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Mr. Rick Casson

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• (1535)

[English]

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

This is our 29th meeting, pursuant to Standing Order 108 on a motion adopted Tuesday, November 20, on the study of health services provided to Canadian Forces personnel, with an emphasis on post-traumatic stress disorder.

Today we have a very esteemed panel of witnesses before us.

Members, before we get started, I'd like to reserve a little time at the end of the meeting for some housekeeping duties, so if we could exhaust our questions early and get all the information out of these folks that they have, we'll move on. If we could just save a few minutes, 15 minutes or a half hour, that would be great.

You can each introduce yourselves, who you are and who you represent, and then we'll get into the questions. There are no opening statements by any of you.

Commodore J. Bennett (Commander, Naval Reserve, Department of National Defence): General Tabernor will go first.

Major-General D.C. Tabernor (Chief, Reserves and Cadets, Department of National Defence): Good afternoon, ladies and gentlemen.

My name is Major-General Dennis Tabernor. I am chief of reserves and cadets. I am basically General Hillier's principal adviser on reserve issues.

I took over the position on the 20th May from Major General Herb Petras, who retired. The year before that I was in Afghanistan, in Kabul.

Cmdre J. Bennett: Good afternoon. *Bonjour, tout le monde.*

My name is Commodore Jennifer Bennett. I am the commander of naval reserves. I am a naval reservist. I've spent my entire military career as a primary reservist. In my civilian career, I'm the director of a school, so I have two simultaneous careers.

My position is somewhat different from my colleagues'. I am one of three formation commanders in the navy. There is a formation commander on each of the coasts, and I am a formation commander who reports directly to the Chief of Maritime Staff on naval reserve matters.

The Chair: Thank you.

Brigadier-General G.J.P. O'Brien (Director General, Land Reserve, Department of National Defence): Good afternoon.

My name is Brigadier-General Gary O'Brien. I am the chief of staff for Land Reserve. I am the senior army reserve adviser to the chief of the land staff. I am also the commander of the Canadian Rangers as a secondary duty, handling all of the reserve issues within the army.

My prime responsibilities, aside from managing the Canadian Rangers, are to provide advice and cover all the institutional issues within the army reserve for the chief of the land staff. I was in Afghanistan before Dennis, so I too am an Afghanistan veteran. I was responsible for running the ANP program for the coalition.

The Chair: Thank you.

Brigadier-General E.B. Thuen (Director General, Air Reserve, Department of National Defence): I'm Brigadier-General Eldren Thuen. I'm deputy commander of mission support at 1 Canadian Air Division, and I'm also the director general of the air reserve, here in Ottawa. I'm the senior reserve adviser for the chief of the air staff. I'm also the developer and implementer of reserve policy, in concert with my colleagues here today, and CMP for the air reserve.

The Chair: Thank you.

We have a schedule for who asks questions, when, and for how long. We'll get started with the official opposition.

Hon. Joe McGuire (Egmont, Lib.): Thank you, Mr. Chair.

Maybe Major-General Tabernor could explain to us the status of the reserves when it comes to their care after they come back from duty in Afghanistan or wherever.

We have heard from witnesses, especially early on in our hearings, that the reservists were not being treated the same as other soldiers. We understand that this has been corrected.

With respect to the follow-up for reservists when they return and go back to their regular jobs, what connections do you have with them? Are they out of sight, out of mind, or is there a system put in place to see how they are coping? A lot of times mental sicknesses don't click in till six months later or longer. What kind of system is set up for making sure that these people are coping properly?

On a recent trip to Afghanistan I was well taken care of in my hour of need by a reservist from Peel Regional Police, so I have a special interest in how they do when they get back here.

If you could elaborate on that, General, it would be appreciated.

The Chair: Go ahead, sir.

MGen D.C. Tabbernor: If you allow me, I will just talk generalities, and then I will ask General O'Brien to talk specifics, because most of the soldiers coming back belong to the army.

There is a process in place to prepare soldiers—and I use the term “soldiers” generically to include basically everybody leaving the country for overseas operations—which ensures that they are medically, administratively, and physically ready to go over, and that the training they get is adequate to meet the operation they're going into.

So whether they're going to a small UN peacekeeping mission in Africa or whether they are going into a more robust mission in Afghanistan, there is a process there to prepare the reservists to go overseas.

On the way out, the reservist follows the same process that his regular force counterpart follows to come out. In my case, we did a fairly comprehensive medical before I left theatre, and there are follow-up processes put in place that I have to follow once I am back in-country here, which will take place over the next number of months.

Therefore, my treatment is no different from that of my regular force counterparts. One of the issues that we may have with individuals—and it applies to both the regular forces and the reservists—is with those who are not necessarily in a unit that has gone overseas. For instance, there is the issue of an individual augmentee who has gone overseas and then come back to his unit, whether it's a reserve unit or a regular force unit, and how that individual is looked after and followed up on.

There is a process in place to deal with that as well, on both the administrative side and the medical side, to ensure that the individuals are looked after.

If a reservist has an issue, the medical world has a process in place to look after him or her. Eventually, if it is going to be a long-term issue, there is a hand-off process to hand off the soldier from the Department of National Defence to Veterans Affairs to ensure continuity of care.

I will let General O'Brien give you a bit more stuff specifically for the army side.

● (1540)

The Chair: Go ahead, General.

BGen G.J.P. O'Brien: It's very much as General Tabbernor has laid out. More specifically, once the reservist is coming out of theatre, he follows exactly the same decompression leave and returns with the unit he's deployed with.

Once he is returned, he's required to do a mandatory three half days' reintegration time with his unit, during which he'll do an initial medical. There will be follow-ups at three months and six months. The unit and the brigade force generation officers that are now in place are responsible for tracking and ensuring that this reservist receives the proper post-tour follow-up. It is tracked and measured by our chain of command in the army today.

Hon. Joe McGuire: Thank you.

Mr. Anthony Rota (Nipissing—Timiskaming, Lib.): I'll take on a couple questions as well.

