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Tuesday, March 23, 2010

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Chair

Mr. David Sweet

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• (1110)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): I call the meeting to order.

Ladies and gentlemen, welcome to our fourth meeting of this session.

I'm going to introduce our witnesses in just a moment, but I want to cover two previous things. If there's some discussion that we want to have about these issues, we can do it after the witness testimony. I'll save some time for some business at the end.

First off, I'd like you to know that your chairman and your clerk fought very heartily at the Liaison Committee and were able to sustain a good vote to get the budget to go to Ste. Anne's. That's been done, and the clerk will continue to arrange all the logistics for us to get there.

Secondly, I received a communication earlier from our analyst with some concern that a lot of the questioning that's been happening in our meetings has fallen into the health care services dimension of Veterans Affairs Canada and not in a dimension of the new Veterans Charter. The new Veterans Charter focuses mostly on rehabilitation, on compensation, on training, and a lot of our questioning has been around health care. The researchers basically asked me to inform you, and then with some feedback...as I said, either we can go into some business at the end or you can just tell me individually if you'd like to do a separate study on health care services. They are two different pieces of legislation and they're not really germane for one study.

That being said, if you're okay with how we proceed with that, we'll now go to our witnesses.

I will introduce to you Brigadier-General Kettle, André Bouchard, Colonel Gerry Blais, and as well we have Doug Chislett with us. It's my understanding that only Brigadier-General David Kettle has opening comments. Is that correct?

Mr. Bouchard, do you have opening comments as well?

Okay. They'll be under 10 minutes for both. Great.

Brigadier-General Kettle, you can begin, please, and then we'll go to Mr. Bouchard.

Brigadier-General (Retired) David C. Kettle (Chaplain General, Department of National Defence): Thank you.

Honourable members of Parliament and of this distinguished and critical committee,

[Translation]

I am Brigadier-General David Kettle, Chaplain General to the Canadian Forces.

It is a great honour and privilege for me to be here this morning to speak in support of our veterans. It is the mandate of the Chaplain Branch, on behalf of the chain of command, to provide effective religious and spiritual support to our men and women in uniform and their families throughout Canada and around the world.

I will be using my notes today to save time, and because I am very proud of my chaplains. I have a habit of going on too long about their extraordinary work within the Canadian Forces and with our veterans.

During these challenging times, with Afghanistan, Haiti and certain domestic operations like OP PODIUM, we have thousands of military personnel deployed, providing outstanding service, often to suffering and struggling people.

[English]

The service of our soldiers, sailors, and air personnel on behalf of a grateful nation requires great dedication and commitment, and sometimes the sacrifice of health, well-being, and even life itself. Through the ministry of presence, the chaplaincy is involved with our members at every level of a member's military career—in garrison, on the land, in the air, on the sea, and on deployment—and veterans often continue the relationship with chaplains they know and trust after leaving the Canadian Forces. We are there when a member has fulfilling professional moments and we are there when a member is injured, standing alongside and providing spiritual care that is encouraging and health-enhancing. We can continue to be with our veterans through our chapels and as their friends.

I'm trying to develop a linkage here, ladies and gentlemen, that although we do not officially give spiritual and counselling care to veterans, certainly unofficially we do.

In addition to having chaplains available to our people in garrison, on exercises, and on deployments, we have specialized chaplains with Master of Arts degrees in counselling as integral team members with our mental health specialists in our operational trauma and stress support centres. We have experienced chaplains who provide ministry to our joint personnel support units and our integrated personnel support centres across Canada. This sends a very clear message that total care for all soldiers, sailors, and aircrew includes religious and spiritual support.

At the Directorate of Casualty Support Management Centre, where all veteran support is coordinated, we have a full-time former military chaplain who has a network of retired chaplains and civilian clergy across Canada, in both urban and rural settings, who are available to respond effectively and to support a veteran on very short notice. Sadly, as of April 1, this position has been cut.

Our men and women in uniform deserve the very best care our nation can provide as they do their best to serve Canada and the world, and our veterans also deserve nothing less than our best as well.

The new Veterans Charter is an indication of our nation's commitment to our military members and their families. It is with deep satisfaction and pride that the chaplaincy of the Canadian Forces is fully engaged with all the support programs provided by the new Veterans Charter, and it is a source of deep satisfaction and pride that our veterans have the spiritual and religious services they deserve and require in order to return to fulfilling lives following injury or illness.

Thank you for your time.

The Chair: Thank you, General.

We will now go on to Mr. Bouchard.

[Translation]

Mr. André Bouchard (President, Service Income Security Insurance Plan (SISIP), Department of National Defence): Thank you, Mr. Chairman and honourable members of Parliament.

[English]

Merci beaucoup for inviting us here today to answer any questions pertaining to our mandate to deliver the long-term disability and vocational rehabilitation programs.

This is a Government of Canada employer-sponsored plan for the men and women of the Canadian Forces. Essentially our plan mirrors other Government of Canada disability insurance plans for public servants, including members of Parliament.

• (1115)

[Translation]

Treasury Board of Canada has full governance over the plan. I am the President of SISIP Financial Services and I am responsible to the Chief of the Defence Staff through the Canadian Forces personnel and family support services, to provide the long-term disability, which includes the vocational rehabilitation program.

We are not a contractor, and in fact are part of the Department of National Defence structure.

[English]

I would like to mention that when a decision is made to medically release a CF member, SISIP financial services becomes actively involved through the provision of a vocational rehabilitation program, often nine months before the effective date of release, with the financial support starting up to six months before release. After release, the vocational rehabilitation program continues to provide support for another 24 months in conjunction with monthly long-term disability support. At 24 months, clients are assessed on a definition of total disability that considers not only the medical condition, but also education, training, and experience.

[Translation]

If a client does not meet the definition of "total disability", then the client is capable and has the skills to return to the workplace in viable employment.

If the client does meet the contract definition of "totally disabled", support may then continue up to age 65.

Clients supported with Long-Term Disability and Vocational Rehabilitation through SISIP FS may simultaneously be provided with medical and psycho-social support through the New Veterans Charter.

[English]

Vocational and earnings loss benefit support from VAC can only start once the SISIP financial services has closed the client's file because the client doesn't meet the contract definition of total disability. In other words, SISIP financial services is always the first payer.

For information purposes, since 2006, SISIP financial services has supported over 3,900 disability claims, of which 124 were from Afghanistan. We've paid out over 1,500 life claims, of which 141 were from Afghanistan, and we've paid out 55 dismemberment claims, of which 39 were from Afghanistan.

Since 2006, the SISIP program has paid out over \$300 million in direct support to our CF veterans, and the vocational rehabilitation program has helped over 1,500 veterans return to gainful employment.

Before closing I would like to say that the monthly pension hike benefit continues to be offset against SISIP LTD and all of the public sector plans, including the earnings loss benefit under Veterans Affairs Canada. As this issue is before the courts, I cannot make any comments related specifically to this litigation.

[Translation]

In closing, I would like to introduce Mr. Doug Chislett, National Director of the SISIP Financial Services Vocational Rehabilitation who will join me in answering your questions. Thank you.

[English]

The Chair: Thank you very much, Mr. Bouchard.

Now we'll go to our regular rotation of questions. The first questioner will be Mr. Oliphant for seven minutes.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you.

Thank you all for being here.

The first question is for General Kettle.

Partly because of my background I'm quite interested in your work. I think you said that as of April 1, no chaplaincy will be financially supported under any Veterans Affairs Canada program. Is that true?

BGen D.C. Kettle: There will be no full-time chaplain at the strategic level. That chaplain was handling the veterans pastoral outreach program. I believe, to be fair to Veterans Affairs, the two chaplains who held that position did such a good job that they worked themselves out of a job. We'll see.

•(1120)

Mr. Robert Oliphant: Does that mean there's a volunteer network that will be self-sustaining?

BGen D.C. Kettle: Yes. There's a list of clergy and religious leaders across the country who can be called upon by Veterans Affairs to minister or provide religious and spiritual support to veterans, no matter what their faith or lack of faith is.

Mr. Robert Oliphant: Are they required to have CAPE training?

BGen D.C. Kettle: No, sir. Many of them do.

Mr. Robert Oliphant: They're just generalists then.

BGen D.C. Kettle: They are generalists, by and large.

Mr. Robert Oliphant: So they're not counsellors.

I am a pastor. I have a Master of Divinity and a Doctor of Ministry, but I am not a pastoral counsellor.

BGen D.C. Kettle: No.

Mr. Robert Oliphant: I am very clear that a lot of clergy pretend they are pastoral counsellors when they are small "p", small "c" pastoral counsellors, as opposed to having any accreditation in pastoral counselling.

