair, it goes without saying that it would be if I were in a position to make such a decree.

Mr. Anthony Rota: Thank you.

One of the things you mentioned as well was separating the emotion from the memories. Is that a program that already exists elsewhere? How would you go about that?

Col Pat Stogran: There is an individual in the United States, retired Lieutenant Colonel David Grossman, who has written a book on killing and on combat, and his views are quite unconventional. Interestingly, among conventional armies he's treated in some quarters as quite an expert in the field, but among special forces and police forces his writings are really adhered to. He has written about techniques to separate the emotions of the moment from the memory.

I couldn't begin to get into the details of how he does it. Suffice it to say that he's in very big demand. I'm trying to get him to come to this symposium that I'm trying to organize on operational stress injuries, and he's not available until the middle of next year. So he does have some anecdotal credibility.

Mr. Anthony Rota: So he's actually implementing this. It's not just a theory that's out there. It's something that people are applying to their own traumatic history or their own traumatic illness.

Col Pat Stogran: Yes. I can only imagine that with the amount of demand they have on him, they are putting his practices to use, and they are finding that they are of use.

Mr. Anthony Rota: Who is hiring him? What kinds of places are bringing him on? Is it military operations? Is it civilian operations? Or is it a bit of both?

Col Pat Stogran: Mr. Chair, it's special forces around the world; it's police forces around the world. I know in my case, in the 3rd Battalion, I brought him to speak to the officers in the Edmonton area, and my successor has done it again. Those who have been in combat operations find his teachings to be of great value.

● (1635)

The Chair: Thank you, Mr. Rota. You're out of time.

Mr. Blaney, and then Mr. Bouchard.

[*Translation*]

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Thank you, Mr. Chairman. I will answer in French.

First of all, I want to tell my friend Laurie Hawn that I have never feasted on seagulls and that I do not intend to do so in a near future.

[*English*]

It's a bit stringy.

[*Translation*]

I want to thank our witnesses for being here today. In a way, you are the guardians or the watchdogs—in the positive sense of the word—of our Canadian Forces. What the ombudsman does about the French language issue is interesting, just as what he does for reservists.

I would like to make a few comments.

Mr. Price, you have explained clearly your power of making recommendations. Out of 19 cases of post-traumatic stress syndrome, 14 were rejected, one was accepted and four are under study. I am a bit surprised by those figures. It seems that many cases are not justified.

You have also stated that there may be other cases. Some soldiers suffering from post-traumatic stress have testified. Were I one of them, I would feel that my testimony has fallen on deaf ears. What can you tell me about this?

[*English*]

Mr. James Price: I'll ask Ms. Maynard to respond to that.

[*Translation*]

Ms. Caroline Maynard: One should understand that, when people grieve, they may say that they are suffering from post-traumatic stress disorder without this having any effect on their claim. In many cases of harassment, this issue was raised but was not a major factor in relation to what was being claimed or in relation to the grievance as such.

There are also many cases under study and this time where, in view of a release or in order to obtain administrative redress, people say that they suffer from this illness and that they have been released instead of being helped. Several such cases are still under study. Four of them are.

I don't know if I have been understood. I will continue in English.

[*English*]

Of the approximately 300 cases that go to the CDS level, 40% get to the board. The other 60% are decided at the final authority, but by a delegate. There are maybe 1,000 cases decided at the initial authority, but only 300 that get to the second level, and then 40% are referred to us. So there's still another 60% of cases at the final authority that we don't see, and out of these cases there are maybe some cases where PTSD is also....

[*Translation*]

Mr. Steven Blaney: I thank you for this clarification.

Mrs. McFadyen, could you tell us about the difference there is between the role of the ombudsman and that of the Canadian Forces Grievance Board? How do you see that difference?

Mrs. Mary McFadyen: That is a good question. The ombudsman is empowered to receive complaints from members of the Canadian Forces, ex-members and families.

[*English*]

I'll say this in English so that I'm clear.

We have a wide range of constituents where the grievance authority only looks at complaints from CF members. Part of the role of an ombudsman is to review administrative processes to make sure people are treated

[*Translation*]

in a fair and equitable manner during the process.

[*English*]

We often get complaints from people who have submitted their grievance to the initial authority, had it reviewed, and found themselves displeased with the result. It then goes to the final authority for review. It might be the type that goes to the grievance board; it might not. Eventually the CDS, the final authority, makes the decision. If the person is still unhappy and feels he's been treated unfairly, our role is to review the case to make sure the process has treated him fairly. If not, we would make recommendations to have the situation changed.