For the reservists who come back, location is probably one of the biggest issues I have an affinity for, because I come from northern Ontario. I can see it there, where people put their heart on the line, they put their heart and soul into something, especially reservists, who are in a small community and who go into theatre and then come back.

We've seen it with the regular forces, with reservists who are not, as you mentioned, part of a unit. Is there any kind of funding or a special type of funding there to help them out once they go back to their community? If you come back to your unit, you're guaranteed a place or you have a position in the military, although that doesn't always happen, but for reservists who are going back and who have health problems, who's responsible for taking care of those individuals?

Do you have a plan in place? How does that work exactly?

BGen G.J.P. O'Brien: Absolutely. It has certainly been evolving, and it is getting better every day. But there is absolutely a plan in place. Once a reservist has returned, it is the responsibility of the reservist's unit itself to make sure he is getting the proper follow-up. If a problem is identified, he is handed over to the appropriate authorities within the casualty management system. He is treated and provided all those treatments in a centre as close to his home location as possible. But you are correct, it is most difficult for reservists who return to small units in rural Canada where they may live some 20 or 30 kilometres away from their home armoury.

They do share some responsibility for making sure they show up, but it is the unit's and the chain of command's responsibility to track them and to identify if there are issues. If there are issues, it is their responsibility to send them over to the casualty management system where the full spectrum—as is the case for the regular force—of benefits are applied to support the individual.

Mr. Anthony Rota: Is the casualty management unit with the base? I'm going to take the examples of North Bay and Petawawa. Petawawa has a base unit that takes care of it, but it doesn't seem to be as well-advanced as Edmonton or Valcartier. They're close to major centres and have better access to large health units or health centres on the civilian side. Is there anything that helps a person in North Bay avoid two hours of travel to get to a unit that can give him service—so he can get civilian service, instead of a system that maybe isn't well-developed or as developed as some of the larger centres?

BGen G.J.P. O'Brien: You're absolutely correct. At this time there are 20 casualty management centres being set up across the country. Because the country is so large, we are victims of our geography. The reserve footprint is so broad. The initial centres are going into the regular force super-bases, so they won't service the reserve community totally. The additional centres will go into large metropolitan areas, centred around where the reserve communities are. The plan is to expand to cover all of the areas—to match them where practical—to provide those services for reservists.

● (1545)

The Chair: Thank you.

Thank you, Mr. Rota.

Mr. Bachand.

[Translation]

Mr. Claude Bachand (Saint-Jean, BQ): Thank you, Mr. Chair.

I will first direct my questions to you, general Tabernor. You know we are studying health care, with an emphasis on post-traumatic stress disorder. I'd like to know if the cadets are covered if they are physically injured. I don't think that at their age, they would suffer of a post-traumatic stress disorder, because they haven't witnessed events which are very stressful.

But what happens to a cadet who breaks his leg? Is he dealt with by the military authorities or is he transferred to the public sector of the province? I would like you to tell me what the situation is.

[English]

MGen D.C. Tabernor: There are two aspects to it. As you're aware, cadets do training in locations close to home during the school year, and some of them go away in the summer to cadet training centres. In the cadet training centres we have established medical facilities that provide initial care to cadets who may be injured while undergoing training. The intent is to ensure that the cadet is stabilized and, if the issue is serious, to quickly transfer them to a civilian facility that can provide more care.

The intent is to get them back into the provincial medical system as quickly as possible. To assist with the medical care for the cadets, each army, navy, and air cadet league has an insurance policy that covers cadets for medical concerns.

If a cadet is injured doing local training, we would then turn them over to the provincial medical facilities as quickly as possible, because in a lot of places where the cadets train there is no military facility. So the intent is to put them directly into the provincial care system as quickly as possible.

[Translation]

Mr. Claude Bachand: This is also the case, as far as I know, for soldiers who get injured while training or on a tour. Do you know how do the agreements between provinces work out? If a cadet gets injured while training or at a summer camp, you say that you will first stabilize his condition and you probably have facilities in the bases to do it. But after that, you transfer him as rapidly as possible in a hospital facility that is administered by Quebec or another province.

Do you continue to pay the costs or is that transferred to the provincial authorities?

[English]

MGen D.C. Tabernor: I do not have a definitive answer to that question, sir.

[Translation]

Mr. Claude Bachand: Could you send that information to the clerk? I would appreciate that.

My next question is directed to the group of generals who are here today.

I'd like to know what you think about the report of the auditor general, which is highly critical of the health services offered to reservists.

I imagine you've had time to read the report. I'd like to hear your reactions to this report. Do you think that the auditor general went too far? Do you admit that the report is close to reality?

• (1550)

[English]

MGen D.C. Tabernor: From 1991 to 1993, I commanded the Lake Superior Scottish Regiment in Thunder Bay, and I had the misfortune of having to receive the first reservist injured overseas on an operational tour back into my unit. I must tell you that at that time the system to deal with reservists injured overseas was abysmal.

The difference between now and then is stark. We have made huge gains in the area of care for our reservists. As General O'Brien has alluded to, reservists injured overseas are treated the same way as a regular force soldier. We look after them until they are prepared to go back to what they were doing before they went overseas.

I have read the report. I've read the 12 recommendations made by the ombudsman. I've read the Auditor General's report as well. I must tell you that some of the recommendations that have been made by the ombudsman are already being actioned by the military. The chief of the military personnel is the individual who deals with this area. They are already working towards putting in place policies or changes to address the concerns raised by the ombudsman in her report on reserve care.

Is it 100%? No. Are we making headway? Yes. Is it better than it was? Yes. Are we going to get better? Yes. Am I, in my position, comfortable that we are doing everything we can to look after the reservists? Yes. Are there reservists who fall through the cracks? Yes. When we find out about them, do we put in place steps to deal with them? The answer to that is yes as well.

However, there are those, both in the regular force and the reserves, who, when they get back from wherever they were, walk away from the military and disappear. Those we have trouble dealing with. And three, four, five, ten years down the line, this individual may resurface with an issue. In my experience, when those individuals have resurfaced and we've been made aware of them, we've taken steps to deal with them and have linked them up with the authorities responsible for looking after them. In most cases that is Veterans Affairs.

