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Chair

Mr. David Sweet

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• (1110)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Ladies and gentlemen, welcome to the sixth meeting of the Standing Committee on Veterans Affairs.

I will introduce the witnesses in a moment, but I'd just like to tell members that we'll reserve 15 minutes at the end for business. We agreed in the last meeting that we want to review the schedule again. That will be distributed to you later. As well, you will be getting new documents for the notice of the meeting today. I think the wrong ones were distributed.

Now I'd like to welcome Chief Superintendent Alain Tousignant, as well as Inspector Richard Boughen.

Do both of you have opening remarks?

Chief Superintendent Alain Tousignant (Director General, Workplace, Development and Wellness, Human Resources, Royal Canadian Mounted Police): No, just me, sir.

The Chair: Okay, Chief Superintendent. Please go ahead with your opening remarks, and then we'll go to the regular rounds of questioning.

C/Supt Alain Tousignant: Good morning, Mr. Chair and members of the committee. Thank you for inviting the RCMP to appear before you today.

I would like to introduce Superintendent Rich Boughen, the acting director general of occupational health and safety, who is with me today to answer questions on policies and programs.

The RCMP is the largest police force in Canada. Our police officers make up the bulk of our workforce, with over 19,000 regular members. Most of our police officers diligently carry out traditional police functions. We want nothing more than to protect our members from all potential risks, but no one can predict every possible factor that could negatively impact on operations and ultimately on the health of our police officers.

[Translation]

In the tragic event of a member suffering a workplace disability, the RCMP has established a number of programs and services to assist the member. As part of these programs, we make available the opportunity for disabled members to transition to civilian life or reintegrate into the workforce and continue to contribute to the organization while receiving essential care and treatment.

When it is confirmed that a member has suffered a work-related disability, financial compensation for the loss of quality of life is

available pursuant to the Royal Canadian Mounted Police Superannuation Act and the Pension Act. These could be considered the RCMP's equivalent to a workers' compensation plan.

[English]

The Pension Act is administered exclusively by Veterans Affairs Canada. The compensation is based on the extent of the disability and family circumstance, as assessed by medical evidence, and paid in accordance with rates set out in the act.

As of March 31, 2009, the RCMP had 8,087 individuals receiving a disability pension. The average age of an RCMP disability pensioner is 58 years, while the average of those still serving is 48. Under the Pension Act, disability pensioners receive a monthly disability pension for life.

[Translation]

In 2006, the RCMP was extended an invitation to join the New Veterans Charter initiative undertaken by Canadian Forces and Veterans Affairs Canada. At that time, the RCMP sought to conduct an analysis to determine how the proposed benefits would meet the needs of our RCMP disability pensioners.

The RCMP, including a member of the Staff Relations Representatives, worked with Veterans Affairs Canada and the Office of the Superintendent of Financial Institutions to analyze and compare both the financial aspects and the support available to RCMP disabled members with those offered under the New Veterans Charter. The analysis included a needs assessment survey, interviews with stakeholders and review of literature.

[English]

The comparative analysis revealed that the RCMP already enjoyed many of the benefits and services introduced in the new veterans charter and, due to a difference in organizational and disability pensioner dynamics, did not require certain other benefits being offered.

Since then, the RCMP, in collaboration with Veterans Affairs Canada, has implemented a transition interview pilot and entered into partnership with Canadian Forces and Veterans Affairs Canada to address the mental health needs of RCMP employees through access to established operational stress injury clinics. The RCMP continues to examine additional areas for improvement and ways to support disability pensioners. The RCMP and Veterans Affairs Canada continue their long history of joint initiatives with the transition interview pilot and other collaboration.

[Translation]

Not only is it the RCMP's responsibility to take care of its employees, but it is also the right thing to do. We continue to work to ensure members are provided with appropriate coverage in the event of a workplace incident and that those receiving disability pensions also receive care through our many programs and services.

[English]

In conclusion, the RCMP takes seriously the matter of work-related disability. We are satisfied that our members are adequately protected in the event of such occurrences. As a proactive organization, we continue to monitor how we're meeting the health and safety needs of our members. The RCMP's challenge is to evaluate ways to best serve its disability pensioners as demographics and trends related to certain pension conditions evolve.

Thank you.

• (1115)

The Chair: We will go now to the Liberal Party for questions.

You have seven minutes, Mr. Oliphant.

Mr. Robert Oliphant (Don Valley West, Lib.): Thanks to both of you for being with us today.

As you know, we are undergoing a study of the new veterans charter. Your presence actually prompts the question about your not engaging in the new veterans charter. It's kind of an unusual discussion we're going to have. Most of the groups who have come here have talked about what it's like to have been included in it.

I want to push a little bit into the analysis of two areas. Your remarks were focused positively on the programs you already have to ensure that those benefits and that care are extended to your members, such that it was not necessary to have the new veterans charter. I also want to ask if you felt there was something missing in the new veterans charter that caused you to not want to be a part of it. We're trying to improve the new veterans charter, so if there's some analysis in that needs analysis...

I'm going to admit I've not read everything my staff has given me on your analysis of this. I've got a pile of paper. I will read it afterwards to make sure I'm up to date.

I want to give you a chance to talk both about what you are doing—we can get into PTSD and OSI at some point if we want—and about what is not in the charter that could have prompted you to be in it.

C/Supt Alain Tousignant: I'll provide a quick overview, then I'll turn it over to Inspector Boughen to provide more details.

Back in about 2005-06, the RCMP conducted a thorough analysis of the new veterans charter to try to determine if we should adopt it and work with it. The conclusion that came out of the analysis, which was done in conjunction with the work done with the OSFI, was that the system and benefits we presently have meet the needs of RCMP members. The Canadian Forces employees and mandate are somewhat different from those of the RCMP, so our needs are different.

Based on those analyses, including over 1,500 surveys and interviews with people receiving the benefits right now, and having run numerous scenarios on the financial aspect of the benefits, it was determined that remaining with the program we had better met our needs. I'll ask Rich to provide some more details.

Superintendent Rich Boughen (Acting Director General, Occupational Health and Safety Branch, Royal Canadian Mounted Police): Does that answer where you're going or do you need more details of the actual scenarios that were run?

Mr. Robert Oliphant: The scenarios might be helpful, but they may be too detailed for a quick answer.

Following up on that, did Veterans Affairs consult RCMP about your programs that maybe were better than what they were putting into the new charter? If we're trying to improve the new veterans charter, maybe the RCMP has some models that would actually help veterans.

Supt Rich Boughen: I think it's important to know that Veterans Affairs is the one that administers the Pension Act, so anything that our members get under the Pension Act, they already have. It's one and the same for that aspect.

Here's what we found in running the scenarios, which were in simple terms. If one of our members had a disability of a certain percentage, was a certain age, and had so many kids, with a whole bunch of variables added in, how did that compare to what the new veterans charter would come out with? We were looking at the end goal of the equation. We did 20 different scenarios, and 19 times out of 20—in 95% of the cases—what we presently have—and had at that time—served our membership better.

That was because of our specific demographics, as Chief Tousignant talked about. Typically, our members are retiring or releasing at an older age. At that time, we were using duty to accommodate where the military wasn't so we could hang onto our members longer and find meaningful employment from within the ranks. We were also able to care for them while they were still there.