[*Translation*]

Mr. Steven Blaney: At the end of the day, you are a last resort as far as grievances are concerned. That is clear, I believe. However, it will be interesting. You will certainly have to be involved in other situations.

Mr. Stogran, I want to congratulate you for your very useful recommendations. I should perhaps mention that I have been told that the decompression process in Cyprus was very good but that, perhaps, soldiers were left to much to their own devices after having been constrained in a very rigid system. There might be improvements to make but it is certainly a promising initiative and efforts should be continued to make it better.

Your comment “from recruitment to retirement” might be the subtitle of our report, who knows?

● (1640)

[*English*]

The Chair: Make your response short, if you can.

Col Pat Stogran: I have no response.

The Chair: Very good. Thank you.

Mr. Bouchard.

[*Translation*]

Mr. Robert Bouchard (Chicoutimi—Le Fjord, BQ): Thank you, Mr. Chair.

I thank you all for being here.

My first question is to you, Mr. Price. You said that the Canadian Forces are too rigid when dealing with grievances—that is what I understood—and that you would recommend more openness.

Why do you think that is so? Is it because of budgetary issues, because of the way the regulations are being interpreted or because of something else? I would like to hear you about this.

[*English*]

Mr. James Price: The reasons for release and retirement are in the statute. The reason for release is determined by the personnel administration people. They have a choice in some cases. A medical release is possible, and so is a misconduct type of release.

I was alluding to the rigidity on this point, which, from the cases I have seen, I am a little concerned about. We will be recommending to the chief that he look at some of these cases. It seems to us that there ought to be a more generous view given. In other words, rather than looking at the single incident of misconduct, we should look at the person's entire situation, including the possibility that he may have post-traumatic stress. I don't think it's a budget issue; it's more of a policy issue.

There used to be a mechanism called the Service Pension Board, which determined the reason for retirement versus the reason for release. That board no longer exists. National Defence is putting in a policy to replace it, but it hasn't done so yet. This is what I was alluding to.

[*Translation*]

Mr. Robert Bouchard: Ms. McFadyen, I also heard you say that services are not available for the families of soldiers suffering from post-traumatic stress disorder. Should we create a new organization or rather reorganize the present system? There seem to be sufficient resources in the Canadian Forces. If not, what additional resources would be required?

Mrs. Mary McFadyen: We are reviewing at this time if the government has implemented our recommendation. We have found that there is a lack of general governance, if only to make sure that services are available across the country. We have soldiers all over the country but services are not always available.

[*English*]

It's not necessarily a matter of throwing money at it. It's just making sure that there is strategic coordination to make sure that the money being spent is being properly allocated so that people are getting the services they need wherever they live.

[*Translation*]

Mr. Robert Bouchard: Thank you.

[*English*]

The Chair: Thank you.

Now we go over to Mr. Wilfert. Then it's back to Ms. Gallant, then to the official opposition, and then to the government, who will end this round.

Mr. Wilfert.

Hon. Bryon Wilfert: Thank you, Mr. Chairman.

I have a couple of questions. On the issue of addressing the culture, do you have suggestions on how...? We keep hearing about the culture, that it's been ingrained for years, that we're not really addressing it in a very proactive manner. There was talk about proactive training, which sounds very nice, but how would you go about doing that?

I note that the federal government announced $1.2 million to establish, with an operating cost of $2 million, a facility in Edmonton to treat both the military and the RCMP. They would have the capacity to deal with 100 to 150 patients a year. I'm sorry, I don't have a handle on the numbers overall. In order to address 100 to 150 patients a year, are we looking at much wider numbers in terms of how they're coming through the system?

Finally, in terms of the grievance procedure, have you noted any reluctance by people to come forward on some of these issues because of fear of reprisal?

● (1645)

Mr. James Price: Yes, sir, I see that in grievances. I was looking at a grievance this afternoon, in fact, where the member was saying that he hadn't come forward when he should have because he believed acknowledging he had an issue would be a “career stopper”.

So you do see that, yes.

Hon. Bryon Wilfert: Is there any way to address that type of thing?

Mr. James Price: I'm not sure. One would hope that what the department has embarked upon—the kinds of things that Mr. Stogran described, and the education program that I know is ongoing—would ameliorate this, but I see the same type of thing when I go on visits to bases. From time to time, commanding officers tell me, getting people to come forward is an issue.

Hon. Bryon Wilfert: Thank you.