So it is dramatically better than it was, and it is getting better every day. There are still, as I said, some challenges, but we're dealing with them.

The Chair: I'm afraid that uses up the time. Hopefully, when it gets back to Mr. Bachand's turn, he will go back and get those answers he wants from the rest of you.

Ms. Black.

Ms. Dawn Black (New Westminster—Coquitlam, NDP): Thank you very much for coming and appearing at committee. I think you bring an important perspective for us to hear about reservists, particularly today when reserve soldiers are being called upon more and more to be in the mission in Afghanistan and to perform in a role that traditionally such a high percentage have not been called upon to do. So I think it's very important that we hear from you.

I have a reserve unit in my riding—the Royal Westminster Regiment—with a long and very proud tradition. Unfortunately, one of the soldiers from that regiment was killed last year in Afghanistan.

I also want to highlight the ombudsman's report, because in that report she makes 12 very serious recommendations. I know, General, that you said they are being actioned; I'm not 100% sure what that terminology means. Does it mean they've been implemented yet or that they're looking at implementing them?

The ombudsman interviewed 400 people for that report. The vast majority were reservists across the country who'd been injured, and it's really quite an explosive report about the lack of attention to the dramatic needs of many reservists. I think most Canadians, if they read it, and those who did, found it to be quite shocking. I know I did.

The investigation identified four major areas of concern, including significant inequalities in the provision of health care to injured reservists, and I understand and I know that while they're in the field—on the mission—they're treated in the same way as the regular forces. It's after that where the problems are.

The other issue that was highlighted in the report was that some reservists only received 40% of the amount that regular force members receive for dismemberment. I mean, the loss of an arm is the loss of an arm, and surely there can't be a differential in what that means to someone's life. So despite the fact that regular and reserve forces are exposed to the same risks, a number of the reservists don't have access to the same services, and I think that's still going on.

So of the 12 recommendations the ombudsman made, I wonder if you could be more specific about which ones are being actioned and what "actioned" actually means. For some of them, she gave a recommendation of a 12-month period where she felt they should be implemented.

The last thing I wanted to say was that even the director general of health services, Hilary Jaeger, said in the report, "No one is really 100 percent sure who gets what. Nobody really knows, including me, and I run the system."

I hope you can help me with the recommendations, where they're at now and where they're going.

• (1555)

MGen D.C. Tabernor: Luckily, I'm not a medical officer so I cannot really stray into the fields of the medical world.

The chief of military personnel, Major General Semianiw—who has been before this committee—is in the process of looking at each one of the 12 recommendations and looking at the policies we presently have in place that are impacted by those 12 recommendations. He is putting in place a plan to address the concerns raised by

the ombudsman and to address the inequalities in her recommendations. So that is a work in progress.

As to where we are on addressing those concerns by the ombudsman in a timeline, I can't really tell you that because it is well within General Semianiw's area of responsibility. I am just a very interested observer, and my staff and I are there to assist General Semianiw in moving this along. But basically it's within his area of responsibility to deal with the response to the ombudsman.

Ms. Dawn Black: Could you clarify what you meant about being actioned? I really don't know what that term means.

MGen D.C. Tabernor: Some of our personnel policies have not been re-examined in recent times. Commodore Blakely, who was Commodore Bennett's predecessor as COMNAVRES, commander of the naval reserve, has recently gone to work for General Semianiw to address all these personnel policies, to bring them up to date with today's realities with how we use both regular and reserve personnel, both in Canada and overseas.

Commodore Blakely will have a small staff who will work with him to address these policies and make them more current and more relevant to what we do today, so that, as an example, the differential in disability between—

• (1600)

Ms. Dawn Black: That should be pretty straightforward. An arm is an arm, right?

MGen D.C. Tabernor: It should be pretty straightforward. He's going to be looking at all these and working on them for General Semianiw. So work is in progress.

Ms. Dawn Black: One of the recommendations that dealt with the framework for the provision of medical and dental care, and another recommendation, talked about how medical records are kept for reservists. I would like to ask any of you to respond as to whether there have been—and I know it's only a couple of months since the report came out, but it seems to me it was so clear about the recommendations that need to happen and need to happen soon. Are any of you, or either of you, aware of any steps that have been taken to improve the medical record keeping?

Cmdre J. Bennett: Certainly in the case of the naval reserve and the navy, we are working on more effective record keeping, not only the actual documentation in the file but tracking where the records are, as our members do travel and are posted across Canada.

In addition, the larger Canadian Forces is going to move towards an electronic system, and we will be part of that in the implementation stage. So we're preparing our records to make sure they're up to date and they'll be ready for that transition.

BGen E.B. Thuen: From an air force perspective, the air reserve is significantly integrated into the regular force operations. We have very few stand-alone units like the army reserve has or the naval reserve has. Our people are employed in the air force. They don't train and deploy in the same manner as others. So we are, with three minor exceptions, part of the wings where we're based, and our medical records are kept by the wing as per the regular force personnel.

We don't have a lot of the same issues because we're not "remoted". We have three small units of engineers in Gander, which is also a base, so they're looked after by the base there. We have a flight in Pictou, we have a flight in Bridgewater, and we have a flight in Aldergrove, British Columbia, and these flights are satellites of a wing and they're looked after by the wing.

How the wing keeps the medical records is the wing medical officer's purview, but all the reserves are treated by the wing as an A, B, or C class, depending on the class of service they're on.

The Chair: Very good. Thank you.

Mr. Hawn.

Mr. Laurie Hawn (Edmonton Centre, CPC): Thank you, Mr. Chair, and thank you all for being here.

Over the last however many months we've been doing this, we've heard from a lot of people: soldiers, families. That has been in camera, so we can't share details, but suffice it to say we've heard a variety of stories, most of them critical, which is probably to be expected. Those are the kinds of stories that would be attracted to a committee like this. We've also heard stories of successes, challenges being met, and so on.