The things we were able to offer under the Pension Act suited our needs and presently suit our needs. We haven't been informed of any recent changes that would make us look again at the new veterans charter and take the time and effort to re-examine those scenarios.

•(1120)

Mr. Robert Oliphant: So there are two things and one is financial. We may come back to you to ask for some help in looking at those scenarios to see if they may apply to veterans, even with a demographic difference.

On the soft side, the new veterans charter has the two halves. One has to do with financial compensation for disability, the lump sum payment, and then its dovetailing with the Pension Act. The other is the soft side on care, rehabilitation, and all of that. Did your analysis also include that set of options under the new charter?

Supt Rich Boughen: Yes. Because we release at an older age, the softer things like re-education—vocational training or whatever kind of training—really didn't apply to us. Because our careers are longer and in a lot of cases very diverse, a lot of skills are picked up. When members are released, they have a lot of baggage from which to draw to get different employment outside.

As for when they're injured and are still part of the RCMP, we are able to provide the necessary care under our health benefits. Whether it's a prosthesis or some kind of assistance to make them get better, it's done. We do that upon retirement as well. Even though they're released, we still pay for their prostheses and hearing aids and that kind of rehabilitation.

The Chair: Thank you very much, Mr. Boughen. That's right at seven minutes and four seconds.

Monsieur André, pour sept minutes.

[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Good morning. I am glad you are here today.

I have some questions that are a bit general. We have already met with a number of Veterans Affairs officials. From a military perspective, they talked to us about the levels of post-traumatic stress syndrome. They described the various situations that cause members of the military to suffer from PTSD while on missions. Since you are an RCMP official, I would like to hear more about situations that cause PTSD and the services that are currently available.

In addition, we heard statistics on members of the military who suffer from post-traumatic stress syndrome. The percentages were quite high. Do you have any statistics or percentages on RCMP members suffering from PTSD?

In your overview of the options, the advantages and disadvantages of the Veterans Charter, it talks about the disability and lump-sum payment. It says that moving to a lump-sum award will be seen as a loss to many members of the RCMP. That issue of the lump-sum payment in the Veterans Charter is something that we, the committee members, are interested in right now. Could you tell us about the disadvantages you see as compared with your current disability pension?

C/Supt Alain Tousignant: I will say a few things on that.

When you talk about post-traumatic stress syndrome, you have to go back in time two or three years. That is when we really started getting a sense of how big the problem was, recognizing the signs and ways of perceiving the problem. As I mentioned in my opening statement, we now have a joint program with Canadian Forces. It is a

pilot project to identify these individuals and get them into a phase of treatment. That is what is happening right now with that situation.

Rich, can you add to that?

•(1125)

[English]

Supt Rich Boughen: When talking about PTSD, as Chief Tousignant said, only within the last little have we really understood that although PTSD and operational stress injuries have been identified within the Canadian Forces and other military, those types of symptoms are also very prevalent in policing. Although there isn't a lot of research done on it, some of the preliminary evidence shows us that the symptoms exhibited in PTSD, such as sleep disorders, addictions, depression, and anxiety, those types of things, also occur because of issues around what's called "compassion fatigue".

Compassion fatigue comes from dealing with the unfixable suffering that police officers in general—not just the RCMP, but police officers everywhere—are confronted with on a day in, day out basis. Those symptoms may not reach the level of PTSD where they can be identified as that disorder, but they're very real, and we have several members who are dealing with them. On top of that, there are situations within the policing world where people are confronted by very dangerous and deadly situations, where the traditional PTSD—if I can say that—would exhibit its signs and symptoms.

As the chief talked about, we are in collaboration with the Canadian Forces and VAC on the joint network of operational stress injury clinics. Without getting into too much detail on that—they're not run by us, so I don't want to overstep my boundaries—they offer programs to help people through those tough times. They help them with depression, anxiety, and those types of things.

On top of that, we've also completed two pilots looking at restoration, education, and development. It's a resilience-based type of program for our police officers who are in very specific situations. The first pilot was for traffic analyst reconstructionists, who deal with the death and destruction of traffic crashes. The second one was for forensic identity specialists, who go to horrific crime scenes.

They're not necessarily in harm's way, like the military on the front lines, but they experience these compassion-fatiguing incidents day in, day out as part of their duties. We're just realizing that those things take a real toll on the human soul, so we're looking at that. We've had great preliminary results.

[*Translation*]

Mr. Guy André: Thank you.

I want to hear about your hesitations in terms of joining the New Veterans Charter program and the lump sum.

C/Supt Alain Tousignant: Currently, the minimum base pay at the RCMP, as soon as officers enter the force, is higher than that of the Canadian Forces. I do not have the figures, but typically in the RCMP, for someone starting at the first level, the officer level, the annual starting pay is around \$77,000. And obviously there are increases in the pay scale.

Take, for example, someone who stays with the RCMP and who receives compensation. In our studies, we analyzed the scenarios that Mr. Boughen mentioned. From a financial perspective, the numbers were very clear. In 19 out of 20 scenarios, the financial benefits we have right now do a better job of meeting our needs than those under the New Veterans Charter.

Mr. Guy André: You mean the pension for life.

C/Supt Alain Tousignant: Yes.

Also, one of the key advantages is that if the member dies, the person surviving them continues to receive a certain percentage of the compensation.

What all this means at the end of the day is that it was important for us to keep the program we have now. At that time—we are talking about 2006—it was important not to join the New Veterans Charter.

• (1130)

Mr. Guy André: From that perspective.

C/Supt Alain Tousignant: Yes, from that perspective.

Mr. Guy André: Thank you very much.

[*English*]

The Chair: Thanks, Chief Superintendent.

Just for clarification, because I saw that a couple of members had some concern, did you mention a starting salary of \$77,000?

C/Supt Alain Tousignant: Approximately, yes.

Supt Rich Boughen: That's for the top level.

C/Supt Alain Tousignant: Oh, sorry. Yes, that's the top level.

The Chair: That's top level?

C/Supt Alain Tousignant: Yes.

The Chair: We had some people over here reconsidering their careers.

Some hon. members: Oh, oh!

The Chair: Now we'll move on to Mr. Stoffer for five minutes.

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

I couldn't help but notice that I'm wearing the RCMP tartan tie today—

C/Supt Alain Tousignant: I noticed.

Mr. Peter Stoffer: —which is just kind of ironic.

As well, on behalf of our committee, as I did before, I want to offer our condolences on the loss of your two heroes who were in Haiti serving our country.

C/Supt Alain Tousignant: Thank you.

Mr. Peter Stoffer: As well, Mr. Chairman, I had the privilege of hearing these gentlemen, along with others, at the health committee a couple of weeks back, and I highly recommend that we get that testimony from the committee Hansard for all of us. It was really quite moving. It was pretty good.

Gentlemen, I have a couple of things. Just to simplify it, is it still the status quo that the RCMP in general do not wish to be part of the new veterans charter and keep their own separate identity in that particular regard? Am I correct in saying that?

C/Supt Alain Tousignant: In all of the work that we did, the analysis, it was decided that we would stay and not take part in the new veterans charter.

Mr. Peter Stoffer: Okay, very good.