Do you have any comment on the numbers I mentioned—setting up a facility for $1.2 million, dealing with 100 to 150 patients at that facility? Obviously I'm pleased that the government is doing that, but....

Mrs. Mary McFadyen: Certainly Edmonton is a very busy base. They've had a couple of rotations go out of there, so it's good that money is being spent in Edmonton. Certainly, though, we have found that there needs to be a national strategic coordination to make sure the money being spent is properly spent.

Hon. Bryon Wilfert: And you don't see that at the present time?

Mrs. Mary McFadyen: That's the general finding we made in our further examination, that there does appear to be more national leadership required.

Hon. Bryon Wilfert: How will you flesh that out? And when can we expect to see that?

Mrs. Mary McFadyen: We hope to be finished in the next couple of months and to get something over to the department to review. We hope to get done as quickly as we can.

The Chair: You have a couple of minutes left.

Okay, Mr. Rota.

Mr. Anthony Rota: I've heard a lot about Edmonton. That whole area is very well served. Now, it sounds like there's a concentration.... We had a gentleman in the other day who was telling us that, for some strange reason, that region is very well served for mental illnesses of all sorts, or basically recovery of all sorts, as far as wounded individuals go.

So we see the concentration there. Do you see a discrepancy between what's happening in Edmonton and, say, Petawawa? We were told that Ontario was almost like a second-class area. If you're wounded in Ontario, you won't get the same services as you would in another part of the country.

Is that something any of you are hearing? Or is that something mentioned in passing just because we had someone from Ontario who got not-so-good service and someone from Edmonton who got what sounded like exceptional service?

Col Pat Stogran: I could suggest that Edmonton is a very, very large city in the first place, much larger than anything anywhere near places like Petawawa and Valcartier, and it has the services available. Moreover, Edmonton is a tremendous garrison town. Albertans like having people with guns around, and they treat their military community extremely well.

Some hon. members: Oh, oh!

Col Pat Stogran: All joking aside, the city—both Calgary, when the brigade used to be there, and now Edmonton—embraces the military community as part of its own. I couldn't comment on the relationship with the other area.

The Chair: Thank you. That used up your time.

Ms. Gallant, and then I'll go back over to the official opposition.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Mr. Chairman.

Through you to Ms. McFadyen, first of all, toward the end of your testimony you mentioned something about equal access to care by both the families and the soldiers. Is that part of a report, or was that part of your statement today?

Mrs. Mary McFadyen: We made one recommendation on families in our original report, but certainly when we looked at the status of the 31 recommendations we made in 2002, we realized that operational realities had changed in the CF. Certainly one of the things we have found in the re-examination of the recommendations is that families are not getting the care they need. As we know, health care is divided and families fall under provincial jurisdiction, but the CF places families in situations, and they move around with their spouses, and we're certainly finding that there may not be a legal obligation, but there's a moral obligation.

● (1650)

Mrs. Cheryl Gallant: Thank you.

My next question is for Mr. Stogran. You mentioned that just prior to deploying to Afghanistan, you were going to implement a training module, the stress inoculation training package. Has it been implemented?

Col Pat Stogran: Mr. Chairman, my understanding right now is that the closest thing that exists is the package 5 Brigade had before it deployed overseas, called resilience training. I'm not sure of the actual content of it or whether it resembles in any way what we were doing for what we called stress inoculation, much of which we had gleaned from Lieutenant Colonel Grossman's writing and implemented into our training plan. I know that there is no omnibus approach to stress inoculation type of training.

Mrs. Cheryl Gallant: Pardon me, 5 Brigade? Would you clarify, because I thought we had three brigades.

Col Pat Stogran: I'm sorry, Mr. Chair, 5 Brigade is the name of the brigade that is based in Valcartier with the *vingt-deuxième* regiment, which is now serving overseas.

Mrs. Cheryl Gallant: Does a training module perhaps exist for the more specialized deployments for certain special regiments?

Col Pat Stogran: Mr. Chair, I'm not privy to what happens behind the gates of that particular regiment. However, suffice it to say that the special forces of the world put a lot of time and effort into training their soldiers psychologically for what they will endure in combat. I know for a fact that Colonel Grossman, for example, lectures all over the world, and at times here in Canada in certain places.

Mrs. Cheryl Gallant: Then it is possible there is that package; it's just reserved for the special forces. I was just curious as to how, in that training package you were going to implement, you would balance the degree of stress in such a way that the training itself was not going to trigger some sort of OSI.