We've talked about the reserve care report, which had some pretty stark recommendations, as was mentioned. The Auditor General put out a report a few months before that, which had some recommendations but was also more complimentary. Now, of course, that was focused on the regular force, not the reserve force, so there's an obvious difference there, and that's where we come to today.

Again, as was pointed out, this report has only been out for two months, so it's probably a bit early to report on actual accomplishments. But I was encouraged to hear your statements, General Tabbernor, about your assessment of General Semianiw, who obviously is going to be taking it very seriously.

Is it safe to say, just with the way the regular force operates and the reserve force operates, that we'll probably—and this isn't to say it's right—always be playing a little bit of catch-up with the reserves relative to the way the regular force is treated in areas such as health care? Again, not justifying it, but is that a reality of some of the way we...?

The Chair: Go ahead, General.

MGen D.C. Tabbernor: What we've been doing in the last couple of years is starting to focus people's minds on what's important. And what's important is the soldiers. Whether the soldier is a reservist or a regular force soldier, I think there is understanding and consent and agreement within the senior leadership in the

Canadian Forces that we need to ensure our soldiers, generically, are looked after.

Even before the ombudsman's report came out, we were looking at and had put in place ways to improve the care provided to reserve soldiers when they come back from operations. So at the end of the day, once this is done, I would like to see, regardless of whether the individual is a reservist or a regular, that "if we break him, we fix him". That quote is mine, out of the ombudsman's report.

• (1605)

Mr. Laurie Hawn: As a follow-up question to that, do you—or does anyone else—have a couple of good ideas on how to close the gap between the way the regular force is cared for and the way the reserve force is cared for at the moment?

Cmdre J. Bennett: Sir, if I could go back to your first question in the manner of answering your second, I don't think it's as much catch-up as it is adaptation. The reserves are being employed today, as all of you have noted, in a far greater capacity and in a very different range from the ways our policies were developed or the ways we've been deployed in the past.

There are differences between each of our environments as well, in the integration of the reserves into the environment. Some of us have reserve-specific tasks, roles, and missions. Others are fully integrated and are augmenting the regular force.

So again, I think there is an adaptation period required as we come up to speed with the greater use of the reserve force in the reality of today's Canadian Forces.

To answer your second question about good ideas, what has been a tremendous boost to us is the consultative approach and the consideration of the reserve as an integral part of the Canadian Forces, as opposed to an afterthought. It is most helpful to us in developing employment policies and spectrum of care to be involved at the outset. And that's what's happening in the action plan to address the ombudsman's report.

Mr. Laurie Hawn: Thank you.

You mentioned looking after the broken soldier, which is of primary importance.

When we talk about the regular force, we talk about the soldier being not just the person in uniform, but the family unit, because it's broken or fixed as a unit. There is a lot of emphasis in the regular force now on treating the soldier as a family unit. I'm assuming the answer will probably be yes, but I just want to confirm that the same philosophy is inculcated in the reserves as well.

BGen G.J.P. O'Brien: Certainly, in the army reserve the full sense of family is now involved, whether it's the regimental family or the individual family. There is a much greater inclusion in the pre-deployment and post-deployment interviews and processes that are involved.

The Military Family Resource Centres are expanding quite broadly to service reserve families and reserve communities. I think the culture within the army reserve, at least, is changing to include that broader view, not only of the regimental family, but of the families themselves.

I feel that's a very positive trend for us.

Mr. Laurie Hawn: Going on to the operational stress injuries—PTSD, mental health—one of the challenges, of course, has been getting people to come forward and seek help. Is there a difference, in your experience, between a regular force person and a reserve person in terms of willingness to come forward that may stem from one's being part of the regimental family or being out in North Bay, away from the regiment?

Is the reservist more or less likely to come forward?

BGen G.J.P. O'Brien: I think the dynamic is exactly the same. I think post-traumatic stress syndrome affects every person the same way. I think the difference is the environment in which the person finds himself. A regular force member is often living within the base in his community and is much closer to the community, with large numbers of people around him who are thoroughly socialized to PTSD and will recognize those issues earlier than perhaps a reservist living in a town, working in a factory, where he's not near his fellow soldiers. So the issue for us is re-engaging the families and providing support to the families so the signs are recognized.

That's the basic difference between the two. I think they equally suffer in terms of the effects. I mean, traumatic experience is traumatic experience, no matter whether you're a reservist or a regular force soldier. The socialization and the pre-deployment training is exactly the same. They are as prepared as regular soldiers when they go into operations. The training they are now undertaking in terms of the mental preparation for the shock of battle, or the impact that traumatic experience will have on them, has gone a long way to improving the socialization of the concept. I think the issue of it being a stigma is leaving incredibly quickly, and I think that's coming from an honest care for our soldiers.

I think the only difference would be where the soldier happens to be when he does suffer some of the symptoms. He may not be in a place where people recognize it as quickly.

• (1610)

The Chair: Thank you.

That ends the opening round. We'll go to a five-minute round now. We go over to the official opposition, back to the government, then over to the Bloc.

Mr. Rota.

Mr. Anthony Rota: Actually, it's a question from Mr. McGuire.

The Chair: Okay, Mr. McGuire.

Hon. Joe McGuire: Thank you.

I want to talk about the pension system between the reservist and the regular soldier. I understand the system is quite different for reservists, for obvious reasons, but if a soldier is disabled on duty, say in Afghanistan, the compensation is the same. I know we've heard in previous hearings where a soldier, whether reservist or not, can serve while on pension. There's a little sort of sideshow going on—I don't want to minimize this or anything—of trying to get a higher pension than one may be eligible for. It's causing a bit of a problem with the medical services, taking up a lot of time, because they can actually draw a pension while they're serving.

Is this influencing the reserve side as much as the regular forces side? Do you have any kind of insight in that regard? I know there's some suggestion that maybe we shouldn't have a pension plan activated until the last year of service, or something like that, to eliminate a lot of the backlog that the medical corps has to deal with, apparently on a daily basis.