BGen D.C. Kettle: Veterans Affairs certainly wouldn't use any of them.

Mr. Robert Oliphant: All right.

Is there a requirement for a chaplain who does counselling to actually have certification in counselling?

BGen D.C. Kettle: We have many Canadian Forces chaplains who have masters degrees in counselling, mostly from the University of Saint Paul, that we use in a specialized ministry.

Mr. Robert Oliphant: But they're not members of professional bodies, so they're not regulated as such.

BGen D.C. Kettle: They're regulated, and we have many people who are trained who are regulated as well. Many of them train in the United States at the Naval Medical Center in Portsmouth.

Mr. Robert Oliphant: Thank you.

I have a question for the SISIP folks. Thank you again for being here.

I want you to distinguish between those who were veterans before the new Veterans Charter, and veterans who are part of the new Veterans Charter. There's a difference in the way SISIP works for those who become veterans once they are considered new veterans.

Could you explain how SISIP is different for pre-2006 veterans compared to new veterans?

Mr. André Bouchard: In terms of benefits, essentially the benefit structure has not changed since the implementation of the new charter in 2006, where the charter introduced a disability award effective April 2006 and essentially cancelled the monthly Pension Act benefits.

The amount of a disability award, which is a lump sum amount that is clearly for pain and suffering, is not an offset against any SISIP benefit that someone receives.

To put this in context, the benefit under the SISIP platform is 75% of a member's salary at the time of release. There is also a list of reductions that apply. Some of these reductions include the Canada Pension Plan and the Canadian Forces Superannuation Act, and maybe some earned income. Pre-2006, the monthly Pension Act was also an offset against SISIP.

That's essentially the big difference pre-charter. After the charter the DA is no longer an offset, whereas the monthly Pension Act is still an offset today if someone was to come on claims with such a benefit.

Mr. Robert Oliphant: In that, the monthly Pension Act benefit is considered income and the lump sum disability award under the new Veterans Charter is not income.

Mr. André Bouchard: The fact is, we don't make the distinction that the monthly Pension Act is a form of income. When it was included in the list of deductions in 1976, it was considered through Treasury Board, when the TB submission was made and approved, that anyone in receipt of this, I can say in quotations, "income" or benefit...it would become an offset against the SISIP LTD.

Mr. Robert Oliphant: So the definition of an offset then is not clear. There's a list as opposed to a definition.

Mr. André Bouchard: That's correct.

Mr. Robert Oliphant: The list is such that it could include things that could be reasonably understood to be pain and suffering, benefit or income. There could be some vagueness.

•(1125)

Mr. André Bouchard: Yes. The policy as it is written does not make a distinction like the CPP or the CFSA. It's all classified under a list of reductions. In the broad sense, it's classified as being essentially benefits. Some of it is also income; the CFSA is income.

Mr. Robert Oliphant: But a CPP disability award for dismemberment would not offset an award for PTSD. Are those separate or combined?

Mr. André Bouchard: With respect to SISIP, it doesn't matter for what reason the CPP is being received. If someone is in receipt of CPP disability, it is part of the list of offsets under the policy, so it would be reduced from the 75%.

Mr. Robert Oliphant: So SISIP then is essentially filling the holes where other programs are not covering, but it's the first claim.

Mr. André Bouchard: That's right. We're kind of considered a last payer, but in fact we pay first. We will pay upfront 75% of benefits at the time of the member's release. Then the member signs a statement of understanding that should they get benefits from CPP, the Pension Act, or earned income, they have to report this, and then the 75% will be adjusted accordingly.

Mr. Robert Oliphant: Thanks.

The Chair: Thank you very much, Mr. Bouchard.

Now on to the Bloc Quebecois.

Monsieur André, pour sept minutes.

[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Good morning. I am very pleased that you are here this morning with us. It is always interesting to have witnesses to help us understand the New Veterans Charter that we are currently examining here in the committee.

I have a question for each of the representatives. Of course, I would first like to ask Mr. Kettle a question if my colleague can let him work a little bit.

Mr. Kettle, your role is to offer spiritual and also psychological support to military personnel and veterans, who have sometimes been involved in very difficult missions.

Could you talk to me a little bit about how fragile the people you meet with can be, as a result of their difficult military missions and the increasingly common problem of post-traumatic stress syndrome? We have some statistics on this. Last week, we were told that one out of every eight soldiers was dealing with PTSD. I would like your comments on that.

BGen D.C. Kettle: Unfortunately, I will have to give my answer in English. It is a bit too technical for me to explain in the language of Molière.

[English]

First of all, because of the way we train our soldiers, sailors, and air personnel today, the training is so real that we've been able to reduce a lot of the trauma that our troops are facing, simply because they have anticipated the kinds of environment and threats they would be up against. However, in my opinion, there's still going to be far too large a number of our troops who are traumatized by the

toxic environment they find themselves in, for example, in places like Afghanistan.

To respond to your question, our troops are not as susceptible to the trauma they are facing as they were in the past. We're endeavouring to make training more and more realistic and are preparing our soldiers, sailors, and air personnel properly so that we reduce the amount of post-traumatic stress disorder we'll be facing.

However, we have no idea right now what the delta is. It will be in years to come that we will see what the challenge is. We're hoping it's not going to be too high.

Did that answer your question, sir?

[Translation]

Mr. Guy André: Basically, you are saying that by anticipating the difficult situations that young people, who are often 18, 19 or 20, may have to face, the post-traumatic stress related to operations on the ground can be reduced.

•(1130)

[English]

BGen D.C. Kettle: The other aspect is, of course, excellence in leadership. Often PTSD is a product of soldiers, sailors, and air personnel feeling they're not properly led. We certainly have solved that riddle.

[Translation]

Mr. Guy André: That is not necessarily what I have heard before, but that is your answer, and I respect it.

Mr. Bouchard, our Liberal colleague asked a question about the Veterans Charter. The current system is to provide a lump sum payment instead of a monthly allowance, as was done under the former charter. I have some questions about that.

I am thinking about these young people, who are 18, 19 or 20. I have met military personnel who were preparing to leave for Afghanistan. It is always surprising to see how young they are. One of the slogans used to attract young people to the Canadian Forces is "No life like it." But once they are in the field, they realize that it isn't necessarily the greatest life. And sometimes accidents happen.

I am wondering about the lump sum payments. Some young military members who are 22 or 23 and going through a difficult period or suffering from a stress disorder are receiving this kind of one-time payment. In some cases, they spend the money too quickly, so they can kick up their heels or escape from their problems. It is sort of part of getting back to civilian life, if I understand correctly. As a result, parents and loved ones end up supporting them. I would like your comments on that.

Mr. André Bouchard: I believe that Colonel Blais would be in a better position to answer your question.

Colonel Gerry Blais (Director, Casualty Support Management, Department of National Defence): My role within the Canadian Forces is as Director of Casualty Support Management. So I am responsible for all the programs and services provide by the Canadian Forces that are not health care services as such.

I am also the commander of the new casualty support units that have been established across the country. So I am in charge of a large number of young people who have been wounded. To answer your question, I would say that it does happen in a number of cases. It is difficult for these young people to manage that amount of money, especially when they return, since many of them have physical injuries and do not know that they are also suffering from emotional problems. I think that is quite natural when people have experienced traumatic events of this kind. In many cases, whether because they are young or they have been involved in very serious incidents, they are not capable of managing the money.

That said, we are currently in discussions with people at Veterans Affairs Canada. We are reviewing a number of mechanisms to find a solution, even if it applies only to very serious cases. For those who suffer a back injury or a knee injury in the course of their regular duties, the lump sum payment may not be a problem. On the other hand, in the critical cases that you are talking about, for example, when someone loses both legs—these young people have their whole lives in front of them and may live for another 50 years or more—we may need to look at mechanisms that are a bit more flexible than what we have right now, I agree.

[English]

The Chair: Thank you, Mr. Blais.

[Translation]

Mr. Guy André: Do you have any idea—

[English]

The Chair: Mr. André, I'm sorry. Your time is up. Thank you.

Now we'll go on to Mr. Stoffer, for five minutes.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you.

Mr. Chairman, I apologize for being late. I was just leaving another committee where veterans and RCMP personnel were talking about health benefits.

First of all, I want to offer our sincere condolences on the loss of a soldier in Edmonton yesterday, who succumbed to his injuries. It is never a good day in Canada when you lose one of your heroes. I offer my condolences to all who wear the uniform.