Col Pat Stogran: Mr. Chair, that was a risk I was prepared to take as a commander. I would far sooner expose my soldiers to some of the things like we were going to have when we arranged with downtown Edmonton for them to witness autopsies and that sort of thing, and we intended to have them kill a bird or a rabbit or something. But it would be under controlled conditions, where we'd actually practise some of the critical incident stress debriefing techniques that we would expect our soldiers to do. In fact our soldiers did do that debriefing after the friendly fire incident in April 2002.

So yes, there was a risk there, but I would far sooner have taken that risk under controlled conditions than in an operational environment.

Mrs. Cheryl Gallant: Thank you.

You're very articulate. You have a working knowledge, obviously, of the military and the specific problems soldiers and veterans have.

I'm trying to understand what the delay is in implementing your office, having you stand up and actually be able to take in cases. Are the regulations in place? What is your understanding of what needs to happen for you to take full chairmanship or become the ombudsman in every sense of the word?

Col Pat Stogran: Our mandate is actually very complex, in that we're not allowed to dabble in areas of solicitor-client privilege between the Bureau of Pension Advocates and some of the parties that complain to us. We're not allowed to address individual decisions that are made in the review and appeals process. We are there to address systemic issues. So we can't approach our business in quite the same sort of free-style manner as other ombudsmen can.

Adding to that, the problems our veterans are facing are very complex. We have World War II veterans under one set of conditions; we have those who served on so-called peacekeeping operations, who are often forgot about as veterans; and then we have the current situation in Afghanistan.

When I arrived in the office I had two options in front of me. The recommendation was that we not open our doors until this fall, as was the case when the DND ombudsman stood up. I felt that would do a disservice to many of the veterans who were sitting on the edge of their seats waiting to bring their complaints to somebody. So we opened the doors. We have no staff. I've just taken on my senior staff right now because of the public service hiring process. We're in the process now of hiring the front-line operators who will actually deal with individual grievances from the veterans.

We are light years ahead of where we would be had I taken the second approach. We have war-gamed out 500 different types of cases legally, morally, and ethically—according to me—to identify how we can, within our mandate, address these things to the best advantage of our veterans.

● (1655)

The Chair: Thank you.

We'll go to Mr. McGuire, and then back to the government.

Go ahead, Joe, for five minutes.

Hon. Joe McGuire: Thank you, Mr. Chairman.

There are veterans slipping through the cracks. They've been in here. If that's any indication, quite a few veterans are slipping through the cracks, even though people in offices in Ottawa and other places say they have these great systems in place. Our response is to get another ombudsman to get more grievance boards. You see these things going on.

Do you have any insight into how this can be rectified down here, long before they get up to you? This can take years. Some people can't last out here. When they know it's going to last three to five years, they just don't want anything to do with it. They'd rather take chances on their own than go through the military or anybody else.

Is there any way we can be more responsive when a veteran comes back and is told, "You're faking it. You're really not sick at all. You're looking for a pension." He gets this kind of response from the first caregivers when he gets back. How can we get fewer people going to see you people? Do you have any idea how that can be done? We have to respond to those people when they need it, not two, three, or four years later.

Have fun with that.

Mr. Rick Casson: Who wants to respond?

Mrs. Mary McFadyen: In theory, the complaint resolution mechanisms available should solve problems for people quickly and easily. We're an office of last resort. When they go to the system it should work; if it doesn't, that's when we step in. We also have a role to make systemic observations, and we have certainly observed delays.

The grievance process has improved in the last few years, and it isn't taking as long to get through the system. But something was added to our mandate that is different from other provincial ombudsmen mandates that look at administrative processes. We have the right to look at a case before it goes into the grievance or complaint resolution system if there are compelling circumstances. We have taken the position that we will use that very liberally. If we can help somebody quickly, we would rather do that than have them spend five years in a system. That's part of our role. It also helps the system and gives them more time to look at other cases.

Hon. Joe McGuire: Pat, do you have any response on that?

Col Pat Stogran: Mr. Chair, first of all, I think the situation I've been placed in as veterans ombudsman is not really terribly disadvantageous, although there have been some criticisms raised that I should be part of the decision-making process, that I should be reviewing individual cases. It's my feeling at this point in time that there are some very high-priced and very intelligent people who are serving on the Veterans Review and Appeal Board, and they have a tremendous cadre of lawyers working in the Bureau of Pensions Advocates, but there are some problems with the systems.