BGen G.J.P. O'Brien: There are potentially some issues with those soldiers who are on medical pensions while continuing to serve as a reservist in a different class of service. The two pension programs, the superannuation programs, are different. But there is a rising dynamic where soldiers are retiring from the regular army and collecting their pensions while rejoining the reserve army and then serving as a reservist on full-time service. That is a rising dynamic we face in the army reserve and in the army itself today. So if there are medical pensions involved and they continue to serve, I can see there would be difficulties. But I'm not aware of any, nor do I think I could really provide any comment on that.

Hon. Joe McGuire: You're not aware if this option is influencing the behaviour of the reservist one way or the other.

BGen G.J.P. O'Brien: No, sir.

Hon. Joe McGuire: How many reservists are in the 2,500-man contingent in Afghanistan?

BGen G.J.P. O'Brien: Today, sir, there are 538 reservists serving with the task force, about 20%.

Hon. Joe McGuire: And they're on front-line duty as well as base duty.

BGen G.J.P. O'Brien: Yes, sir. In fact, reservists are employed across the spectrum of our operations in Afghanistan, from the fighting echelon with the rifle companies through to the support and the command cells, including the strategic-level headquarters both in Kabul and for the coalition forces, so it's both in ISAF and the coalitions. Reservists serve everywhere.

Hon. Joe McGuire: Are there many volunteering to go back to Afghanistan?

BGen G.J.P. O'Brien: Absolutely, sir. There have been very few Afghan vets I've spoken to who have not said they wouldn't go back. Everyone would go back; in fact, we are now starting to have third-tour reservists going into Afghanistan.

Hon. Joe McGuire: I know at least some provincial governments are ensuring that their civilian jobs are there when they get back. Is there a time limit on those jobs? What happens if somebody volunteers for two or three duties?

•(1615)

BGen G.J.P. O'Brien: I think the legislation is very complicated, and I would hate to tend to go that way in terms of this issue. I would like to describe for you the basic conditions applying to Afghanistan.

The tour lengths, including the pre-deployment training, the tour, and the reintegration leave at the end, go anywhere from 14 to 24 months, depending on the individual's availability, the job he would take in Afghanistan, and the position he has in Afghanistan as well.

The shortest opportunities are for our specialists, those in the civil-military cooperation roles. Some of our specialists will do roughly six months of pre-deployment training, followed by half a month's leave; then they do a six-month tour, and then come back for a month to a month and a half of leave. The basic shortest time is 14 months. It can be longer, depending on the job; it could be up to two years.

Hon. Joe McGuire: Are you experiencing any complaints from employers with the set-up as it's unfolding?

BGen G.J.P. O'Brien: There have been some issues, but we have the Canadian Forces Liaison Council now fully integrated into our support paradigms for this new operationalization of the army reserve. They assist us in garnering support and representing individual reservists with their employers if there are difficulties.

The hardest hit, of course, are middle to small industries. When the sergeant reservist is going and he happens to be the shop foreman, the business takes a substantial hit. I don't think I could begin to lay out the number of issues; General Tabernor may have an idea in terms of how many the CFLC has dealt with. Certainly the dynamic we face today—the use of more reservists and the employer dynamic—needs to be addressed a little more fully than it is today.

The Chair: Thank you.

We'll go over to Mr. Blaney.

[Translation]

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Thank you, Mr. Chair.

I welcome you. This is the first time I have the chance to meet the chief of the cadets and reservists. In Lévis—Bellechasse, which is close to Valcartier and where I live, there are several air cadet corps, as well as land and navy cadets. Furthermore, the 6th Field Artillery Regiment and the Chaudière Regiment are based in Lévis. Last week, we were celebrating the Normandy landing by holding an international event. I also had the chance to meet soldiers who took recently part in the mission in Afghanistan.

Before going any further, I'd like to mention one thing, especially for my colleagues. I've been told that the city of Edmonton has set-up a special program for reservists that will make sure they can keep their jobs and that will grant them generous conditions. If you have comments on that, I would like to hear them. I think that we should do what we can to facilitate the professional or civil life of reservists who have done several tours. I'd like to hear what you have to say about that.

Also, if you have some, I would like you to give me some data or statistics on the number of reservists that suffer from mental disorder, more specifically who suffer from post-traumatic stress disorder, and

by category, if that's possible. If you have time left, I would like to know how long does the reservist stay on the army's payroll after he returns, when he goes back to his civil life after three or four months. What happens if an issue comes up? I would like, if that's possible, to get answers to that in the time I have.

[English]

BGen G.J.P. O'Brien: I'll start to answer some of them.

On your first question, in terms of employer support for reservists, this is absolutely a key aspect of what we face today. We have a national program called the Canadian Forces Liaison Council. It is a volunteer organization of rather senior influential members of Canadian society. They are supported by the military, by all of us.

They perform two functions. One is to advocate for support from employers to provide leave for reservists to take time off. The second aspect of what they do in particular is to advocate on an individual basis, if required, for a soldier with the employer.

The programs are nationwide. There are local programs instituted by the local chain of command. Some are more efficient or effective than others, but they all operate under this national umbrella. That is beginning to mesh with the various pieces of provincial legislation and federal legislation that are beginning to come into place to provide some legislative protection of reservists' employment during their time away.

In regard to the numbers of injuries and types of injuries, I cannot respond. That is more the purview of the medical core to respond to you at this point in time. Brigadier General Jaeger could provide that information.

Your last question, sir...?

•(1620)

Mr. Steven Blaney: When a reservist returns to this country, how long after the mission does he go back to civilian life, and when problems occur, what happens?

BGen G.J.P. O'Brien: When he returns, he's entitled to some paid leave, so he's still inside the system for up to 60 days.

Mr. Steven Blaney: Two months.

BGen G.J.P. O'Brien: He is still part of his unit, so he has an obligation to be a part of and parade with that unit on a regular basis, at least once a month, but more often once a week. So he is actively reintegrated into his military community right away.