Sir, my first question is on the SISIP. I know you can't comment on the Supreme Court case, but I just want to remind you and this committee that it was this committee, the Senate committee, and two DND ombudsmen, plus the House vote in Parliament, that said to fix this problem and get it resolved. Unfortunately, these veterans have had to go to the Supreme Court of Canada to acknowledge that. I know you can't comment on it. But I just find it rather disturbing that these men and women who served our country have to go to the courts, after Parliament and various committees of Parliament and the Senate recommended—not unanimously, but they recommended—in most cases, getting this thing fixed. I find it quite sad.

That is not my question for you. You mentioned the reductions. Call me crazy, but I have met a tremendous number of disabled RCMP veterans and military personnel who were not forced out of the service but were medically released out of the service. They require all kinds of things, from physiotherapy to psychological

training to prescription drugs, and so on, for them and their families. This is when they need those additional funds the most, yet we take them back.

Those are government regulations, not necessarily yours, but I find it rather disturbing that we would take money back from them when they need it most. They are getting this amount of money from over here, but now they are getting that, so this has to go back over here. It is as frustrating as hell for them when they have to do this.

What is even more frustrating is that at age 65, a lot of that stops. They go on reduced CPP, and they lose even more money, and that's when they need the additional funds the most.

I would like your comment on that. What would you recommend? I realize there is a cost to this, but at the end of the day, the men and women who wear the uniform and the military RCMP have unlimited liability. We, as parliamentarians, have the ultimate responsibility of meeting their needs all the way to and including the headstone. Wouldn't you agree?

• (1135)

Mr. André Bouchard: I would agree, but it's difficult for me to comment on what it should be. As I've mentioned, we work with the policy within a very specific framework and this is what we have to live with. This should not be the Government of Canada's policy with respect to those things.

Is it the right construct or not? There are always ways to improve any policies we have, and at any given time we make representations to improve the SISIP policy. One of the latest improvements we have made to this policy was last year. We made the Treasury Board submission and the Government of Canada agreed after to pay 100% of the premium, as opposed to the members, for all conditions attributable to military service. This was quite significant.

Another such improvement we made to the policy was in December 1999, when we made a submission and asked the Treasury Board to approve that anyone who was being released for medical reasons be entitled to SISIP LTD. So they don't have to fight for it. The fact that you're being released for a medical condition means this entitlement is there for up to 24 months. There are no ifs or buts. You're being medically released and you have this entitlement.

You're right. We always look at ways to improve it. I believe you mentioned the CPP, which stems from Bill C-201, and it has nothing to do with SISIP. But you're right that it is an offset when we get to age 65 and the Canadian Forces pension is reduced by this amount. It is essentially the construct of all of the various plans, and more so on an insurance platform. That's the way they're being constructed.

If I can go back to 1969, when SISIP was implemented, it was strictly for life insurance, long-term disabilities, and for conditions not attributable to military service. It meant that anyone who received a monthly Pension Act benefit could not apply for SISIP LTD. So they were out of the process.

Once we realized, between 1969 and 1976, that maybe some of those members were getting a very little pension amount under the Pension Act, a submission was made and was approved to include this group of people as part of the LTD group. The conditions that prevailed at that time was that we agreed that you would include this group, but the amount received as a monthly pension would become an offset. That's how it came about. That group was excluded initially and then they were included.

There is all kinds of historical background with respect to the monthly Pension Act amount and how it came about. First of all, in 1971, those who were serving in special duty areas.... This is not only from Bill C-41 in 2000, when those members could receive their monthly Pension Act amount while serving. There was a group from 1971 onwards who weren't allowed to receive this monthly Pension Act benefit if they had served in the special duty area. In 2000, when Bill C-41 was enacted, it provided this benefit to all other serving members, to all other CF personnel. At that point, anyone who had a condition that was attributable to service, although they were receiving a monthly pension, they could receive their pension while they were serving. We know the consequences of this. There was the 2003 ombudsman's report that said, in light of all of this, it's unfair treatment.

I cannot comment on the fairness of this process, but I can say that the premium structure of the SISIP LTD was based on the fact that there are reductions, like the Pension Act, the CPP, the CFSA, and monthly income. All of those are built actuarially into the pricing structure of the SISIP LTD.

It's a long-winded explanation, but there's lots of background that goes into this.

• (1140)

The Chair: Thank you, Mr. Bouchard and Mr. Stoffer. You're way over time, Mr. Stoffer.

I'm now on to Mr. Kerr for seven minutes.

Mr. Greg Kerr (West Nova, CPC): I was prepared to listen to you. I've always thought you were crazy like a fox, and you know that.

Voices: Oh, oh!

Mr. Peter Stoffer: They're one of the smartest animals in the wild too.

Mr. Greg Kerr: Mr. Stoffer and I would probably only agree on the bridging of his Bill C-201. Most other things I think we have a real concern about, including SISIP.

I want to say welcome. We're pleased to have you here today. I know you're aware that we are trying to do this review of the charter to help add some voice to whatever changes may come down the road. Everybody here takes this very seriously and realizes you have all kinds of challenges. My general comment applies to both the military and Veterans Affairs. One of the things we hear more and more as the older vets pass away is that more focus needs to be put on the new vets and that their needs and demands are obviously different. Plus the mentality of all of us has been that when you came out of the Second World War, you just sort of got over it and moved on or whatever, as opposed to today—and I think you put it well,

General—when we have them prepared mentally, physically, and psychologically for what they're going into. I commend that.

I have a general question for all of you. It gets into the transition from the military to Veterans Affairs, and we're looking at what we can suggest to make that a better relationship. We think it's a good one, or many of us do, but we realize there are a lot of challenges.

One of the things we heard when we were talking about pensions was that recruits felt that perhaps the information they received several years ago—in other words, the educational process—was not complete. Maybe start with that. How has that changed in recent times? So there would be not just preparation for the physical and mental, but also for what's going to happen financially, what their responsibilities are, and so on. That was a comment we heard at the very beginning of the charter. Maybe I could start there and ask how that's changed the educational process.

Col Gerry Blais: I think we've come a long way in one specific area. In the last year you've heard through the media, and I believe in the House, about the stand-up of the joint personnel support unit, through which, across the country, we now have centres at all the military locations—19 now, with another 11 to come. In those locations we have co-located Department of National Defence officials who look after all of the needs for transition for those people, the ill and injured. We also have Veterans Affairs teams with us.

When a person receives notice, six months before it happens, that they're going to be released medically, at that point we ensure that the case management for both Veterans Affairs and DND start to work together on the file so that everything is met, so that when the person does leave the CF they have a very smooth transition, and they're well aware of everything that's going to happen to them and for them.

Mr. Greg Kerr: I appreciate that. There is a question that comes out of that. We always hear of Veterans Affairs appeals. I think every MP gets into those when people aren't happy necessarily with how an appeal has gone. Of course we're not allowed to invite ourselves into the process—that's the law, and we respect it—but one of the common comments seems to be about their incomplete files; in other words, their medical files and so on. The onus is really on the military personnel themselves, I assume. They have access to whatever files they want before they're done. That has to be done before they actually leave the service. Is that correct?

Col Gerry Blais: No, not necessarily. Especially with the advent of these new units, we are aware of the folks before they leave, so there's already a relationship there. So if there's anything they require help with, we're there to help them get it. For example, both their medical and personal files go to archives. We are able to access those files from archives for them and assist them in the review and get the documentation they need.

Mr. Greg Kerr: That's a good clarification. So if they were in an appeal process and felt they had incomplete documentation, there would be....

Col Gerry Blais: We'd be happy to help them.

• (1145)

Mr. Greg Kerr: Okay, that's good to know.

Again, on the work in process—I agree a lot of advancement has been made—we were intrigued last year to hear about the.... That's old age, forgetting the term. When they arrive, I think in Turkey, before they come back.... It's the decompression process. Good thing I didn't say decomposition.

One of the things we were interested in and would like to hear more about, because it sounded very good, was the mentoring. With the ombudsman and others we've heard how some fall through the cracks. This is after they've left. Some don't want to come forward. Some don't want to identify and so on. It seemed in that process, if I understood correctly, the retired military member or family were being mentored by folks who had actually been through it for whatever reason. How is that working out?

Col Gerry Blais: That program is called the operational stress injury social support program, or OSISS, for short. We have a network for the military person and another one for their family. So either the individual comes forward and asks for help, or, if we hear through the grapevine that someone is struggling, we will send a person to meet with him. There is that one-on-one relationship. These are not counsellors, by any stretch, but what they do provide with that peer support is the impetus, by saying, “Listen, you have to get to the doctor. You have to take your meds. Let's sit down and get your application for Veterans Affairs filled out.” It's things of that nature. When they hear it from somebody who's like-minded, who's been through something similar, they are much more receptive to starting the process.