As I mentioned earlier to one of the questions, we've been studying this and we've actually got a bit of a game plan formulating amongst my senior staff right now to try to work with Veterans Affairs—and I say "work with Veterans Affairs" because although we're here to provide a service for the veterans, we're also providing a service to Veterans Affairs and the Veterans Review and Appeal Board by troubleshooting their situation and offering them recommendations that will allow them to service the clients in a much faster manner.

On top of that, we also have the clause of compelling circumstances, where, if we expect that the review and appeal process will take too long, we are allowed to intercede. It doesn't tell us how we can do that without getting into the actual decision-making process or the solicitor-client privilege. Suffice it to say, however, that I'm going to prod the edges of the battlefield in that area and see ways where we can do it, particularly for our war service veterans.

My four priorities are the veterans who are suffering potential harm or undue hardship and the aged and the infirm. Once we get the horsepower behind us, we intend to address those as a matter of urgency.

● (1700)

Mr. James Price: Certainly speaking from my perspective at the grievance board, I know the Canadian Forces are working very, very hard on alternate dispute resolution, finding ways of sorting issues out before they reach our board or even the grievance system.

I saw a grievance a few years ago for $150. It probably cost $50,000 to sort out a $150 issue. Somebody should have grabbed that thing and said, "Here's $150", or whatever. It certainly should not have been percolating at the grievance board.

I know the Canadian Forces are working very hard to try to develop more and more alternate dispute resolution. We see, in fact, more informal resolution within the grievance business.

Hon. Joe McGuire: I just know that as an MP, long before we got into Bosnia and so on, we were handling World War II and Korean veterans, and it was like knocking your head against the wall to try to get a fair deal for some of these veterans. The commissioners seemed to be under instructions—make it as hard as possible and maybe they'll go away, because we can't afford to give them a pension, or 5% or 10%.

The Chair: Thank you, Joe. We have to move on.

Mr. Hawn, to end this round.

Mr. Laurie Hawn: Thank you, Mr. Chair.

I have a couple of quick questions or points. The OSI clinic—I believe this is true, Ms. McFadyen, and perhaps you can confirm it—is the first of five, I think, that are opening up across the country.

That may be out of your lane.

Mrs. Mary McFadyen: The department would be better to answer that question.

Mr. Laurie Hawn: Yes. It is the first of five, so it's just the beginning.

Going back to the ombudsman, Mr. Stogran talked about getting the folks out to work with VAC. Are you looking at putting some of your ombudsman staff at the various VAC locations around the country or centralizing it here?

Col Pat Stogran: We're actually trying our hardest to distance ourselves from VAC in terms of co-locating, and that sort of thing, in order to maintain our independence and, more importantly, our impartiality.

In my experience from talking to the members of VAC and VRAB, their hearts are in the right place: the veteran comes first. I think that as a result of that, because we are working towards the advantage of the veterans, there won't be an adversarial relationship. However, I don't want it to be a friendly relationship. I don't want it to be viewed as a collaborative relationship.

Mr. Laurie Hawn: Mr. Stogran, you talked about the yellow ribbon campaign in the U.S. There has been some progress made on that kind of thing for the CF in terms of getting the folks back—mandatory counselling and all that kind of stuff. Do you happen to know if what we've been doing has been modelled on that, or should we be going down somewhere and getting somebody to talk to us specifically about the yellow ribbon campaign?

Col Pat Stogran: Mr. Chair, I couldn't begin to comment on what's actually happening within the Canadian Forces at this point in time.

Mr. Laurie Hawn: Again, this may be more just for us than anything else, but my understanding is that some of the training we talked about, the pre-deployment stress training, is taking place. The committee is going to be in Wainwright in the next three weeks or so, and those would be some specific questions to pursue there.

Mr. Stogran, this is a little more ethereal, but we've heard a lot of testimony from people at the soldier level who have a perception, a viewpoint, and people at the senior officer level who have a perception, a viewpoint, and often those two perceptions differ. From your experience as a soldier at various levels up to the rank of colonel—and you obviously have a very solid understanding of what happens at all levels in the CF—can you address those perceptions, the kind of things that a committee such as this would hear, from a private to the CDS? The reality is always somewhere in the middle of a couple of perceptions.

● (1705)

Col Pat Stogran: Mr. Chair, all I can say is that the perceptions are the reality. When I reflect on my experiences in Bosnia in 1993, my personal experiences were far more traumatic at that point than they ever were when I was a commander in the theatre. As I said, the perception is the reality. There are some huge non-operational stressors that our soldiers, sailors, and air force personnel have to endure when they get home that in my personal experience are far more problematic and debilitating than what I experienced in theatre.