Upon his return, he has to spend those three half days with his unit in terms of reintegration and processing, so that keeps the contact firm there, and then the requirements for his medical follow-ups post-leave are also monitored by that unit.

Mr. Steven Blaney: And then he goes back to civilian life. Then when there is something, does he go to see a civilian physician or a military...?

BGen G.J.P. O'Brien: He would report that through the military chain of command. He'd be looked at by one of the casualty care centres and sent to a medical facility sponsored by DND.

Mr. Steven Blaney: So then he's taken back in charge by the military in terms of services.

BGen G.J.P. O'Brien: Yes, sir.

[Translation]

Mr. Steven Blaney: Thank you, Mr. Chair.

[English]

The Chair: Mr. Bouchard.

[Translation]

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

I welcome you to this afternoon's meeting and I thank you for answering our questions.

A reservist must have a medical file. I'd like to know how this medical file is transferred from the reserve to the operations force. When the reservist chooses to participate in an operation, where does his file go? After that, after the operation, does the same medical file go back to the reserve? Is it different for each army corps, that is the navy, the air force and the army?

[English]

BGen G.J.P. O'Brien: In the army, the medical files will follow the soldier. As a soldier deploys to his unit, the paperwork that comes with him will come with his medical file. It follows him throughout his tour and is returned with the soldier back to his unit. So there is care of the file from start to finish. It is used consistently as the repository for all medical issues. The medical files are available at all times.

As he transfers from unit to unit, that medical file will also follow him. It is your file that will follow you, from the paper perspective, wherever you go.

As Commodore Bennett has indicated, as we begin to migrate to an electronic system, that will be made even more efficient. There are, of course, issues where sometimes things get lost. It's not unknown that certain medical files do get lost, but they're always found in our system.

That's how we do it in the army.

BGen E.B. Thuen: It's the same thing in the air force. We do not deploy individuals; we deploy units and task forces. When we send reservists to augment any of the task force elements going over to theatre, they become part of that element, and their medical files go with that element and come back with the reservists to their home unit.

[Translation]

Cmdre J. Bennett: It's the same thing in the navy.

• (1625)

[English]

When our people go to sea, their files go to the coast. When they deploy with the army, their file would go to the unit deploying them, and it's returned to the unit after deployment.

[Translation]

Mr. Robert Bouchard: Some witnesses have stressed the importance of the confidentiality of medical files. Do you have problems on that point? The medical file of a person goes, so to speak, from one organization to another or from one service to

another. What is your point of view on that? Do you have strict procedures to protect its confidentiality? Could the situation be better?

[English]

Cmdre J. Bennett: Access to medical files is restricted, and the files are protected in transit very carefully. The paper files are locked in a separate cabinet; there are only certain people who have access to them. In the future, the electronic system will provide greater safeguards, and you won't have the transferability of files that may result in some of the complications of today's system. In any case, the access to those files is very restricted. They are protected and safeguarded in storage and in transit.

BGen E.B. Thuen: The medical files are looked after by either medical personnel or by medical clerks who deal with those files exclusively. They are not part of the normal personnel file that transfers. Medical files are kept separate from every other file, so I'm fairly confident about the integrity. No system is infallible, but from my perspective it's as good as we can get until we go to the electronic files with the heavier safeguards.

BGen G.J.P. O'Brien: I support the comments of my colleagues.

The Chair: Mr. Rota.

Mr. Anthony Rota: A comment was made, and I believe it was by General O'Brien, about planning to expand reservist services in metropolitan areas. Did I hear that correctly? What exactly did you mean? Is this concentrating in metropolitan areas, or is it just expanding existing services there?

BGen G.J.P. O'Brien: It's expanding existing services. The casualty care centres are being spread out across the country in the major groupings of the cities and in the service and reserve communities.

Mr. Anthony Rota: If you're in a major centre, you'll probably get more services. If you're in a minor centre, you'll be forced to travel. Is that how that's going to work?

BGen G.J.P. O'Brien: No, I was speaking about the casualty care and the coordination centres themselves. They will be distributed as efficiently as possible across the country. Of course, as we see need for more centres, particularly in rural Canada, they will be set up. It's about coordination and how the services will be delivered.

In some parts of the country there are only a few facilities that could treat extremely wounded soldiers, so there needs to be a coordination of care across that spectrum.

Mr. Anthony Rota: It's just expanding to more parts of the country, not necessarily concentrating them?

BGen G.J.P. O'Brien: That's correct.

Mr. Anthony Rota: Very good.

We had a couple of soldiers in, and I guess the stories vary depending on what their situation was. You understand that it can happen in any organization. Whether it's military or private business, different people have different experiences with the system and with what's going on.

At your level, we're talking about what the theory is rather than what might actually happen. Is there a system of checks and balances that allows you to evaluate the process and get regular feedback on what's happening on the ground?

What's happening at the general's level can be quite a bit different from what's happening at the private's level, at least in perception. I'm wondering what the process is for getting feedback and information back up to you.

• (1630)

BGen G.J.P. O'Brien: I can absolutely speak to that. I see it as my main function, with my sergeant major, to be the commander of the army's eyes and ears on the ground, especially across the reserve community of our country.

Let me try to explain it this way. There is a double system. The first system of checks and balances is in response to the actual services that are or are not provided. That feedback is fed up through the chain in terms of satisfaction or dissatisfaction. There are a number of metrics within that system that I couldn't explain to you, but they are there today.

The second aspect of feedback is directly from the chain of command. We have the reserve chain of command. I meet with brigade commanders and area deputy commanders, who feed back to me specific issues from their chain of command. They are issues from units and individuals about the system in particular. As the first chain is activated and the regular medical system or G1 first management system is responding, the double check comes up my way. I'm able to insert comments or issues that have been brought to my attention into the feedback loop to make sure they are being addressed.

As well as being represented on some of the major personnel management boards, we work very hard to develop a holistic picture of the reserve's institutional concerns. They're driven from the lowest levels up. So I'm confident that almost every issue—personal or otherwise—that is raised in the army reserve today eventually makes its way to me. Some make it a lot faster than others.