Mr. Greg Kerr: Okay. Thank you.

I have a question on SISIP, and I understand we can't get into the process, and we certainly know why. Moving forward as programs are advanced or changed, what do you see happening? What would you suggest we be considering to make an improvement in how the programs interrelate? Is there something we should be considering?

Mr. Doug Chislett (National Director, Service Income Security Insurance Plan (SISIP), Department of National Defence): As an answer, what we need to do is focus on what we have right now. Unfortunately, we have a lot of different organizations trying to attack a lot of different problems all at the same time. So I would suspect, in order to advance the most benefit for the members themselves...under the new Veterans Charter they have excellent opportunities for increased medical and psycho-social support. If that were to be focused on, that could be a great advantage to the members.

SISIP has been doing vocational and long-term disability for an extended period of time—40 years they've been at it. You might want to focus on that as well. So build to your strengths, and eventually down the road, when you've finalized them all, at that point we might look at other alternatives.

Mr. Greg Kerr: Okay. Thank you very much.

The Chair: Thank you, Mr. Chislett, and thank you, Mr. Kerr.

We've concluded the first round. We're on the second round of five minutes, and it's over to Madam Crombie for five minutes.

Mrs. Bonnie Crombie (Mississauga—Streetsville, Lib.): Thank you.

General Kettle, I was quite disheartened by the fact that the chaplaincy program had been cut back in the way it has, a full-time chaplain being eliminated. What were the cost savings that would be realized with the elimination of this position?

Col Gerry Blais: Approximately \$80,000.

Mrs. Bonnie Crombie: It doesn't seem like very much relative to the increases in other areas.

Col Gerry Blais: If I could perhaps clarify, when the program was set up approximately five years ago, it was a joint effort with Veterans Affairs and DND. As we've moved forward, the realization is that the care after release is not a National Defence responsibility; it is a Veterans Affairs responsibility. Therefore, DND is withdrawing from the program, because it's not our mandate to provide that service. But the service is going to be provided by Veterans Affairs. The exact manner in which they're going to do that has yet to be defined.

Mrs. Bonnie Crombie: I hope they consider reinstating on a more full-time basis rather than a voluntary basis, so that the veterans get the kind of counselling they should be receiving, as my colleague has explained.

BGen D.C. Kettle: God bless you.

Mrs. Bonnie Crombie: I have in my hands a report by the ombudsman, André Marin, “Unfair Deductions from SISIP Payments to Former CF Members” from 2003. There was a list of recommendations here, Mr. Bouchard—five of them, in fact. I'm wondering if they've been considered in the changes to the new Veterans Charter or if you've been considering implementing them in the future.

Mr. André Bouchard: Thank you for your question.

Of the five recommendations we have, the last three recommendations you have on the sheet have all been carried out. Some of them were to put all our policies and application forms on the website. There was also a communication through CANFORGEN with bases. That we're doing on a regular basis. The last one was to have kind of a footprint on bases and units. We have 18 offices across this country, so we have planners, counsellors, and insurance reps who do travel also to satellite units, where we don't have an office. We go to all of the IPSCs. So we are very well entrenched with that last point.

With respect to the first two recommendations, of course those two recommendations are part of the litigation we're facing right now. So obviously of the first two, that the Minister of National Defence can authorize the payment to those who were reduced on account of a pension benefit, this has not been applied. That resulted in the Manuge lawsuit. The first two have not been implemented, and we're awaiting the outcome of the decision of the court.

● (1150)

Mrs. Bonnie Crombie: What would be the cost of implementing those two?

Mr. André Bouchard: If we're going back to the ombudsman report of 2003, so that means going back to October of 2000, the cost to implement the recommendations would be well over \$300 million. Those numbers were validated about two years ago. If we go back under section 15.1 of the Charter of Rights and Freedoms to 1985, that cost will escalate to well over \$500 million.

Mrs. Bonnie Crombie: I wonder if, for the benefit of the committee, you might recirculate the recommendations and kind of a briefing note on where we are with respect to each of them and the costing, if possible.

Mr. André Bouchard: Yes, I could do that.

Mrs. Bonnie Crombie: I was going to ask this as well. All of us have difficulty in filling out myriads of forms and applying for benefits. Do the veterans understand the benefits they're entitled to and have any difficulties in applying for them, especially after suffering the types of trauma they have?

Mr. André Bouchard: Maybe this will be a multi-faceted answer, but when we look at SISIP...we're making it very simple for claimants. Essentially we have one application form that deals with the application process. Once we are aware that someone is going to be released for a medical reason, typically up to nine months, the process starts, and within three months...within six months of the date of release, we have the vocational rehabilitation plan, which typically is already in progress, and on the date of release the financial benefits start.

So we have a process whereby as soon as someone makes an application we have all the paperwork that is required. It's fairly simple. As I've indicated, SISIP LTD is entitlement-based, so we don't need to wait for medical records to make a decision. We can make the decision on the spot that this person will become a claimant. On the VRP side, they start the process, and we have someone who has the latitude to make all the decisions related to vocational rehabilitation. So he doesn't have to check with me at every point in the process. He makes a recommendation and he can approve his own recommendation. He has his vocational rehabilitation counsellors who do the same thing, and they can also make decisions on the vocational rehabilitation.

Mrs. Bonnie Crombie: I can see that Mr. Chislett is really interested in jumping in—

The Chair: Five minutes have expired, but I will allow—

Mrs. Bonnie Crombie: Can he respond?

Mr. Doug Chislett: I can be very short.

Mrs. Bonnie Crombie: Talk about the harmonization of benefits with Veterans Affairs and SISIP too, because there's some overlapping and some are complementary.

The Chair: That's great. I think even Mr. Blais wanted to address that question as well.

Col Gerry Blais: Yes. What are the Veterans Affairs forms and the Veterans Affairs benefits now that we have the joint personnel support unit and the integrated personnel support centres? As I said, six months prior to their release they're in contact with Veterans Affairs, within the unit, and we also have staff from DND and the CF to help them fill out these forms and understand what's available for them.

Mr. Doug Chislett: On the SISIP side, about nine months before release, when the member is provided with his disclosure package telling him that he will be medically released, he gets our SISIP package. The application form was developed in conjunction with the OSISS program, so it's specifically designed for individuals who have psychological disorders to simplify it for them.

Once the application has gone through, my staff get face to face with the members and they walk them through it. Once they have filled out the application, we will walk them through all the steps, and since they're assigned one counsellor who stays with them for the duration of their claim—that's no less than two years, and in many cases much longer—they develop a long-term rapport and they act as a sounding board for the client to remain focused and on top of things as things move forward for them.

• (1155)

The Chair: Thank you, Mr. Chislett.

Now on to Mr. Lobb for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you. My first question is for Mr. Bouchard. Do you track, or if you do track, where are new veterans heading for career paths after they move on? I'm just curious if there's any information you track on that, and then I'll follow up with another question.

Mr. André Bouchard: With respect to SISIP financial services, we don't track it per se. Once someone is on a claim, obviously we know where they are because they're active claimants, but once they leave the claim, we're not keeping track of them. But I understand that maybe the CF would have a tracking system to track those veterans after release.

Col Gerry Blais: Again, the stand-up of the joint personnel support unit only started in March of last year with the first nine units, so I can't give you any statistics that are relevant as of yet, but we do actively ensure that we have, for example, the transition assistance program, where we partner with civilian employers across the country. There are more than 300 of them registered with us now, and we have a Workopolis website for our ill and injured who are going to be released, and the employers, so they can gravitate to each other. We now also actively job match to help the guys get work afterwards.

Mr. Ben Lobb: That's really where I was leading to, the partnership with the actual employers to be able to connect the dots and build those networking relationships. Is there anything else on that topic where you would suggest there's an opportunity for improvement? I know certainly if there's some PTSD that's there, there needs to be a certain understanding with an employer, and that is obviously going to impact their success or failure in their first job after getting out.

So are there any trends that you've seen, or any suggestions you can make to the committee that we can get ahead of the curve on?

Col Gerry Blais: There's no doubt that those with mental health illnesses are more difficult to place in employment than those with physical injuries. It's a question of finding the right job. Of course, depending on what the trigger is for your mental health or your operational stress injury, the type of job that you're going to be able to perform will be different. Each solution has to be tailored to the individual. It's a time-consuming process, but the time has to be taken to treat each case individually.

Mr. Doug Chislett: On the SISIP side, we also have a job search assistance program. Essentially we take each individual client and walk them through it. We teach them how to write their résumés and how to do their covering letters. We walk them through job search methods, including interview techniques. Then we set up a targeted job search for them. We liaise directly with the TAP program through the JPSU. We set up targeted job searches based on the information provided in the résumé. We will actually give job leads that go toward that.