Now, as you know, sir, a fair number of us have been getting e-mails from various RCMP officers who are retired and are looking for the veterans independence program, or VIP. It's quite helpful for veterans and their spouses, especially widows and widowers; I think not enough get it, but that's a debatable point.

The reality is that a lot of RCMP officers are looking for this. I'm just wondering if you have had those conversations at your level, and if indeed it may be something we see, or if those conversations are happening now.

C/Supt Alain Tousignant: There are ongoing discussions and there's work involving the RCMP and Veterans Affairs Canada to examine the benefits provided to the members. Because of the ongoing discussions and the work being done on that topic, I'm not at liberty to expand on this, but there is work taking place.

Mr. Peter Stoffer: Thank you.

I know that I've mentioned this to you once before, but I just want to give you the scenario of what we've heard in our committee about Roddie O'Handley, an RCMP veteran who was disabled out of the RCMP. He received 64% of his annuity. Because he is entitled to 75%, Great-West Life topped it up by 11% for two years. At the end of those two years, Great-West Life stopped their payment and he was told that he had to apply for Canada Pension Plan disability benefits, which he did and he received.

But he got it in a lump sum, because it's retroactive to the day he left the RCMP. The first call he got after he got the cheque was from the RCMP annuity branch, which was saying that he owed them over \$11,000 because of the benefit reduction. The second call he got was from Great-West Life, which said, "That 11% top-up? You owe us back all that money." It cost him a couple of thousand more than he actually received from CPP. For being disabled out of the RCMP, he actually lost money.

Then, what he didn't realize—it was probably somewhere in a book he received, but he didn't read it—was that when he turns 65, the Canada Pension Plan disability stops, and he goes on a lower CPP amount, which is deducted from his annuity. So he loses money once again.

I find that very frustrating on his behalf. I know it's not your issue to deal with. I just wanted to point that out: this is an anomaly that happens to disabled members of the RCMP as well as the military. Can you give us any advice on how we can correct that? Because my belief is that when you're disabled, that's when you need that higher income, to pay for additional medicines and treatment you may have, and other things that others who normally retire wouldn't have to face. I just point that out to you because it is a problem.

I just got another one like that from Victoria today. It's the exact same thing. It is frustrating for them. I'm just wondering if you could comment. If you can't, I appreciate that. I just want to let you know about this.

C/Supt Alain Tousignant: I appreciate hearing about these cases. I think they may warrant more discussion.

But as far as this case goes, it's very hard to comment on it based on just the information you provided. As you know, these types of situations are very complex when dealing with the pension and dealing with what they're getting for disability, especially with the CPP and its reduction. They're very complex issues to address. It would be unfair for me to even try to address the situation without having the whole situation in front of me.

• (1135)

Mr. Peter Stoffer: I appreciate that.

I want to thank both of you for your service as well.

C/Supt Alain Tousignant: Thank you very much.

The Chair: You have another minute, Mr. Stoffer.

Mr. Peter Stoffer: Oh, okay. Gee, this is rare.

Very quickly, one of the things the new veterans charter does, which I think is very good, is focus on the family. They work through the military family resource centres, etc.

I'm asking this question, and I don't know if you can answer it. Does the RCMP have something like RCMP family centres across the country, like the military does? The veterans charter really focuses on the family, the children, educational opportunities, etc. Would that not be something the RCMP and their members would want to look at in a favourable sense as well?

Supt Rich Boughen: We have the member employee assistance program, which is not just for the members, but also for the families. It's not a counselling service, but it is a referral service through which we can send people to different areas they need. We don't have a family counselling centre as such, which would be a great idea.

As well, our world is very different from the military's. The military is fortunate enough to have certain bases throughout Canada. They have actual physical structures where they can place something, which is great, so those become hubs. For us, we have, I believe, over 800 detachments throughout Canada. Logistically, it

would be very tough. We realize that it is an issue for families to be better supported, but we aren't there yet.

Mr. Peter Stoffer: Thank you.

The Chair: Thank you very much.

Now we'll move on to Mr. Kerr for seven minutes.

Mr. Greg Kerr (West Nova, CPC): Thank you very much, Mr. Chair.

Welcome. We're very pleased to have you here today.

You can tell that we're searching for things we can ask on how we use the charter, and I do believe it was accidental that Peter had that tie on today—

Some hon. members: Oh, oh!

Mr. Greg Kerr: I was going to start somewhere else, but I would like to continue with what Peter raised, because over and over again we talk about those who somehow don't quite fit, who fall through the cracks, who run into ineligibilities, or who have to do repayments, and so on.

In general, though, in individual cases, what's your process for dealing with people when you come up against that and you are faced with the kinds of things that Peter was raising? How do you approach those kinds of things?

C/Supt Alain Tousignant: I'll pass it on to Rich for a second. I don't know if we have a specific process outlined for these types of situations. As situations are raised to the divisional level, they're looked at on their own merit. As I explained, these processes are very complex when you start dealing with pension annuities, disability, and CPP. They start to be about numbers and they're extremely complex to address.

As far as I know, Rich, we don't have a specific process to address them.

Supt Rich Boughen: That's correct. On cases like those Mr. Stoffer was talking about, these tragic one-offs that occur, we don't have the capacity to build a system that's 100% foolproof.

Mr. Greg Kerr: Okay.

Supt Rich Boughen: So what tends to occur is that it comes to someone's attention, whether it's an MP or a senior RCMP official within a division, and then at some point our chief human resources officer would likely be contacted. That would come back to the appropriate director general, whether that would be me, if it involved a health area, or compensation.

We would then try to do analysis of what had occurred, for lessons learned, but also to be able to solve the specific problem. That has occurred, not necessarily for pension issues, but for other issues within our organization.

I don't foresee us having a process that will be 100%. But we're always open to assisting people who are in need if we can or, at the very least, looking at their issue.

Mr. Greg Kerr: I might be raising this for a slightly different reason, but it ends up in the same place; that is, part of our review looks at the fact that under Veterans Affairs, on the military side, there's a quasi-judicial appeal process for a number of issues that come up. It's very much at arm's length and is not done within the department. I don't know if that's helpful, and that in itself does not solve all the problems, as we heard. If I understand you correctly, it's probably, by choice or by design, better to deal with the individual cases, as opposed to having a set process.

● (1140)

Supt Rich Boughen: Yes and no. It would really depend on the issue. For example, the process within Veterans Affairs adjudicates our disability pension. We already go through them. They have the ability to appeal a decision and to be reassessed for a different issue. There's already that. The things that we hope would come to us, potentially, would be those one-offs that don't fall under the VAC mandate and don't fall under CPP or Great-West Life. Yet there is still somebody who has an issue. That's not saying that we would be able to solve it, necessarily, but we'd be able to look at it, learn from it, and assist when and where possible.

Mr. Greg Kerr: Okay.

As I say, it's difficult for a group of lay people who, at the end of the day as parliamentarians, are kind of struck with the obligation of trying to recommend improvements. We don't want to end up making suggestions that are going to make it more difficult. That's why I was trying to probe a little bit on that.

In a general sense when we talk about occupational stress, under whatever title.... I had a chance to talk to a former officer and I got the sense that it was five years after he was at one horrific accident that he didn't seem to be able to get out of his mind...because of the nature of it.