Mr. Anthony Rota: Thank you.

The Chair: Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you, Mr. Chair.

I first want to acknowledge the cadet program. We have some cadets in our area on Vancouver Island, and we appreciate those programs. We have the Beaufort Squadron air cadets on Vancouver Island, and they are very active. They have a review coming up very shortly. They always want me to be there for the reviews, but they're doing a good job.

Our multi-purpose coastal patrol vessels, like HMCS *Nanaimo*, are largely staffed by navy reservists, with a few regular forces. So we appreciate reservists in the navy that way. I guess our focus today is less on the navy. I'm not sure how much air force reserve is going on. I guess they are playing a role over there. But my questions are largely for the army reserve. Some of our colleagues have already picked up on these themes, but I'm still curious about something.

To pick up on where Mr. Blaney was going, when the reservist comes back—and they have up to 60 days of leave—they maintain contact. I'm trying to understand how this works. The ones who come back to the base....

We were just at Valcartier, and we saw the great supportive community that exists on the base with the families—the supports there and the networks that are available to them. They hang out together a lot; they're pretty close communities.

For the reservists, I'm a little concerned that they don't have such extensive support. I'm wondering about the time they spend with their reserve units. When they deploy, are only a handful of reservists from a unit actually deployed at a given time? They don't deploy the whole reservist unit. Could somebody maybe explain how that works?

MGen D.C. Tabernor: Just before General O'Brien comments, can I perhaps bring some clarity here? Not only do we have army reservists in Afghanistan, but we have air and naval reservists in Afghanistan as well. So we have reservists in Afghanistan from right across the spectrum. The bulk of them obviously come from the army.

Mr. James Lunney: General O'Brien.

BGen G.J.P. O'Brien: The life of a reservist is sometimes quite complicated, but the military comradeship provided by his reserve unit is very much akin to a social community in itself. As soldiers deploy and live their lives, a lot of the social circles of long-time reservists are those soldiers they serve with in their local unit.

Our reinforcement of the chain of command makes responsibility for their soldiers, even in civilian life, a key aspect of the life of a leader in the reserve army. The difference between a regular and a reservist is that the individual from the regular army might come back into the PMQ, the married quarters, in the actual community itself. The reservist comes back to a small town or a large town in his community, but he still lives within the community of his regiment or unit. It is that contact that is maintained by the unit. Some of it is quite heartwarming and heart-felt, in terms of what units will do to welcome back their soldiers.

• (1635)

Mr. James Lunney: General, if I could just jump in, the point I'm trying to raise is that if he's the only one who has been out there having experiences that his colleagues may not have had, and he's come back out of an intense...because they're integrated throughout the forces over there right now. They've come back, they've witnessed something challenging—they're having some sleep challenges and so on—and their colleagues have not been through that type of experience; I would assume they have a group of people who understand what they're going through, but not in the same way as those who may have been in the battle with them.

BGen G.J.P. O'Brien: That's a great question.

Certainly, I would say in 2003 and 2004, that was going on, but now there are almost 3,000 combat veterans in the reserve army. There is barely an army reserve unit that hasn't had soldiers who have deployed into Afghanistan. In the combat arm, barely a unit hasn't had soldiers in combat. It was a problem, but now I think we're getting much better at sharing experiences.

MGen D.C. Tabbernor: Can I just make a first-hand comment to reinforce what General O'Brien said?

For a reservist coming back from theatre, it could be traumatic. A dead reservist coming back from theatre is very traumatic.

Before I went to Afghanistan, I had the honour of attending five funerals for five reservists. I must tell you that the comments I got from the families of the soldiers were remarkable, in that they had not realized how strong that regimental family connection was...and how quickly the regimental family gathered around to do what was necessary to be done. These are from the mothers and fathers and siblings of the soldiers who were killed. So the family gathers to do what needs to be done.

The Chair: Thank you, sir.

Official opposition, are you finished?

Back over to the government. Does anybody want to have a question? That ends that round.

Mr. Bachand.

Mr. Claude Bachand: No questions.

The Chair: Mr. Bouchard, go ahead.

[*Translation*]

Mr. Robert Bouchard: According to a study I read some time ago, there are twice as many suicides in the regular force and in particular, among people who go to a theatre of operations, than in the general population.

A moment ago, I heard that there were 20% of reservists who participated in operations who committed suicide. I don't know if one army corps is more affected than the others but I heard the figure of 20%. This is a high figure. Do you have statistics or information showing that there are more suicides among reservists than in the general population?

[*English*]

BGen G.J.P. O'Brien: From the army's perspective, sir, I do not have those statistics, nor am I aware of any dynamic that would be different from the norm. I think that question would probably be better put to the chief of military personnel, who could respond to that. I am unable to respond.

[*Translation*]

Mr. Robert Bouchard: It's okay if you don't have any. Thank you.

[*English*]

The Chair: Mr. Hawn, and then over to Ms. Black.

Mr. Laurie Hawn: One quick question, and again you may not be able to answer it, but I want to get this question on the table. Statistics that were recently released show that the suicide rate in the

Canadian Forces is less than the general population of Canada, and it has been decreasing year by year. Are you aware of those statistics?

• (1640)

The Chair: Does anybody want to comment?

Cmdre J. Bennett: I have no comment, but I was aware.

Mr. Laurie Hawn: Thank you.

The Chair: Ms. Black.

Ms. Dawn Black: I would just go back to the ombudsman's report, because again, I think it was so critical. I wondered if any of you who have not had a chance to comment on any of the 12 recommendations want an opportunity to do that.

BGen G.J.P. O'Brien: I guess you're looking at me, ma'am, so I'll take the last shot.

Ms. Dawn Black: I had the sense you had something to say.

BGen G.J.P. O'Brien: No, not at all.

Ms. Dawn Black: Don't feel pressured to do it.

BGen G.J.P. O'Brien: No, not at all.