We've averaged about 74 clients per month in the program, and since 2006 we've given out more than 30,000 job leads.

Mr. Ben Lobb: That's good, and I think it would be beneficial to the committee, in due course and when you have more statistics behind your success rate, to come back and report some of the successes or some of the opportunities for improvement to the committee.

I have one final question.

It appears from our testimony so far that the relationship with DND and Veterans Affairs is certainly satisfactory, although I'm sure there's always room for improvement. Coming from a small business background, I know there's a lot more red tape in government than there is in small business. From your experiences, could you comment on any improvements that we can take forward or take back to try to eliminate some of the potential red tape there?

Col Gerry Blais: The two departments don't function in exactly the same manner. Veterans Affairs, on the management side, is much more centralized in Charlottetown, whereas DND has a much more decentralized approach, but the two departments are working together. A lot of improvement has happened over the last few years.

There is now something called the VAC/DND steering committee. There the two senior ADMs from Veterans Affairs and the chief of military personnel sit as co-chairs, along with the RCMP. We work together. Every three months or so there's a meeting at which all the issues of concern are raised and discussed. I think that's one forum in which things are getting a lot better. Again, it's two different cultures and two different departments, so overcoming a lot of that is probably the biggest obstacle we still face.

• (1200)

The Chair: Thank you, Mr. Lobb.

BGen D.C. Kettle: Nobody likes red tape, and I believe both DND and Veterans Affairs are making every effort to make this as simple a process as is humanly possible, for the good of the member.

The Chair: As chair, I usually try to stay out of the conversation, but let me just say that I was also on this committee in the 39th Parliament, when the committee began as a committee that was separate from DND; what I'm hearing today is substantially better than what we were hearing before, so kudos to you for the great work you're doing to try to make that transition as seamless as possible.

We'll now go on to the Bloc Québécois.

[*Translation*]

Mr. Vincent, you have five minutes.

Mr. Robert Vincent (Shefford, BQ): Thank you Mr. Chairman. You did say "seven minutes," did you not?

Mr. Bouchard, how long does it take to process a claim?

Mr. André Bouchard: As I mentioned earlier, once we receive all the documentation, we can usually make the decision and put everything in place in a week or two.

Mr. Robert Vincent: You are better than the minister! He talked about four months, and the documents I read also mentioned four months.

Mr. André Bouchard: On our side—

Mr. Robert Vincent: On your side—

Mr. André Bouchard: When it comes to paying out the benefits—

Mr. Robert Vincent: I'm not talking about the payment. The approval has to come first.

Mr. André Bouchard: As soon as someone is released for medical reasons, the case is accepted. That is one of the criteria for automatic eligibility for benefits.

Mr. Robert Vincent: That is to be expected, since the person is leaving the regular forces and will be dealt with by Veterans Affairs Canada so that there is no delay. But there is a delay when it comes to claims. Suppose that the person has been a veteran for two years and goes to see his or her doctor, who makes a diagnosis of post-traumatic stress syndrome and recommends an application to Veterans Affairs Canada.

If such an application is made, how long will it take to process the file and indicate whether the claim has been approved or not?

Mr. André Bouchard: You are talking about veterans. I cannot comment on veterans' files.

Mr. Robert Vincent: You only deal with the regular forces?

Mr. André Bouchard: If the file involves the SISIP, more specifically the long-term disability program, it comes to us. We do an assessment. As soon as we have all the documents in hand, we make a decision. That decision is usually made in two weeks. That does not mean that we receive all the documents quickly.

Mr. Robert Vincent: You should already have those documents, since people who have been wounded in Afghanistan, treated and released are merely changing from one system to the other. You already have the documents and you know the medical history.

Mr. André Bouchard: I understand very well what you are saying, Mr. Vincent. If we have all the documents in hand or if someone has already been deemed eligible for release, it is never a problem.

Mr. Robert Vincent: Very well.

Mr. André Bouchard: It is the files of those suffering from post-traumatic stress syndrome that pose a problem. Those claims often come three, four or five years after the release date, since the syndrome develops over a long period of time.

Mr. Robert Vincent: I agree. That is the thrust of my question.

Mr. André Bouchard: When someone submits a claim for post-traumatic stress syndrome, he or she has always been out of the Canadian Forces for four or five years. So we must have the medical documentation. Through the Canadian Forces' medical system, we will obtain the necessary documents. And if we need additional medical information, we will often get it from Sainte-Anne Hospital. A number of patients at that hospital have suffered post-traumatic stress syndrome. So once we have all the documents, we can approve a claim.

When we approve a claim for post-traumatic stress syndrome for someone who was released from the Canadian Forces five, six or seven years previously, the benefits are paid retroactively back to the date of release. We do not go back one year. People might think that if a claim is approved today, the benefits will start today. In fact, if we approve the claim today and the person was released in 2002, the benefits will be calculated starting in 2002. It is retroactive.

Mr. Robert Vincent: I see!

Mr. André Bouchard: We move that quickly. Once we have the documentation, it goes quickly.

Mr. Robert Vincent: Yes, but what documentation do you need? If the doctor has already made a diagnosis of post-traumatic stress syndrome and sent the documentation with a proper justification concerning the syndrome, do you send the client to your own doctors?

Mr. André Bouchard: No.

Mr. Robert Vincent: No? The doctor's diagnosis of post-traumatic stress syndrome is accepted.

Mr. André Bouchard: When we receive such claims, our doctor at the Halifax office examines the documentation. If he believes that the claim is supported with respect to post-traumatic stress syndrome, the doctor who deals with our files will approve the application.

• (1205)

Mr. Robert Vincent: If that doctor does not give his approval, what happens? Is an appeal possible?

Mr. André Bouchard: Yes, an appeal is possible. If the documentation submitted by the doctor is not deemed to support a diagnosis of post-traumatic stress syndrome, we will need to obtain further information. So it is quite possible that a claim would be rejected on the basis of insufficient medical information. The person can then appeal the decision, and when we receive the necessary medical documentation, a new review will take place.

Mr. Robert Vincent: How long does that take?

Mr. André Bouchard: It takes—

Mr. Robert Vincent: If the claim has already been submitted and the doctor reviews the medical notes provided by the client's doctor and decides that the claim should be rejected, how long will the process take?

Mr. André Bouchard: It normally takes a month or two, not too long... It always depends on the claimant and how long it takes to receive the information we need.

Mr. Robert Vincent: The medical information comes from your service.

Mr. André Bouchard: No.

Mr. Robert Vincent: Yes, since your doctor reviews it.

Mr. André Bouchard: No, if the medical information we have received does not support the reason—say that we are talking about post-traumatic stress syndrome—if the doctor has decided that there is not enough justification to support the claim, we will contact the claimant and ask him for additional information. He will have to go back to his doctor in order to have the additional information sent to us.

Mr. Robert Vincent: Suppose a person...

Are my seven minutes up?

[English]

The Chair: Monsieur Vincent, you're over time now.

I know that Colonel Blais wants to add something to this conversation.

[Translation]

Col Gerry Blais: I just wanted to add... It seems to me that your question deals with benefits for veterans, but that is not our responsibility. We are not in a position to answer those questions: Mr. Bouchard looks after the SISIP. Benefits for veterans, applications and the review process do not come under us.

Mr. Robert Vincent: Very well.

Do I still have any time left? No?

The Chair: Thank you.

[English]

We'll move on to Mr. Mayes for five minutes.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Thank you, Mr. Chair. I'd like to direct my question to Brigadier-General Kettle if I could.

We talk about financial support, and I know how important it is to show that support so they can carry on their lives, but it's the support of the whole person that I'm considering. The whole person, to me, means the physical, emotional, and the spiritual.

The physical actually is the easy part, but the emotional, psychological, and spiritual challenges of a person going through some of those maybe horrific issues are what I'm considering. I just want to give you an example. My father was a Bren gunner in the Canadian Scottish in the Second World War and was one of the soldiers who liberated Holland. It was interesting, through all of those horrific conditions that he went through, the thing that bothers him the most is that he had taken a life and made wives widows and children fatherless. It was a guilt, and I'm proud that he does have that guilt. That shows his humanity.

Is there a trend in the mental health, the psychological, challenges that you're dealing with among our veterans coming out of these theatres that you see as a common thread? What is your approach to addressing some of those issues?

BGen D.C. Kettle: Everybody coming out of theatre has been affected by stress. They're all changed to a certain extent. You're talking about the small proportion who will be suffering from long-term effects of that stress.