When the military faces situations, we say a lot of times that it may be more physical as well. But what is the pre-training, if you like, that goes into it when you head out there? It's not something standard—here it is in the book, by the way—because I'm sure that every circumstance is different. What training and follow-up go on, particularly for a horrific incident?

C/Supt Alain Tousignant: In certain specialized areas, it's the force policy that our members, our employees, receive briefing and counselling before they enter the specialized sections, during their service, and also after they leave to make sure that the follow-up is done. This is done on a continuous basis in some highly specialized areas where they're exposed to these types of situations.

Rich, I don't know if you want to....

Supt Rich Boughen: Yes, sure. What the chief is talking about are our child exploitation units and traffic reconstruction units. They're people who see the really, really tough stuff all the time. We also do psychological screening prior to applicants being accepted into the RCMP.

One of the blind spots that I think a lot of organizations have is that there's not a lot known about how certain individuals obtain an operational stress injury. Some people do; some people don't. Some people went through horrific incidents in the wars, for example, and came back and didn't exhibit any signs or symptoms of that. There's

a lot that is still being learned about this. There's a lot of research that needs to be done that is police-specific.

Among the things that we know can assist are things like debriefings after a critical incident: after a police shooting, whether there is a police-initiated shooting or a police officer is injured; after a horrific traffic accident; or if there is a major file that has a lot of potential to do psychological damage, meaning that it's a very emotionally tough file. We can do a debriefing.

It's not necessarily an in-depth psychological intervention. It is an opportunity for a like-minded group of individuals, a homogenous group, who have all been through the same thing, to get together to discuss certain aspects of what went on, notwithstanding the fact that there may be a criminal investigation or some other kind of investigation. It's not to go over facts. It's to go over the incident and the emotional reaction; it's not a play-by-play of what you did versus what I did for a criminal process.

● (1145)

Mr. Greg Kerr: Thank you. My mic was turned off, so I guess my time's up.

The Chair: Thank you, Inspector.

That's correct, Mr. Kerr. You were over your seven minutes.

Now we're going to a second round of questioning of five minutes.

We'll start with Madam Sgro.

Hon. Judy Sgro (York West, Lib.): Thank you very much.

I'm very pleased to see you again. Thank you for coming out this morning.

I have a couple of questions.

We have a report in front of us from the RCMP, a needs assessment, that was done in June 2006. I'm sure you're familiar with the report. I was reading through it when I was doing the comparison with the charter and so on. One of the comments is, "By its very nature, the current approach encourages unwellness, inhibits early intervention and is not conducive to the successful transition to civilian life...".

I'm sure that those of us who received this report would have been quite alarmed by it and, frankly, would read with sadness that you still have those issues. Where are we today in response to this report? Can you comment on it or would you rather a different line of questioning?

C/Supt Alain Tousignant: I haven't read the report, so for me, it's very difficult to comment on it.

But as I think I explained earlier, when the initial study was done on whether we should enter into the new veterans charter, as a sample, about 1,500 veterans were surveyed. But that dealt mostly with people who had retired. The survey did not extend to serving members. To give a little context, I think it was mostly people who had left the RCMP. Included in that were some members who unfortunately were severely disabled.

Concurrent to that and shortly thereafter, there was the analysis of the 20 scenarios that Superintendent Boughen talked about. If we were to go with the new charter, where would it go? Based on the two elements, it was decided by senior management at the time that we would continue with what we had. Obviously, there's enhancement. The work has to continue to improve the benefits and meet the needs of the employees.

Hon. Judy Sgro: Well, there are several recommendations in this report. Again, I realize that you're here for a different reason, but I would really appreciate getting a response to these recommendations. It was done in June 2006. There are four recommendations that I think are in some ways relevant to what we're doing here. If you could get the department to let us know where those four recommendations are as far as being introduced, I think it would be helpful.

On the case scenarios, you said that you did 19 out of the 20.

Supt Rich Boughen: That's correct.

Hon. Judy Sgro: You felt that it was far better to stay where you were—and where you are now—get the improvements that were necessary, and not join the charter. Are there any areas that you have and that you think we should borrow from to add to the charter and make the charter stronger?

Supt Rich Boughen: That would be really tough for me to answer, because since 2006, when the organizational decision was made by senior management to not go the way of the new veterans charter, we haven't analyzed it. It would be outside my field of expertise to comment, and I would dare to say that those within the organization have probably not looked at it since 2006.

Hon. Judy Sgro: On the issues to do with PTSD that my colleague was asking about, I can't imagine that anyone who goes through a particularly horrific scene here in Canada or in Afghanistan or wherever ever comes back as the same person he or she was prior to that incident.

There must be a lot of it in the RCMP where it's not visible. It's invisible stress. In front of colleagues, you're going to see the person who is supposed to be there. At home or away from the service is where the effects of PTSD are probably playing out. From what I hear, they're trying to be very sensitive within the military. What are they doing on those issues in the RCMP?

C/Supt Alain Tousignant: I'll make a quick comment and then Rich can respond.

I think one of the issues we're faced with is that we still have to break down the walls for people to feel comfortable when admitting that they need assistance, that they need help, and that they need somebody to walk them through this. We're very much aware that it's still very difficult for people who live in an environment where it's difficult to do that.

We've created a senior position, which I actually started in today, of workplace development and wellness officer. Part of my role is to define what wellness means for us as the RCMP. When we talk about wellness, it's to define it physically and mentally within the work environment and to try to break down those walls so that we can recognize the people who have faced dramatic situations and need some intervention.

Unless we identify those people, and unless it's culturally acceptable to do so, as you said, people will continue to be undetected over and over again. Those are the concrete steps with which we're moving forward.

Rich, do you want to add to that?

• (1150)

Supt Rich Boughen: Sure.

You're absolutely right when you talk about people coming back from Afghanistan or doing policing work for 20 years. You're not the same person you were when you went in, but I dare say you're probably not the same after 20 years of any profession.

The issues around what police officers do on a daily basis and the feelings we might have are very normal feelings and emotions in regard to very abnormal situations. Police officers, by their very definition, go into situations where everybody else would be expected to head the other way. There has to be a reaction to that. There has to be.

We don't know exactly what that looks like, because there hasn't been a lot of police-specific research done in that area, which I think is really important. Although our CF colleagues undertake a horrendous job during the time they're in theatre, and they're there 100% day in and day out, when they come back. They have their own adjustment issues in coming back to "normal life" and what they do on a daily basis when they come back to base. On every day that a police officer puts on a uniform and heads out to the road, they have the potential of being in that same "firefight".

After 20 years, that has to have an effect, cumulatively. It has to. But we don't know what that looks like. As well, it won't happen with everybody, because some people have natural resilience, but we don't yet know what that looks like either.

The Chair: Thank you.

I'd like to apologize, Superintendent. I have "Inspector" written on my worksheet and I've just realized that you were introduced as "Superintendent". My apologies for that.

We will now go to Mr. Mayes, for five minutes.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Thank you, Mr. Chair.

I'm just going to read a little bit from the report. It says that:

...30% of all new favourable RCMP pension assessments over the past year were for psychological injuries. While many disability claims for psychological injury are often the result of a traumatic event, others are compounded by cumulative and prolonged stress in the work environment. The evidence, supported by the literature, suggests that cultural factors, such as low supervisor and co-worker support, are key inhibitors to successful recovery.