We have medal winners coming home and being treated anonymously in the system. I find that incomprehensible.

So what it takes is to have a genuine empathy with the individuals involved, especially at the higher levels of command, and I think, if you do hold the chain of command responsible, it will inculcate right down to the lowest level, to that squad and section commander who is the key link in all of this in terms of looking after the welfare of the soldiers, sailors, and air force people.

Mr. Laurie Hawn: Thank you.

Ms. McFadyen, you talked about suggestions of getting more involved in the family side, family services and so on. Do you have any specific suggestions in that area?

Mrs. Mary McFadyen: We're still in the process of reviewing and analyzing our data, but certainly we have found that in general, from our interviews with CF members, they certainly see the family as part of their getting better. So we do think there needs to be more done there.

Mr. Laurie Hawn: The soldier's unit, not just the soldier.

Mrs. Mary McFadyen: Exactly, yes.

Mr. Laurie Hawn: But you see some specific recommendations coming forward at some point? That's good.

Mrs. Mary McFadyen: We certainly hope to be making some specific recommendations on that.

The Chair: That's about it anyway. Thanks, Mr. Hawn.

That ends the second round, and we're starting the third round. We start with the official opposition, the government, the Bloc.

Official opposition, any questions? Mr. Wilfert.

Hon. Bryon Wilfert: Thank you, Mr. Chairman.

One of the issues that keep coming forward is the lack of qualified personnel, psychiatrists, etc., to deal with what is increasingly identified as a problem in a situation such as Afghanistan. Are you in a position to comment as to whether the department has been addressing this issue or has been forward-thinking enough in terms of how we attract personnel? More importantly, an issue that seems to be raised is the need to retain qualified personnel to do the treatment, because obviously it is often very lucrative outside the forces.

Mrs. Mary McFadyen: I can comment generally on that issue. Certainly the need for qualified medical caregivers is felt throughout Canada, and the CF has to be in a position to compete for qualified people. Also, another thing we are looking at generally is how to deal with burnout. If they're treating so many people, we have to think about care for the caregivers as well. It's one of the issues we are looking at right now.

Hon. Bryon Wilfert: There certainly seems to be an attrition rate with regard to people who, as you say, try to take care of so many people and then they themselves either burn out or they see something more attractive in the private sector.

Mrs. Mary McFadyen: It's an issue throughout society right now.

Hon. Bryon Wilfert: Is there much coordination, do you know, between the university medical centres, provincial governments, in terms of trained personnel or attracting people from overseas?

Mrs. Mary McFadyen: I don't think I'm in a position to answer that at this point.

The Chair: Good. Thank you.

Mr. Blaney.

Mr. Steven Blaney: I have almost the same question for Mr. Stogran.

[*Translation*]

Mr. Stogran, if we want our soldiers suffering from post-traumatic stress disorder to remain soldiers as long as possible, would you say to that the fact that they are being released as veterans is mainly an administrative issue?

[*English*]

Col Pat Stogran: Mr. Chair, I'm not sure I understand the question exactly.

[*Translation*]

Mr. Steven Blaney: My point is that I would like to know how we could keep in the Canadian Forces more of the soldiers suffering from post-traumatic stress disorder.

[*English*]

Col Pat Stogran: Mr. Chair, it has already been brought up once. I know from my own personal experience, when I went forward to seek treatment for certain psychological things that are beyond the scope of this presentation, I was immediately a category red. I was told I could not deploy overseas. This was by the medical officials who were treating me at the time. I said, "Just a minute now. I've been struggling with a bad back that I've actually petitioned Veterans Affairs for a pension for. I can go to the field with this bad back, but just because of the problem I've come to you with, you're telling me that I can't go to the field."

I want to go back again to the importance of the chain of command. Back in the 1990s, as a cost-saving measure within the Canadian Forces, we started taking away all of the unit medical officers from commands such as mine. That was a grave mistake. As a commanding officer, one of your most important advisers, next to the padre and the adjutant, is that doctor.

At the same time, a policy came out prohibiting doctors from releasing medical information to a commanding officer unless there were certain circumstances. But there was a hard-and-fast rule within the Canadian Forces that we were not privy to medical information. I took it to the medical side. I said, "Commanding officers not only have an interest in the health of soldiers, not only physical but also psychological, but we have something we can do about it."