I'm going to go back the fact that within the Canadian Forces the training is much better. Having an OSI today no longer has the stigma attached to it that it once had in the past. There's no question about a person's courage, etc. It is a health problem. With that mindset, people are much more willing to come forward to get the treatment they require.

I don't have an answer to the trends. People come out of theatre with a sense of guilt for all sorts of reasons that may or may not be easy for them to live with. We certainly have psychologists. We certainly have chaplains who are trained to address those problems with members if they are proactive or if they have family members who are proactive enough to bring them to those resources to get the help they require.

The problem is when they don't have the support networks, when they don't have the loving next of kin, when they are not capable of being proactive to come forward to get the treatment they require. Those are the people we're attempting to track and to make sure they get the care they require.

● (1210)

Mr. Colin Mayes: That's great. That's part of your network in terms of speaking to people in a faith community so that maybe if a person doesn't have a family, you can bring people to support that individual and administer to them. Is that correct?

BGen D.C. Kettle: Yes, sir.

Mr. Colin Mayes: Thank you.

That's all I have.

The Chair: There's another round as well. Have you exhausted the questions or do you have...?

Mr. Greg Kerr: I could share my time with Mr. Vincent.

The Chair: He's very keen.

Mr. Greg Kerr: I think we talked, certainly, about the mental stress and what's goes on and how difficult it is. One of the areas we have heard some comment about is on how somebody, particularly the new vet, comes out with multiple physical injuries and there's frustration expressed. There's going to be frustration anyway; I don't care how good it goes. This is not an easy thing for people. There's an expressed frustration.

Some feel they have to go through a process many times instead of there being one kick at the can. They think, I'm a veteran and I've been injured, or maybe they're still active military but they're going to be veteran and they've been injured, and they think there should be one-stop shopping, or whatever way they look at it.

How difficult is that to deal with? I'm speaking specifically of multiple physical injuries. How difficult is it to deal with their concerns and their assessment?

Col Gerry Blais: It's never easy. A young man's or woman's life has been changed forever; therefore your perspective is certainly not what it was before you left for your theatre of operations or before

you had your accident. That being said, all of them still definitely have the courage they had, and the approach is to look forward.

I can honestly say I don't know of one of the young men or women who is pitying themselves. They're all looking forward and looking to move on. How can I get through rehab? How can things get better? It's very inspirational for us to watch them go.

Mr. Greg Kerr: Right, and I think we'd all agree with their desire and dedication to move forward. The comments seem to be about the concern about how difficult it is and how long the process takes to get their full assessment done. I think they want to get through it as well. Are ways being looked at that can streamline it or deal with it differently, or is it as good as it can be right now?

Col Gerry Blais: I think we're building on that through, again, the stand-up of the joint personnel support unit. Now that Veterans Affairs is in the same building with us and we're looking at the files at the same time, we're able to get things processed more quickly.

Again, nine of them have been stood up for a year, 11 have been stood up for approximately six months or so, and we have another 11 to stand up. So once that full network is in place, things are going to change dramatically across the country.

Mr. Greg Kerr: I would end on that by saying that the fact they're under way is encouraging, because there have been comments about these facilities being something they're looking forward to getting involved in. So your sense is once they're fully engaged in the process, it will simplify the assessment period.

Col Gerry Blais: We've already seen the difference in those we have established; we're monitoring success stories. There's a comprehensive performance measurement framework, and we are seeing the results already.

Mr. Greg Kerr: It's good to hear it.

Mr. Doug Chislett: Beyond what Colonel Blais has said, from our side of the house, when we're dealing with the clients—I've dealt with clients pre the existence of the JPSU and post the existence—we see a dramatic difference. When we're looking at centres like Edmonton or Halifax, where there are JPSUs, the process is extremely simple. We get connected with them. We don't have to hunt them down. We're able to make a good connection. When you're in some of the more remote areas, it can be much more of a challenge, and we're seeing that change.

● (1215)

Mr. Greg Kerr: Rural is a challenge. We've talked about that at different times. That is a challenge, for sure.

BGen D.C. Kettle: As members of Parliament, you will hear from your constituents from time to time. You'll hear their frustrations. Of course, the process can always be improved.

One thing you must bear in mind is all these people are going through a grief process. Anger is part of the grief process. Anger anathematizes feelings they'd rather not deal with, and that often comes out in terms of frustration. It doesn't always mean the process is flawed.

Mr. Greg Kerr: Yes. Thank you.

The Chair: Thank you very much.

Now on to Madam Sgro for five minutes.

Hon. Judy Sgro (York West, Lib.): Thank you very much. Welcome this morning. Thank you for sharing your knowledge with us as we move on dealing with some really important issues, certainly for all of us and all of Canada.

Brigadier-General Kettle, in response to the issue of suicide, you mentioned that the men and women now are properly led. Between 35 and 40 men have committed suicide in Afghanistan; those are the current numbers we're aware of. That doesn't cover off people we know, former members who are unfortunately committing suicide as a result of their experience in the theatre in Afghanistan.

Can you tell me and the committee briefly, what happens when, as a result of the experience on a particular day when they've lost several of our men and so on, the group comes back to the particular camp? How are they helped to get over what they've just experienced and seen at that moment?

BGen D.C. Kettle: Whenever troops are engaged in combat, following that episode they are debriefed in a proper debriefing session. That can either be handled by a mental health specialist who is available or by a chaplain.

I just want to take a step backwards. Any suicide is unacceptable. If you want to take a look at the suicide rate south of the border right now, which is spiking, we're not anywhere near their ballpark. The reason we're not in their ballpark is that our deployments are six months long. Soldiers, sailors, and air personnel know going in exactly when they're going to return. Our American friends do not have that benefit. We can see light at the end of the tunnel; our American friends cannot. I think we're doing a very good job of addressing the issue of suicides within the Canadian Forces to keep them at the levels they're currently at.

Hon. Judy Sgro: What else could be done?

BGen D.C. Kettle: What else could be done?

Hon. Judy Sgro: What else can we all be doing?

BGen D.C. Kettle: We can continue the process of educating our troops' peers so that they know when people are displaying signs: they're withdrawn; there have been character changes. If your peers are watching you, if the chain of command is watching you, and they are sensitive to the symptoms that at least can be acknowledged as potential signs that you are in trouble, and you get the care you require, we can start to reduce some of the suicides we're presently having. You can never reduce them entirely, because some suicides just happen. No matter what you do, no matter what you have in place, they will take place.

Hon. Judy Sgro: Following deployment of an individual and a return to the base, what kind of follow-up happens to that individual who's just returned from Afghanistan? I'm not talking about the first two weeks. I'm talking about three months later. Is anyone at the

three-month point trying to reach out to an individual who seems to be a bit withdrawn?

BGen D.C. Kettle: I can't tell you the exact month. Within three or four months, they are once again debriefed, every single one of them, by a social worker. Of course, whether they get the help they require very much depends on how honest they are with the therapist. We attempt to at least give them the opportunity to express to us that they're having struggles. Also, they're within a unit, and their units are sensitive to the fact that they've returned from deployment. Their behaviour is being watched for signs that they're having struggles or difficulties. The help is always offered to them.

Hon. Judy Sgro: Mr. Bouchard, talking a little bit about the offsets and so on, I know you talked about how much money it would take to make some of the changes. Are there any discussions ongoing? Recognizing the court issue is not the point, are there any discussions going on about changing the way the current system is working for the future?

• (1220)

Mr. André Bouchard: Currently there is nothing in the works to change the policy to remove the reductions.

Hon. Judy Sgro: You mean the bridging. There is nothing currently in the bridging to change that.

Mr. André Bouchard: That's correct.

Hon. Judy Sgro: On the lump sum payment issue, you mentioned, or maybe it was Colonel Blais, that you explain everything before agreeing to this lump sum payment. We've heard from so many people that they receive \$150,000, or whatever, when they are trying to recover, possibly, from their own injuries, and they go off and spend it. Are there any serious discussions about changing the lump sum payment and putting it into a pension or about eliminating the opportunity for the lump sum payment?

Mr. André Bouchard: This is a Veterans Affairs Canada issue that I cannot answer. I don't know if my colleague is aware of any changes coming to the charter on this one.

Col Gerry Blais: We've had numerous discussions with Veterans Affairs, as I mentioned when I was answering the previous question, about serious consideration being given to looking at how we can do things better for those who are more junior in rank and have very serious injuries. There are a number of options being looked at. Maybe we start with the earnings loss benefits and other things. Perhaps we look at a higher starting salary or things of that nature. There are a number of options being examined. To return to a full-fledged pension system I do not think is being considered at the moment.