You mentioned that as of today somebody is starting to look at wellness in the force. That's okay here, but in the individual detachments that's a real challenge. In the community that I'm from, I know that quite often they're struggling with staffing issues and workloads, and it's very difficult. I really think an important area that needs to be addressed is to have the staffing in the local detachments, where they can deal with the family.

I wonder if you can give me some comments if you feel that's correct. Can you tell me if there anything in the plans in the future for the RCMP to address that issue?

C/Supt Alain Tousignant: I'd like to make a couple of comments regarding the point you raise, which is a critical one, about the supervisors and the detachments themselves. It's a critical point in what we're talking about.

As far as the senior position that we have created is concerned, it's a position at the senior rank, at the assistant commissioner level, which I am starting as of today. Prior to this, the RCMP created what we call leadership management, which we developed in-house based on studies done outside the RCMP. We have created our own supervisor development program for first line supervisors, and also a management development program for the middle line managers, as well as the officer cadre.

This program started two years ago. As opposed to being a two-week in-class exercise, it's a year-long program that involves pre-course material and pre-course learning. We do a two-week in-class session where we talk about leadership, about relations management, and about how to recognize employees, how to deal with employees, and how to have these difficult conversations with people.

By the time the candidates leave the classroom, they've produced what we call a performance improvement plan, where they've discussed the detachments or the units they're going back to and a concrete plan for how they will take what they've learned in the classroom setting to the unit level or the detachment level. This is followed up on by a person in the training world who will provide support, coaching, and mentoring to make sure that person carries through at the unit level. Some supervisors who have come to us with feedback on this have said that they've completely transformed their units after going back.

That program has been going on for about two years and we are now seeing some benefits from it. Again, this is very specific to the RCMP, as opposed to sending our members on leadership training outside the RCMP at a fairly high cost. That was the impetus for developing our own in-house leadership development programs.

• (1155)

Mr. Colin Mayes: Has that been expanded to include the family? It's okay to deal with things in the detachment, but the officer goes home and has to deal with the issues at home, and he has some of the baggage that he's bringing from his job to his home. Has that program been expanded?

Because I think it's very important. In our veterans charter, we're not just looking at the veteran. We're looking at their families. A vital part of any type of recovery is to have a strong family unit and understanding, so does the program you're talking about also include the family?

C/Supt Alain Tousignant: Not necessarily, and I don't know the exact details. As far as I know, it doesn't necessarily address the family component, even though I think that through our M/EAP, our employee assistance program, we recognize more and more now that unless we involve the families, we're not going to solve the issues, or we're not going to be able to move forward on some of the issues that are outlined.

Again, we're just starting to grasp that, the family component at home. How do we address that issue?

Rich can provide more comments.

Supt Rich Boughen: Just very quickly, one of the things we've done in renewing our health benefits table of what members are allowed is that we've made a change, as of January 1, to allow the first six visits to a psychologist or a family counsellor for...and the spouse can go without the member. That's a bit of a change. I'm not sure that it's addressing exactly what you're talking about on an at-home basis, but it's a bit of a benefit for people who are experiencing difficulties. They can go and have these discussions.

The Chair: Thank you very much, Superintendent.

Thank you, Mr. Mayes.

Now we'll move on to Monsieur Vincent, *pour cinq minutes*.

[Translation]

Mr. Robert Vincent (Shefford, BQ): Thank you, Mr. Chair.

I read your document carefully. There are a number of things that seem vague to me. You talk about independent living, but that also involves greater support for snow removal, and yard and general household work, in order to help them remain independent. If you want them to remain independent in their own homes as long as possible, why are they not required do these tasks?

Then you talk about those who are more severely disabled. I would like more information on that.

You also talk about RCMP members who are medically released for non-service related reasons and those who demonstrate a service related need, post-retirement. I would like you to explain what a non-service related reason is.

There is another thing that bothers me even more. The average age of the 8,087 members receiving a disability pension is 58 years old, while the average age of those still serving is 48. I understand that we are talking about pensions, but what are you doing in terms of prevention?

A bit further on in your document, you talk about pension amendments:

In summary, this alternative would provide modern standards of care and support to future affected members and their families [...] It is also the most cost effective, yielding significant savings to the Government of Canada over time. This may allow the RCMP to reinvest some savings into the improvement of program and service delivery for serving and retired members, e.g. job placement assistance, as well as improving upon aspects of the organizational culture that are impediments to affected members' full recovery and re-integration into the workplace.

If I understand correctly, pensions will be improved using the money that was saved. Before things get to that point, what are you doing in terms of prevention to keep these things from happening?

Did you check with ambulance attendants and emergency medical personnel to see how they manage post-injury traumas? How they manage PTSD? How could you bring the network in line with emergency medical personnel and ambulance attendants so as not to minimize your members' PTSD but to better manage it, in terms of prevention measures?

I would like to hear your thoughts on that.

● (1200)

C/Supt Alain Tousignant: Forgive me, but what page is it? I just need to find my place.

Mr. Robert Vincent: In this document, on page 8. I hope my time is not still going.

[English]

The Chair: I've already stopped the clock, sir.

[Translation]

Mr. Robert Vincent: Thank you.

C/Supt Alain Tousignant: I think it kind of comes back to what Superintendent Boughen was saying. We are talking about recognizing the symptoms of PTSD, and I think the pilot project we are currently working on with the Canadian Forces....

Mr. Robert Vincent: I would like to hear more about your situation at the RCMP. It says that 8,087 people are receiving a disability pension. They were not all hit by a bullet.

C/Supt Alain Tousignant: No.

Mr. Robert Vincent: So there are a lot of people suffering from PTSD. The problem is not new to the RCMP. What prevention measures have you taken since then so that people do not have to suffer from this illness?

[English]

Supt Rich Boughen: I hope I'm going to be able to answer your question. There was a lot of information in your buildup to that. Are you talking specifically about physical injury or post-traumatic stress disorder?

[Translation]

Mr. Robert Vincent: When someone suffers a physical injury, it is clear. You know what that involves. But I am talking about preventing post-traumatic stress syndrome. Ambulance attendants and emergency medical personnel deal with the same thing as police officers, when individuals are injured in an accident and arrive at the hospital. What coordination have you arranged with these groups? What do you plan to do to protect these people?

[English]

Supt Rich Boughen: I would preface this by saying that I'm not 100% sure that ambulance attendants, emergency medical personnel, and doctors.... They may arrive at the same symptoms of compassion fatigue or post-traumatic stress disorder symptoms. The way we get there is different, and therefore, I would think, the way you would prevent it is different as well.

Again, there's not a lot of information that is police-specific, so one of the things we're looking at is building resilience. It's the idea of somebody who is resilient, who can bounce back from a traumatic event. We don't know what that encompasses. We think it encompasses things like a healthy social network, where you can sit down and talk about things, and also the supervisory stuff that the other member of Parliament was talking about. It also encompasses the ability to maintain a physical fitness level so that your body can deal with—

● (1205)

[Translation]

Mr. Robert Vincent: I know you work in workplace health and safety at the RCMP. There are plans that you have to establish every year. In terms of workplace health and safety, what kind of prevention plan do you intend to put in place? You have identified a problem, and a solution needs to be found.

[English]

The Chair: Superintendent, just one moment, please.