That goes back to my argument about the medical specialists becoming advisers to the chain of command. As for the commanding officers and the company commanders—and I'm only speaking from an army perspective right now because of my infantry background—charge them with the responsibility of looking after their soldiers. If they blindly take medical advice and it doesn't work out for the soldiers, the chain of command should be responsible for those soldiers, as they are physically when they have physical problems with them.

The other thing I might add is that soldiers, in particular, who are enduring the sorts of things they are facing in Afghanistan don't appreciate having people in lab coats telling them how sick they are. As I said earlier, within the military we have to be experts—and I'm dating myself here—at putting a bandage on a sucking chest wound, and we have to be just as comfortable dealing with soldiers who have some degree of psychological problems.

If it's beyond the scope of gainful employment, then perhaps the chain of command could work with the medical authority to find gainful employment or maybe rehabilitative employment for the person.

● (1710)

Mr. Steven Blaney: Thanks a lot.

The Chair: That was good.

Mr. Bachand.

[*Translation*]

Mr. Claude Bachand: Mr. Stogran, I would like to come back to the issue of the chain of command. This is a question I have asked several times in the past. I wonder if there are not some sort of budgetary temptations. The chain of command is very aware of that.

National Defense has a budget to deal with. Releasing soldiers as veterans does not mean that they are being abandoned. The chain of command knows that the Department of Veterans Affairs will provide support to soldiers who are in dire situations. Generals or unit commanders have budgets to deal with. Is it not tempting for National Defence to try and save money by saying that they cannot keep those soldiers anymore and that, in the future, they will be dealt with by Veterans Affairs? Could that be a factor?

[*English*]

Col Pat Stogran: Mr. Chair, in the first instance, as much as I harp on holding the chain of command responsible, I wouldn't for a second suggest they're being negligent.

What I would say is required, though, is visionary leadership in that domain. I would think that when it comes back to budget.... Certainly in my military career, budget was the most important. Within the CF, we put management of resources ahead of manoeuvring in the face of the enemy.

At one point in time—one of the reasons I was marginalized in the military—we were going to get rid of three of our infantry battalions as a cost-saving measure so we could put those resources elsewhere. We are an infantry army. There are all sorts of things that fall by the wayside due to budgetary constraints.

I would submit, however, that if, from the time of recruitment, we were to judiciously prepare soldiers, sailors, and air force personnel for the types of traumas they will experience on operations, at a slightly greater cost, we would pay fewer very high-priced psychologists and psychiatrists to treat the many hundreds they are forecasting we are going to endure throughout our time in Afghanistan. So we pay now or we pay later, at the expense of the welfare and well-being of our soldiers, sailors, and air force personnel.

● (1715)

[*Translation*]

Mr. Claude Bachand: Mrs. McFadyen and Mr. Stogran, I would like you to tell me about the advisory committees. It seems, Mrs. McFadyen that you have an advisory committee made up of people from everywhere. I am told that you may have an advisory committee at Veterans Affairs.

Could you tell us what is the role of those people? Are there weekly meetings? Is their job to try and find solutions? Do they submit ideas regularly on how to move things forward? Could you both explain the role of your advisory committees?

Mrs. Mary McFadyen: The committee was set up because, when the office was created, the ombudsman and his senior staff had no experience of the military community, and the members of the committee...

[*English*]

We had in a couple of retired members and current members, just to give ideas. It was just sort of a sounding board more for

[*Translation*]

the previous ombudsman. The committee reports twice a year and does not discuss confidential matters relating to complaints, it only deals with general or systemic issues.

Mr. Claude Bachand: Is it useful?

Mrs. Mary McFadyen: Yes, it is very useful.

Mr. Claude Bachand: All right.

Mr. Stogran.

[*English*]

Col Pat Stogran: Mr. Chair, once again, I apologize. I'm going to launch into this in English.

The advisory committee that was established for the Office of the Veterans Ombudsman was modelled along the lines of the DND ombudsman. The original intent was to offer organizations—I refer to them as the veterans advocacy groups—such as the Legion, ANAVETS, and those people an opportunity to inject their views concerning the Office of the Veterans Ombudsman.

I have taken a different tack. My membership for the veterans ombudsman group will comprise veterans. They may come from these various advisory groups, but I intend, before I launch into one of my tirades that might embarrass the Office of the Veterans Ombudsman, to float past our advisory committee my reports and the things we are going to put out to help the veterans community. It will be with a view to receiving feedback. As the veterans ombudsman, I am certainly going to work with all the veterans advocacy groups to get their ideas on what my priorities should be. But the advisory committee, under the chairmanship of retired Vice-Admiral Larry Murray, is going to be very much giving me advice on how they see my office impacting on the veterans community.