Mr. André Bouchard: I may add that to mitigate someone receiving a lump sum amount and spending this amount, VAC offers \$500 for counselling. This is something that members should be taking advantage of. I'm not sure that most members receiving this award will take the \$500 and seek financial counselling or financial planning to determine the best way to handle a large lump sum amount. At SISIP, I can tell you, we have teams in place with financial planners or financial counsellors who could provide this advice to veterans who receive lump sum amounts.

The Chair: Thank you, Mr. Bouchard.

Thank you, Madam Sgro.

Hon. Judy Sgro: Thank you.

The Chair: We're into our third round. The Conservative Party has indicated that they have exhausted their questions, so we'll go directly to Mr. Stoffer for five minutes.

Mr. Peter Stoffer: Thank you, Mr. Chairman.

I have a couple of issues. I just wanted to let you know that we're getting a fair number of calls from people who have left the military and are awaiting their superannuation pension. It takes up to four to six months sometimes, and we hear that there's quite a backlog. Anything you can do to tell those folks over there to speed it up would be very helpful.

One of the concerns we have is that if someone's suffering a physical or mental injury, compounding financial difficulties on top of it just adds that much more stress. Not many people can go for six months without some kind of payment. Is there anything you can do to kick some butt, maybe? As a general, you have the right to do that.

BGen D.C. Kettle: I'm a chaplain; we don't often kick too much butt.

Mr. Peter Stoffer: The other thing is that we just heard from Commodore Yung at the health committee—a really decent guy—about what they're doing to improve mental and physical health services within the military. That's all great, and it's a great improvement from what it was a few years ago, but there is a problem.

I'll take the Stadacona Hospital in Halifax, for example. You're a current service person receiving medical or psychological treatment at "Stad". Now you're medically released. You know longer get to go to "Stad"; you go into the provincial system.

This committee will hear from Lieutenant-Commander (Retired) Heather McKinnon, who is a fabulous doctor. She deals with a tremendous number of veterans and their families on a lot of these medical and psychological issues. The problem is that it's just her. When she leaves, a lot of these people are going to be left with regular doctors who were transferring their patients to her because they don't understand the military or RCMP system.

One of the biggest gaps that I see.... And may I say, along with others, how pleased we are—I know the chair and I have been here for a while—to see the very rapid progress of the coordination between DND and VAC. Congratulations. I know there's more to be done, but that's very good compared to what it was when I was first here.

The problem is that now that they've left the military, they've lost that support system within the military. They're now into VAC, with completely new people and everything else. That's a pretty drastic change. Can you comment on what improvements can or should be done, either from our level or at your level, to have that continuity of service.

Sir, you said that they get one person with them for a long time at SISIP. We don't do that in the military or VAC; you get a bunch of

new people. If I had a problem and I was talking to you for over a year, I'd get to know you; I'd get to trust you. If all of a sudden you're gone and I go to someone else, that's a huge shock. I wonder if you could comment on that, please.

Again, thank you for your service.

• (1225)

Col Gerry Blais: I'm not in a position to comment on that because it's more of a health services issue. Unfortunately, it's outside of my lane.

Mr. Doug Chislett: Sir, I can comment on your first comment before you got onto this point.

Mr. Peter Stoffer: Okay.

Mr. Doug Chislett: You were asking about the wait for the CF pension. The delivery of that pension is based on the exigencies of the service as to whether they have the people in place. SISIP recognizes that this can be a problem. On a case-by-case basis, we will identify that this individual is getting a pension and make an estimate so we can start a SISIP LTD fund and they will have some flow of money while they wait for the pension to come through.

BGen D.C. Kettle: I want to comment that like Mr. Mayes, my dad is a Second World War veteran and he benefits from veterans allowances. Yes, we see different case workers from time to time, but all of them are absolutely stellar. My father has gotten everything that he requires. I realize there's new challenge with our new veterans, but they have quality people there and they provide a quality service.

Mr. Peter Stoffer: I'm not questioning the quality; the question is the number. I don't think there are enough people in the sector—trained psychologists, doctors, etc.—who understand. If we had more, a lot of the problems would be lessened.

Finally, I want to say that Mr. Mayes' father actually liberated my father; I was born in Holland. That's why we wear the liberation pin for May 4. Thanks to your Dad.

The Chair: Well, that was a great friendly bridge.

Now onto the

[Translation]

The Bloc Québécois, for five minutes.

[English]

Monsieur André...not Mr. Vincent?

[Translation]

Some hon. members: Yes.

Mr. Guy André: Very quickly, you said earlier, Mr. Blais, that you were a bit critical of the lump sum payments in certain situations. I would like to hear more from you about the situations where you are against providing lump sum payments instead of monthly benefits.

Col Gerry Blais: "Against" may be a bit of an exaggeration.

Mr. Guy André: Or where you question or criticize this practice.

Col Gerry Blais: There are certain cases where we could perhaps do more. In the case of a young person who has lost both legs, for example, and who has two young children and a wife and who is suffering from post-traumatic stress syndrome, the lump sum payment may not be used as it should be because of the PTSD. In that case, the family may run into problems because the money has been spent. In that kind of situation, it might be preferable to handle things differently. On the other hand, there have to be discussions about what the precise solution or figure should be.

Mr. Guy André: Handling things in another way would mean providing a monthly payment?

Col Gerry Blais: That would be a possibility.

Mr. Guy André: You were talking about people suffering from PTSD. I want to come back to a question my colleague asked earlier. When a soldier, a veteran, realizes after a few years that he is having difficulty sleeping and is suffering from anxiety, that he is dealing with post-traumatic stress syndrome, an assessment is done by a psychologist or a human behaviour specialist. The veteran notifies Veterans Affairs of the situation and the diagnosis is challenged. I am giving an example.

Let us assume that the claim is rejected by the department or that more information is requested. If a diagnosis of post-traumatic stress syndrome is challenged, does the person have to redo his whole medical history and go through the whole assessment process again with someone else?

•(1230)

Col Gerry Blais: That would be a question to ask the Department of Veterans Affairs—

Mr. Guy André: You cannot give me an answer.

Col Gerry Blais: No.

Mr. André Bouchard: I would like to add something. I think that this question was asked earlier. Once a diagnosis of PTSD has been made and it is clear that it is the right diagnosis, it is very often the case that no questions are ever raised. Only when it is not quite clear that we are dealing with PTSD do we ask a few more questions on the medical side. If a clear diagnosis has been made, it is never challenged.

Mr. Guy André: Yes, but on the medical side, you have to put the same questions to the person dealing with the problem.

Mr. André Bouchard: We will not ask the same questions. Once we receive the medical evidence and it is clear that the person is suffering from PTSD, we will never challenge the diagnosis.

Mr. Guy André: The person will not have to repeat his history to another specialist [*Editor's Note: Inaudible*].

Mr. André Bouchard: Absolutely not, if the diagnosis is supported by the written medical evidence. The doctor's report is read but it is not challenged. If we need additional justification, we will ask the client to go back to see his doctor for the missing information. As a general rule, a medical report is sufficient. Once the diagnosis has been established and it is clear that it is the right diagnosis, we will not challenge the evidence.

Mr. Guy André: Thank you. I have a question for Mr. Kettle. Ms. Sgro asked a question, and your answer surprised me a little. I would like you to elaborate on it.

Ms. Sgro talked about people dealing with difficult situations, who might have a tendency to commit suicide after experiencing a traumatic event and who are fragile from a mental health standpoint. You said that when they meet with a specialist after being monitored for a few months, you would know what the true situation was if they were honest. The issue of honesty surprised me. I always thought that when someone was dealing with a mental health problem, it was not necessarily a question of honesty but rather a question of whether he or she was prepared to share certain things or not. It has to do with where a person is at, and that can sometimes be hard to identify. I would like your comments on this matter of honesty.

[*English*]

BGen D.C. Kettle: I perhaps wasn't as clear as I should have been. Every service member sees the social worker three or four months, I think it is, after the deployment. It depends on the person's journey whether they're ready or not at this stage to say to the therapist that they're experiencing these challenges and need therapy to handle the situation. Some soldiers, sailors, and air personnel aren't ready at that stage and they do not want to declare that they have challenges; therefore, there's not a lot that can be done.

Hopefully, though, there's a network of people, both family members and people they work with, who will notice that there have been changes in this person's behaviour and will encourage that person to seek help.

The Chair: Monsieur André, we're way over time now, and I know your colleague is not going to be happy with you.

It's my understanding that probably after the Liberal questions the questioning will be exhausted. I think I can prevail upon the committee to allow Mr. Vincent at least a couple of minutes.

We'll now go to Madame Crombie for five minutes.