Mr. Vincent, that will have to be your last intervention. You're well over time—

[Translation]

Mr. Robert Vincent: Okay.

[English]

The Chair: —but I understand that you wanted to clarify, so go ahead.

Supt Rich Boughen: Thank you very much for clarifying that. One of the things we have done, as the chief has talked about, is to make sure that people going into high-stress areas are assessed prior to going in, during the time they're there, and upon leaving. Does that prevent...? I think what it does is point out to us that there might be issues, so we don't put people at a higher risk of having an operational stress injury into those positions to begin with.

There's another thing that we've done, and again, I need to preface this by saying that this is fairly new to us, so the amount of research that we've done on it isn't extensive. What we have done is the resilience education and development program that I've talked about. The program allows people to gain some information and some psycho-education around the issues they go through and the reactions they have, so that they know these reactions are absolutely normal reactions to abnormal situations.

The Chair: Thank you, Superintendent.

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

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, Mr. Chairman.

First I have to apologize; I don't have an RCMP tartan tie, so I couldn't wear it today, but Peter has promised he'll get me one.

I want to thank you gentlemen for coming forward today to testify. It is always an honour and a pleasure to have people of your calibre who have served our country. I want to preface my comments by saying that first and foremost, we need more research when it comes to these issues regarding policing. It has to be very difficult for you and very worrisome for the rest of us to try to build a program around a lot of things that you're trying to adapt from other things that you've seen and witnessed.

I have a good friend in K Division in Alberta who also served in the Canadian armed forces, and he says the work he does for the RCMP is every bit as stressful on a daily basis, if not more so, as the work he did in the Canadian Forces. The work that K Division and the RCMP do in Alberta is very important, and it's also very stressful, so I think we need to take it upon ourselves to make sure that any needed resources are there to do research and to help identify some of these problems.

I have some questions for you in regard to PTSD, and then I will have one comment afterwards that's totally not relevant to our topic.

My first question is on access to operational stress clinics. Obviously our government has created new operational stress clinics. We have one in Edmonton. Does the RCMP have access to those operational stress clinics?

Supt Rich Boughen: Yes.

Mr. Brian Storseth: Do your members also have access to those clinics after they've retired from the forces?

Supt Rich Boughen: Yes.

Mr. Brian Storseth: That is very important. I have two military bases in my riding. A lot of guys who served 20 years ago are just now starting to admit that they have some of these problems. One of the big problems was that, in the beginning, the programs set out in the Canadian Forces and others were voluntary programs. You identified yourself that you had a problem, and then you went and got it proved. All too often that doesn't work, because these people are Type A personalities.

You mentioned that you had an ident program, a pilot program involving identity guys. I'm good friends with our ident guys in northeastern Alberta. Is that a voluntary program?

• (1210)

Supt Rich Boughen: Yes.

Mr. Brian Storseth: My concern with that, and I assumed that would be—go ahead.

Supt Rich Boughen: Maybe I should qualify that, considering that you're going to go on. It's a pilot, but it's voluntary inasmuch as we have told people what we're going to be talking about and that if they're not interested in it right now, it's probably best that they self-select out and let those who want to come in, because there are a lot who do. We can do it that way.

Mr. Brian Storseth: My only concern is that in northeastern Alberta, where I'm from, we have two ident guys for a huge area. These are Type A personalities. These guys take on extra work all the time. I know these guys personally. They're not the type who are going to volunteer to do something for themselves in this regard. It's only something that I'll mention to you; I'm sure you're aware of it.

Having been from northern Alberta all my life and having had victims of crime in my family and whatnot, I know that victim services immediately comes and looks after the victims. They do it immediately, and the victim really doesn't have a choice in it. They're there and they help them through the process. One of my concerns is that the members of the RCMP don't seem to have that right there for them. As you said, it seems to be a somewhat voluntary and selective service. That raises some concerns for me.

C/Supt Alain Tousignant: If I could comment on that, as soon as our members are exposed to a tragic event, there are two ways. In the member employee assistance program, the person will get in touch with the family. We also have a staff relations representative who will also get involved and assist the family in making sure that the spouse or the partner accesses everything that he or she needs to move forward. Those two components are fairly strong, and they have a very strong link with the family of the member.

Mr. Brian Storseth: How much time do I have left, Mr. Chair?

The Chair: That's it.

Mr. Brian Storseth: I would like to just make one brief comment that's totally unrelated. I often talk to the members of the forces in my area. One thing that is constantly brought to my attention—and I know this is an operational issue that has nothing to do with the purview of Parliament—is that members would like access to better defensive equipment and better vests.

Thank you.

C/Supt Alain Tousignant: Thank you.

The Chair: Thank you, Mr. Storseth.

We'll now move on to Mr. Bagnell for five minutes.

Hon. Larry Bagnell (Yukon, Lib.): Thanks to both of you for being here. It's a delight to have two members here who have both served in the most beautiful riding in the country. It's great to see you again.

Mr. Peter Stoffer: Do you mean Nova Scotia? All right.

Some hon. members: Oh, oh!

Mr. Peter Stoffer: I'm just kidding.

Hon. Larry Bagnell: Here's my first question. You have an association in the RCMP. I know it's not a union, but it's a members' association, right?

C/Supt Alain Tousignant: It's not a recognized association. It's very limited, to a certain part of the country, so we don't really have an association. It's not a sanctioned association. What we have is a staff relations program.

Hon. Larry Bagnell: It's a program?

C/Supt Alain Tousignant: Yes, where we have members of every division who represent the—

Hon. Larry Bagnell: The employees?

C/Supt Alain Tousignant: —the members, regular members and civilian members.

Hon. Larry Bagnell: Is that group unanimously in agreement with the original position and the ongoing position to not be involved in the veterans charter?

C/Supt Alain Tousignant: Yes, they support our position.

Hon. Larry Bagnell: Unanimously?

C/Supt Alain Tousignant: I can't say that for every single one, but the position of the caucus as a whole is that they support our position.

Hon. Larry Bagnell: Okay.

In regard to Mr. Stoffer's example, you mentioned that it wouldn't be fair to answer, and I agree with you. It wouldn't be fair to answer because you don't have all the details. If Mr. Stoffer were to give you all the details, could you endeavour to answer his question, and to reply to the committee clerk in writing, first of all to acknowledge whether or not the situation is unfair, once you've analyzed it?

Mr. Stoffer is also asking if you could provide recommendations on what we might look at doing to deal with that unfairness.

C/Supt Alain Tousignant: For that specific case, I think, if I were provided the information, we would review that case specifically with all its components. I couldn't comment on whether that person had been treated unfairly or not, but we could surely review the case in its entirety, with the numbers, and go where it would take us.

•(1215)

The Chair: I've stopped your time there just to make a comment. This is not a usual request for a personal case. I'd just caution the members who are asking to make sure that all the personal releases are signed before it comes before this committee, considering the privacy laws.

Yes, Mr. Stoffer, on this point?

Mr. Peter Stoffer: On this point, it's in the blues of our record. Mr. O'Handley was here and presented that case to us. I just wanted to let you know, just for his sake, that there's nothing wrong here. There are legislative changes that have to happen. The question of fairness is always debatable, but the government is not doing anything wrong. It's the legislation that we need to look at in the future.

Sorry to interrupt.