The Chair: Thank you.

Is everyone done from the official opposition?

Then Mr. Comartin, you get the last word, it seems.

Mr. Joe Comartin: Thank you.

Mr. Stogran, I'm just going to make one point. I don't want a response.

If the program you're recommending gets up and running, would you consider some sensitivity training at the time of discharge? I say that from this perspective: the decompression process that goes on, wherever it may be at that time, is, I think, narrowly scoped for that period. At the time people are being discharged, if they have gone through the other preparatory work over the course of their careers, whether it's been short or for their whole career, they're going to need that to be able to move back into society.

I have a question. I'm sorry. Again I apologize for being late. I don't know, Mr. Price, if it was you or Ms. McFadyen who raised the issue of discharge under section 5, as opposed to....

Mr. James Price: That was me.

Mr. Joe Comartin: Are there any numbers as to how many should be under disability and should have the benefits extended that way? Do you have any numbers at all as to how many there are?

Ms. McFadyen, are you getting any complaints in the ombudsman's office on that issue?

Mrs. Mary McFadyen: We get many complaints. One of our top five is release categories. Certainly we do look at whether someone has been properly released, because certain benefits flow from your release category. We certainly have been successful in some cases in getting the release category changed.

Mr. Joe Comartin: Can I suggest that it would be the department, then, that would have to track this? Or would it be one of your offices that would track whether the discharge has been appropriate?

● (1720)

Mr. James Price: The trouble with getting numbers is that the department has only just now started a tracking system for grievances. If you were to ask how many grievances were submitted last year in the Canadian Forces, I don't think you would get a clear answer.

We track what we have at the board. The CF has just now started a tracking system whereby they can have a sense of where grievances are submitted and what they are about. They're just now getting their tracking program up and running.

Mr. Joe Comartin: In terms of assessing whether in fact the discharge was correct or not, should the medical side be brought in? How do you know? I guess I'm asking how the department will know whether in fact they're following....

Mr. James Price: The medical side is brought in. There's a director of medical policy who provides recommendations to the personnel people, but in my view, they're very limited recommendations. The files I alluded to earlier are ones that have to do, more or less, with whether the person knew right from wrong in committing the particular misbehaviour.

The final decision is by the personnel people, and that was my point earlier. I think perhaps a broader view ought to be taken in some of these cases, to look beyond the particular misbehaviour at the person's overall medical condition.

Mr. Joe Comartin: Are there any statistics on how successful the grievances have been?

Mr. James Price: We've just done an informal resolution of one of our cases, in which we had the department review the case. It agreed with us that the appropriate thing to do was to give the person an immediate annuity, which is what happened. So we have success in some cases.

Mr. Joe Comartin: But you have no statistics on that?

Mr. James Price: No, we don't.

The Chair: Thank you.

Does anybody want to add anything before we bring the meeting to a close? You've been very good with your responses to the questions. Is there anything we need to know? If you have any suggestions to us as to how we could make the system better, feel free to make those. You might not want to make them now, but if you want to do it in writing.... You know the system far better than we do.

I just have one question to ask before we end.

We've heard that there is opportunity to implement lessons learned; whether in training or on the battlefield, anything that happens is fed back up through the chain of command. Do you have that opportunity? Ms. McFadyen, when you hear from people who have problems, do you have that opportunity to feed back into the system, so that it's corrected before it happens again?

Mrs. Mary McFadyen: Yes, that's actually one of our roles. Even though we look at individual cases, we look at the process. So if someone has been treated unfairly, hopefully the recommendations and solutions we propose will help, so that the same thing doesn't happen to the next person.

The Chair: Do you have an opportunity to do that on day-to-day basis, by picking up the phone and calling somebody, or do you have to put it in your reports on an annual basis, or how do you do it?

Mrs. Mary McFadyen: It depends. Certainly our mandate requires us to resolve things at the lowest possible level. I'd say probably 90% of our cases are dealt with that way.

When we're not successful in resolving them, if it's a very important issue we go forward and put it in writing and give them a chance to respond and see what we get back. If we're not successful then and still feel strongly that there was an injustice, at that point we would make the report public.

The Chair: Thank you.

Is there anything else you want to add before we end?

Thank you all very much. We appreciate your input. It is going to help us with our report.

The meeting is adjourned.

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

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

Also available on the Parliament of Canada Web Site at the following address:
Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante :
http://www.parl.gc.ca