Mrs. Bonnie Crombie: Okay. I can even share my time perhaps, if time allows.

I want to ask about the death benefits. I noticed in our briefing notes it said that if death occurs within 30 days after an injury or disease, the veteran receives the amount equivalent to the disability award.

What happens if death doesn't occur for 90 days, 60 days, or 31 days? What's the entitlement?

Mr. André Bouchard: The death benefit you are mentioning is through Veterans Affairs Canada. At SISIP we also have life insurance and we don't have this provision. So once death occurs a claim will be paid, because a member can voluntarily take out life insurance up to \$400,000 on their own. So even if they're killed in an operational theatre such as Afghanistan, we will pay the claim. We don't have an exclusion for a war theatre, so we pay the amount.

This specific question relates to the death benefit paid by VAC, so I cannot answer that question.

•(1235)

Mrs. Bonnie Crombie: Fair enough.

Does SISIP provide physical and mental rehab services to vets after they leave the armed forces?

Mr. André Bouchard: We don't.

Mrs. Bonnie Crombie: Go ahead, jump in.

Mr. Robert Oliphant: The issue of the joint steering committee for veterans and DND was mentioned. At this meeting it was mentioned that DND is cancelling a position on the chaplaincy and hoping that Veterans Affairs will pick it up. It's a small example of some of the problems we see between the two departments. If this were a business or a non-profit agency, one would not cancel a position until a new position was established, or the communication.... Was that brought up at the steering committee? Was there a plan to make that transfer?

Col Gerry Blais: The future of the pastoral outreach program was raised at the steering committee, and Veterans Affairs has agreed to take over the program. However, they've decided to manage it differently than when it was a joint program.

Mrs. Bonnie Crombie: The earnings loss benefit does not count as income, yet it's taxable, and it doesn't contribute to the CPP. Is that correct?

Mr. André Bouchard: The earnings loss benefit is with respect to VAC. It is a taxable benefit.

Mrs. Bonnie Crombie: It's a taxable benefit, yet it doesn't contribute to CPP.

Mr. André Bouchard: That's my understanding.

Mrs. Bonnie Crombie: Because it doesn't count as income, it does not contribute to your CPP, but it's a taxable benefit. That's for clarification. Thank you.

The Chair: We'll go to the final questioner, who is probably most happy about this.

Mr. Vincent.

[Translation]

Mr. Robert Vincent: Thank you, Mr. Chairman.

I am lucky because I get all the remaining time. I would like to come back to the topic of suicide, which interests me.

Mr. Kettle, are you aware of the study involving 8,000 soldiers carried out at the University of Manitoba and dealing specifically with suicide?

[English]

BGen D.C. Kettle: No.

[Translation]

Mr. Robert Vincent: There are two findings in it that stand out.

The first is that people in the regular army do not complain about post-traumatic stress problems because they might jeopardize their advancement by revealing that kind of information.

Within the regular forces, that is what we hear and what I have seen in the reports. If soldiers reveal the fact that they are experiencing or have experienced post-traumatic stress, they will not move up when advancement opportunities come.

Are you aware of that, and is it possible that military personnel do not talk about PTSD for that reason?

[English]

BGen D.C. Kettle: I can honestly say there was a time when that was accurate, but I believe that was 10 years ago. I believe that soldiers, sailors, and air personnel may hold the idea that if they address their stress problems there will be problems for them as far as advancement in their careers. But I do not believe that is the case any more. I think that's more a problem with people's individual beliefs and trust in the system, so I do not believe it's a factor today.

[Translation]

Mr. Robert Vincent: I want to say that what I am talking about is something that I read recently. Moreover, the regular forces should do more in the way of medical monitoring of people coming back from an operational mission.

The University of Manitoba study, for example, points out that witnessing atrocities, murders or serious injuries doubles the risk of someone wanting to commit suicide. That means that soldiers in an operational setting who see someone get killed or dismembered are twice as likely to commit suicide. The risk is four times higher if personnel have killed or injured another person.

If the risk is doubled when someone witnesses that kind of situation and quadrupled when the person is responsible for the death or injury, it seems to me that the Canadian Forces should be questioning those people to see whether they are suffering from post-traumatic stress syndrome. We do know that there have been some 50 suicides over the past 3 years.

What is your view?

• (1240)

[English]

BGen D.C. Kettle: I'm not sure I followed the question closely enough to respond. I'm sorry.

[Translation]

Mr. Robert Vincent: The risk of suicide is twice as high in cases where people witness someone being killed or dismembered in a theatre of operations and four times as high when people kill or injure someone.

Is there any medical monitoring with respect to post-traumatic stress syndrome, since we know that a number of people have committed suicide following an operational mission?

[English]

BGen D.C. Kettle: Of course, when people have been in situations like that where post-traumatic stress disorder is more of a likelihood, we're going to watch them more carefully and make sure they get the care they require.

I'm sorry there's not a doctor here to address your question. I'm a chaplain.

[Translation]

Mr. Robert Vincent: I understand, but you talked about honesty earlier, when you answered the question. Military personnel need to be honest. You have experience in this area and people speak to you confidentially.

Does your rank enable you to tell the senior command in the Canadian armed forces that there needs to be more monitoring given the suicide rate in the Canadian Forces?

[English]

BGen D.C. Kettle: No.

[Translation]

Mr. Robert Vincent: Thank you.

Mr. Bouchard, if I have correctly understood how the benefit system works, personnel who are injured in a theatre of operations are initially entitled to a lump sum payment and then 75% of their earnings for an indeterminate period. Even though they are entitled to rehabilitation services, in the event they do not find employment following rehabilitation, they will always receive 75% of their earnings.

You said that there were at least 20 companies—I do not remember the exact number—that employed people who had been injured in order to facilitate their reintegration into civilian life. According to a document I read, between 12 and 20 people have been placed as part of their reintegration.

Even where former members of the Canadian Forces receive 75% of their earnings for 10, 15 or 20 years, they still are entitled to a higher income, since they would have advanced to a higher rank with time if they had not been injured. So there would have been regular increases in their earnings, in addition to the cost of living increase.

What is done to help people reintegrate into civilian life when they no longer have those benefits?

Mr. André Bouchard: You raised several points. First, it was the disability award, which is a lump sum payment. These people will come to see us when they are released from the Canadian Forces. Anyone who has not been released from the Canadian Forces cannot receive benefits.

For a person who has been released, the amount is 75%. The amount is indexed to the cost of living. This does not take into account any promotions that a person might have earned.

Mr. Robert Vincent: No?

Mr. André Bouchard: No. As far as we are concerned, it is strictly 75% indexed to the cost of living. Someone who has remained in the Canadian Forces can be released upon retirement with the rank of master warrant officer or chief warrant officer. Naturally, we do not consider how the person's rank changed. We begin with an amount of money. This is how that person will evolve.

When a person comes to see us, naturally, the first thing to do is to find out whether they are able to readapt to a new profession. Therefore, the person will have a program of study to enable them to return to the job market, but with a well-paid job that really is well paid. We do not expect a person to return to the job market to go to work at McDonald's. At least, they need a job that will allow them to keep up a good standard of living.

Despite all the programs that we have implemented, it is still more attractive for a person to go back to the labour market instead of remaining tied to a program of benefits that only provides 75% of the wages at the moment of release from the forces. There are very clear advantages in wanting to go back to the labour market. With all that we are doing, most of these people do not want to remain tied to these benefits for a period of more than two years. The vast majority want to go back to the labour market. There are incentives: training, educational programs that we provide for them and the possibility of going back to university or college. There are various programs that allow them to keep up a good standard of living once their benefits are exhausted.

• (1245)

Mr. Robert Vincent: How much do they get paid?

Mr. André Bouchard: It depends. They get paid 75% of their wages. For a sergeant, a captain or a major it can amount to \$5,000 or \$6,000 a month. It's based on 75% of the wages the person was earning at the time of their release.

[English]

The Chair: Thank you very much, Monsieur Bouchard.

I'd like to say on behalf of the committee a very heartfelt thank you for the service you give to our veterans. I'll also take the liberty of saying an even greater thank you to Brigadier-General Kettle and Colonel Blais for what Mr. Stoffer pointed out. Of course, I can't discuss the details because they were in camera, but we had two extremely emotional meetings in the 39th Parliament, with those who suffer from post-traumatic stress disorder, about their concerns, and you've addressed the vast majority of them. So I'd like to give you a hearty thank you very much for your service.

Some hon. members: Hear, hear!

The Chair: Committee members, the clerk tried but was unable to get witnesses for the next meeting. So unless there's some other business that you want to deal with, our next meeting will be next Tuesday.

The meeting is adjourned.

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