The Chair: Okay. I'm sorry for the interruption, Mr. Bagnell.

You can resume.

Hon. Larry Bagnell: So you will get back to us?

C/Supt Alain Tousignant: I'm sorry, but now I'm a little confused. I'm going to get back to the committee on...?

Hon. Larry Bagnell: Okay. First of all, it would be on the situation—you don't have to use the person's name, but just the details of that situation—and whether you agree with Mr. Stoffer that it's unfair to the individual. It's not the best situation that could exist legislatively, as he says, in present law. Second of all, we're looking for any recommendations you might have for the committee as to how we could change the laws so that a person in that situation would be treated better or more fairly.

C/Supt Alain Tousignant: Okay.

Hon. Larry Bagnell: Thank you.

I'm going to share the rest of my time with Mr. Oliphant.

Mr. Robert Oliphant: I just wanted to ask a question—related to PTSD, but not necessarily—with respect to suicide and whether the RCMP is able to keep or does keep statistics with respect to either members or retired members and the incidence of suicide.

Supt Rich Boughen: No, we don't keep the statistics. Right now, our human resources computer system doesn't do that for us. It's something we're asking for. We do know anecdotally that our rates are quite low. One is too many. We understand that. As far as veterans are concerned, we don't keep those types of statistics.

Mr. Robert Oliphant: I thought that would be difficult. One of our problems is that even though rates in the military are low, I think they're actually high, given the fact that it's a screened workforce. The screening you need to do to become either a member of the military forces or an RCMP officer is higher than it is for the average population. I would just encourage you to do that.

Second, I wanted to ask about your experience with the network of OSI clinics in Canada in terms of access rates and whether you are satisfied with the experience the RCMP is having with access to that network. I believe there are 19 clinics.

C/Supt Alain Tousignant: We're just beginning the process of having our members access those clinics. I'm sure that Rich has more details.

Supt Rich Boughen: Our rates of access are very low right now, not because the need isn't there, but mostly out of a lack of communication from me outward. That's something that was identified in other questions during the last Senate committee we attended. It's just a matter of being able to communicate better to our membership—as well as our released members—that these programs are available to them.

The Chair: Thank you, Superintendent.

Now we'll move on to Mr. Lobb for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you.

A number of years ago, a decision was made to not go in completely with the new veterans charter. For the committee's benefit, can you tell me what specific pieces are in the existing suite of packages that did not make it tenable to join forces with the new veterans charter?

C/Supt Alain Tousignant: On the specific elements, I can't answer. I don't know the answer. Rich may want to comment.

Supt Rich Boughen: Sure.

I think the framing around that has to be correct. The RCMP experience is much different, so it's not a matter of good or bad, and it's not a matter of saying that what the new veterans charter offered wasn't good enough or wasn't suitable for certain segments of the Canadian workforce or the CF.

What we decided as an organization was to look upon everything as a large equation. When we started doing the 20 scenarios, it worked out, based on our demographics, our work experience, the age of release, and the severity of the disabilities—all that kind of stuff put together. So it wasn't just one thing. There were things offered in both that had us saying that if we were only going over there for this, we were already getting it over here. So in the big equation, it just worked out.

There wasn't one specific thing that was the tipping point, because our experience is different from that of the CF. For your purposes, I would think that it would really depend on what the CF or VAC itself is letting you know about what the issues are. Because with us, again, since 2006, we really haven't delved into it, and up until that time, it met our needs 19 times out of 20, so 5% of the time it didn't.

●(1220)

Mr. Ben Lobb: I'm not being critical at all. It's just that for a lot of the things I've heard today, Veterans Affairs has made a pretty significant investment in them over the last five or six years, on post-traumatic stress and OSI clinics. It just seems to me there could have been some opportunities, but I guess hindsight is 20/20 on that front.

I think the number of people who are receiving disability right now is a little over 8,000 and their average age is 58. Do you have further details on that? How long has the average person been on disability? Is it 20 years, 10 years, or 5 years?

Supt Rich Boughen: I don't have that information.

Mr. Ben Lobb: Do you have a percentage for how many people are discharged and their success rate? Is it a 50% success rate to be able to transition somebody back in?

Supt Rich Boughen: What's your definition of "success rate"? I'm not too clear on that.

Mr. Ben Lobb: They're receiving a disability payment today because of some disability. However, through the rehabilitation program, whether it's counselling, therapy, or new training, they're able to be fully employed again. Obviously that's one of the mandates through Veterans Affairs—if possible. I'm just curious if that's in there as well.

Supt Rich Boughen: No. But again, our experience is different. Because of duty to accommodate and the way our health benefits run, when a member is injured, we do everything we can to make sure they can stay within the organization and to retain them for as long as possible.

Again, because the average age of release of most our members now is about 54, I'm not saying that they won't work afterwards, but the analysis in 2006 was that this wasn't a big ticket item for us. Through the course of an RCMP member's career, they pick up a lot of skills and abilities that make them very saleable at the end of their career. There isn't a whole lot of retraining that is done, because they've already picked up a lot of things.

But if you're looking for a specific statistic, we don't have that.

The Chair: You have 15 seconds.

Mr. Ben Lobb: When I looked at the projections in the report, it said that exponential growth in the disabled population is expected to occur, from 6,000 to 10,000. Obviously there's going to be

tremendous cost, and if they're able to gain full employment, it would certainly be to the benefit of all involved.

Supt Rich Boughen: Right, and I think that in that number, that 8,000, it's important to point out that not all of those members are retired. A large percentage of them are, but they're retired from the forces so they're not necessarily looking for new employment anyway. They might be, but not necessarily. It's not like they're being released at the age of 38 or 40 and they have another 15 years for a pension.

●(1225)

The Chair: Thank you, Superintendent.

Just to let committee members know, the Liberal Party and the NDP have exhausted their questions. Mr. Vincent assures me that he has a brief question. If any member has another question before we finish with the witnesses, please let me know.

Mr. Vincent.

[*Translation*]

Mr. Robert Vincent: Thank you.

My colleague Brian said that police officers wanted more adequate bulletproof vests. Further to that comment, I want to ask you three brief, very simple questions.

Does the RCMP have a joint workplace health and safety committee? What is your yearly budget for prevention? What were your most recent workplace health and safety recommendations?

C/Supt Alain Tousignant: In response to your first question, the answer is yes. Each division has a committee. In addition, there is a national committee that meets on a regular basis. It involves a national selection process, from across Canada.

As for your second question on the prevention budget, I cannot say what the exact amount is.

[*English*]

With respect to money dedicated specifically for prevention, I don't have that. Our budget is broken down by operational work and salaries, so I don't have the answer to that question.

Supt Rich Boughen: Right now, we have what's called a hazard prevention program, and that has a budget of around \$300,000 a year.

[*Translation*]

Mr. Robert Vincent: For Canada?

[*English*]

Supt Rich Boughen: Yes.

[Translation]

Mr. Robert Vincent: And as for your most recent recommendations?

C/Supt Alain Tousignant: The amount of \$300,000 is for the National Compensation Policy Centre, but each division carries out a small part of the program, in terms of client service. As for their budget, I do not know how much it is. In total, it is just over \$300,000, but I do not know more than that.