I would echo, initially, General Tabbernor's comments. A lot of the changes that were recommended by the report were in fact already under way, with a number of initiatives launched by both our own services and the Chief of the Defence Staff's focus on Canadian Forces reserve transformation. So a lot of the issues identified by the ombudsman are already well-known and were already in the process of being worked on and resolved.

There were some issues in the report that I wouldn't say surprised me, but it was very good they were raised, because there is a question about equality of treatment. I would think that as the Canadian Forces matures and develops and changes with its own transformation, the key solution will be changing the basic terms of service. A review of that is under way through the CMP, which will have a huge impact on building that equality of support.

I would save my last comment for the fact that I think the reserve's contributions to the Canadian Forces in Canada's missions overseas and domestically are finally being recognized, and with that recognition will come the attention and the resources required to support that.

So I was very pleased to see the report and the recommendations, and I'll be even more pleased when we begin to implement some of the work that's being planned today.

Ms. Dawn Black: Yes. I think all of us will be pleased when they're implemented, because equality of treatment has to be a fundamental principle of Canadian life, and certainly the men and women who serve in the Canadian military should not be treated with different standards.

Thanks very much.

The Chair: Thank you.

I always appreciate the committee leaving a few minutes for me to ask a question. Most times, I don't get an opportunity.

General O'Brien, I'd just like you to give us a little rundown on the Canadian Rangers. Can you tell us about them, how they get paid and how they get treated if they're hurt? They're a long way from hospitals most times.

• (1645)

BGen G.J.P. O'Brien: I knew someone would ask that question.

Just by way of introduction, there are approximately 4,000 Canadian Rangers working across Canada. They are predominantly, but not exclusively, aboriginal personnel working in the northern areas of our country—not just the Arctic, but northern Quebec, northern Ontario, and, in the west, northern British Columbia. They are a great capability for the Canadian Forces, in terms of providing surveillance and assistance in some of those uninhabited parts of our country, particularly now, as the use of the Arctic and the expansion in the Arctic in terms of resources and those types of economic issues arise. There are plans to expand the rangers to 5,000 to meet this expanding role.

A ranger is, in essence, a reservist with slightly different terms of service. They are trained to a minimal standard in the use of certain equipment, because their skill sets are really the ones they bring from their environment. They are trained approximately nine days a year in the use of some of the basic equipment they need to do their jobs. They are managed by organizations set up in each of our land force areas, one in Joint Task Force North in the Arctic. There are five groups, and they are getting a lot of attention since they came under the command of the army in the last four months.

In fact, we are just about to launch a significant re-equipping of the rangers. We are providing new environmental clothes to them; we are looking at revising their terms of service; we are certainly addressing any of the administrative issues that have arisen in the past; we are giving them improved capabilities with satellite communications; and we are generally improving their capability to provide additional security for Canada.

The Chair: Very good. And what happens to them if they're injured? How about health care for the rangers?

BGen G.J.P. O'Brien: I couldn't speak specifically to what the process is, to be candid. But if they're on a CF operation, they'd be treated as if they were a CF member.

The Chair: Good. Thank you.

Thank you all very much.

We've got some more committee business to do. I won't adjourn the meeting, but we'll suspend for five minutes.

Thank you all for your contributions.

MGen D.C. Tabernor: If I may, Mr. Chair...

The Chair: There's a comment here before we...

MGen D.C. Tabernor: I just wanted to thank the committee for the work you've done. I've followed some of your previous meetings, and I think the interest you show, both in the regular and the reserves, is only going to help us improve the military writ large. At the end of the day, we all work for you, and your attention to the issues is much appreciated.

Thank you very much.

The Chair: Well, we've had that comment come back to us as we've travelled. As you know, the committee has been to Afghanistan, Valcartier, Edmonton, and Wainwright. I think all the soldiers are happy to see us when we show up, and hopefully we can deliver the goods when the time comes.

The meeting is suspended for five minutes.

•

_____ (Pause) _____

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• (1650)

The Chair: Could we reconvene, please? This won't take very long if we get everybody back to the table.

I have just a couple of things on this study. As we get towards the end of it, I'd like you to start thinking about putting forward your recommendations and give them to the analyst or the clerk, so they can start working on those.

Also, I saw Mr. Rota bring a CD of all the photos he took in Afghanistan, so could everybody do that? Then we could compile them into one group somewhere, maybe some private Internet site or another CD—

Hon. Joe McGuire: A top secret mission.

The Chair: Yes, a top secret mission.

Mr. Anthony Rota: And we have the pictures to prove it.

The Chair: We'll just be able to pick out the ones that are relevant to what we want. I think it would be a great idea, plus we still have some coming from the combat cam.

Then we could get a compilation of that. I don't know if we have to have them run past the defence department to see whether there's anything top secret.

Hon. Joe McGuire: I would think so.

Mr. James Lunney: We should probably have some discussion about what we should and shouldn't be showing from the trip, just in case somebody has some pictures that maybe shouldn't—

The Chair: I don't think that's a discussion for us. It's up to DND.

Hon. Joe McGuire: Well, some people need to be careful.

The Chair: Go ahead, Cheryl.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): I went to that site, that combat cam, and they were old photographs from 2003. Every one I clicked on was from 2003.

As far as pictures you can't use are concerned, the one of Laurie and me outside the bedroom is definitely off limits.

Some hon. members: Oh, oh!

The Chair: I understand there were hundreds of pictures taken and only a few of them were used on the site, so there are a lot of other ones. I would sure be interested in seeing the ones that pertain to us.

Are you saying there are no recent photographs on the combat cam?

Mr. James Lunney: On the DND website there are two pictures I think of our group over there.

Mr. Laurie Hawn: But there are recent pictures, maybe not just of us.

The Chair: Okay.

The other item is about our trip. It was brought to my attention that it might be useful for us—or for me, I guess—to prepare a short briefing note on all the events that took place and what we heard on our trip, and just supply it as a matter of courtesy to the chair of the special Afghan committee.

He was with us, but it would just make it a more official, rounded-out thing.

Is there any problem with that? So it will be.

Is there anything else before we adjourn?

The meeting is adjourned.

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