[English]

Supt Rich Boughen: In each region and division there's an occupational health and safety officer who makes sure that the work environments are at a certain standard.

[Translation]

Mr. Robert Vincent: If I understand you correctly, no prevention is done. If something happens, there is rehabilitation or a pension, and that's it. There is no budget to prevent problems that members might encounter.

C/Supt Alain Tousignant: No, I completely disagree with the statement that there is no prevention. There is. We talked about it. Our members who have access to employee assistance take information sessions that include a prevention component.

[English]

The Chair: Excuse me. We're not getting any translation right now.

C/Supt Alain Tousignant: *Excusez-moi.*

The Chair: Please proceed now. It has been fixed for the translators.

[Translation]

C/Supt Alain Tousignant: Thank you.

I would not say there is no prevention. I would not agree with that. When we talk about people who help employees...

Mr. Robert Vincent: But employee assistance happens when there has been a claim.

C/Supt Alain Tousignant: In fact...

Mr. Robert Vincent: Brian mentioned bulletproof vests. Is there someone looking into whether these vests are adequate or not?

C/Supt Alain Tousignant: We have a whole unit that takes care of uniforms and safety. It is constantly reviewing our equipment. Steps are being taken on that issue.

Mr. Robert Vincent: There is no budget.

C/Supt Alain Tousignant: Not at all. As for their budget, I could not tell you what it is because that is not one of our responsibilities.

Mr. Robert Vincent: Okay.

C/Supt Alain Tousignant: Is there likely more prevention? Yes, but I disagree that no prevention is being done.

The third question had to do with our recommendation. The mandate we were given was to define workplace wellness. That also involves really targeting what that means and determining how to implement it.

Mr. Robert Vincent: Mr. Tousignant, when we talk about workplace health and safety, the objective is to prevent injuries.

I will give you a complete definition. Let's say that the car seats in an RCMP officer's vehicle are inadequate and need to be changed. That is prevention in order to prevent back pain or any resulting claims. That is what workplace health and safety is.

Prevention means recognizing the problem, identifying it and finding a solution to keep other injuries from happening. That is the point I am trying to make.

Do you have that kind of prevention, or when you talk about workplace health and safety, do you wait until there is a claim, you process it, and it ends there?

• (1230)

C/Supt Alain Tousignant: It exists...

[English]

Supt Rich Boughen: Thanks for clarifying that. I think what you're getting at is this. Any time there is a hazardous situation, an accident, or a situation where, for example, people are saying that their vests aren't good enough and they're creating a hazard, they have the ability to go to our staff relations representative. They have the ability to report that through appropriate channels on what we call a form 3414; it's a report to the occupational health and safety branch that there is a hazard or an issue, so that we can prevent it in the future—absolutely.

Is there a specific budget for that? No. It falls under a chain of command where we're going from a specific small area to where the issue might be all the way up to our branch. We submit reports to HRSDC on a regular basis with regard to those types of things.

The Chair: Thank you, Superintendent.

Mr. Lobb, do you have one question?

Mr. Ben Lobb: I have two questions.

Just for clarification—and forgive me for not knowing—when an RCMP member is receiving a disability award, a disability pension, are CPP deductions taken from the pension payouts?

Supt Rich Boughen: Just so I understand, you're saying that if somebody's getting a pension.... A medical pension?

Mr. Ben Lobb: That's correct, like one of the 8,000 who are currently disabled—

Supt Rich Boughen: Okay. And discharged...? Are you talking about somebody who's discharged?

Mr. Ben Lobb: Well, no, because I guess where I'm coming from is that you mentioned that a number who are considered disabled are actually working within the RCMP.

Supt Rich Boughen: That's correct.

Mr. Ben Lobb: I was just trying to clarify that if someone who is disabled is receiving a disability pension and working for the RCMP, because that's the—

Supt Rich Boughen: Yes.

Mr. Ben Lobb: Okay. Would those particular people have Canada pension deductions taken off their paycheques?

Supt Rich Boughen: I don't know that.

Mr. Ben Lobb: In my mind, and I could be wrong, as I'm not a financial planner, it seems to me that if they're okay to work and they can earn a full wage, it would seem better, in their interests, to earn the wage and not be on the pension. Because they would have the CPP deductions coming off their paycheques, and when they retire and turn 60, their Canada pension amount would be more. Now, I don't know exactly how the clawback from a pension would work. Are there any thoughts on that? It may be too detailed—

Supt Rich Boughen: Part of it... It kind of deals with the compensation area more than the health part of it. The disability pensions can go from 5% to 100%. You could get a 5% disability and just have a hearing aid, so you're absolutely functional at work, or you could have an elbow injury, which is an issue of loss of quality of life. It doesn't necessarily translate into what you can or cannot do at work. It might, but not necessarily.

Mr. Ben Lobb: Here's my last question. I think it's for the benefit of the public interest. While the RCMP is definitely embarking on a wellness platform to continue to help these people, Veterans Affairs has also made a significant investment already, so what practices has the RCMP set up to work in conjunction with Veterans Affairs, to not duplicate resources, to not increase red tape? I wonder what synergies are being put into place today.

Supt Rich Boughen: We're part of several committees with both Veterans Affairs Canada and the CF. We're on their VAC-DND steering committee. We participate in their mental health advisory committee, the joint network of operational stress injury clinics, and OSISS, the operational stress injury social support system. We're connected with them in numerous ways through regular meetings with them on other programs, like the federal health care partnership, etc.

Mr. Ben Lobb: That's good to hear. Hopefully that line of communication will continue, because I think there's certainly great benefit in it.

The Chair: Thank you, Mr. Lobb.

Thank you, superintendent.

If you'll indulge me, I just have two quick questions.

One, you mentioned the take-up of OSISS clinics by your members. Do you have a struggle similar to that of the CF in fighting a culture that doesn't admit this kind of injury?

• (1235)

Supt Rich Boughen: Yes, for sure. I think that for a lot of that stigma, through a change in generations and through acceptance, through the CF's efforts to really reduce the stigma, we're also benefiting from that. We're also individually a lot tougher on our ourselves about self-stigma than what others would put on us in that regard. But there absolutely still is a stigma, and we can do a better job of de-stigmatizing issues around occupational stress injuries or mental health in general.

The Chair: I have one other quick question. You mentioned that there's some good collaboration with VAC and the CF. Are you collaborating with any other police departments, whether in this nation or others, regarding PTSD and the need to get data regarding it?

Supt Rich Boughen: Yes. One of the people I work with is a counselling psychologist, a registered psychologist with a Ph.D., in B.C., as well as a staff sergeant in our outfit. Through his various associations, he has connected us with the National Centre for PTSD, as well as other areas in Canada and the States with regard to that. We've also had mental health experts working with us who have connected us with different government agencies and with educational institutions, such as McMaster and Simon Fraser University.

The Chair: McMaster University is in the riding I represent, so I'm glad to hear that.

Chief Superintendent and Superintendent, I want to thank you for your testimony today. I think I can say on behalf of the committee how grateful we are for your service. I certainly know that the reason I can lay my head on my pillow every night and sleep all the way through without any harm is that people like you put your lives on the line every day to keep us safe. I want to thank you very much for that.

Some hon. members: Hear, hear!

The Chair: We'll suspend for a couple of minutes before we go into committee business.

[Proceedings continue in camera]

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