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Chair

Mr. Gary Schellenberger

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• (1540)

[English]

The Chair (Mr. Gary Schellenberger (Perth—Wellington, CPC)): I call the meeting to order.

Welcome, everyone, to meeting number 40 of the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are conducting a study of combat stress and its consequences on the mental health of veterans and their families.

Today from Canberra, Australia, on video conference, we have Lieutenant-Colonel Andrew Cohn, assistant director, mental health education and training. Am I correct?

Sir, I am Gary Schellenberger, and I'm the chair of the standing committee. Welcome.

If you'd like to make your presentation, we are joined with the rest of the committee. We'd like to hear your presentation, and if you can accept some questions after that, that'd be great.

Lieutenant-Colonel Andrew Cohn (Assistant Director, Mental Health Education and Training, Mental Health, Psychology and Rehabilitation Branch, Directorate of Mental Health Clinical Programs and Standards, Department of Defence (AUS)): Good morning, everyone.

I give apologies from our director, Colonel Hodson, who wasn't able to make it this morning. Lieutenant-Colonel Nicole Gray was going to be here this morning as well; she's become unwell, so she gives her apologies. Colonel Gray has passed on to me a few notes to pass on to you this morning.

I'll speak for a few minutes and then I'll be very happy to take any questions that you might have.

I'll start off by talking about the resilience training that we are undertaking for our ADF members—our Australian Defence Force members—and veterans. The BattleSMART program has been around for a few years now. The SMART in BattleSMART stands for “self-management and resilience training”. It's our preventive approach that we've developed for mental health problems. It's based on cognitive behavioural principles, and it aims to build individual and team psychological resilience by enhancing coping flexibility.

I'm not sure how much you know about the BattleSMART program, but I'll be very happy to take any questions that you might have. I've been involved in the development of BattleSMART since the very start, and it's evolved a long way since the very early stages. We deliver this BattleSMART program to all of our defence force

recruits during their *ab initio* recruit training, so it's army, air force, and navy recruits who receive this psychological resilience training.

We've also developed a version for members before they deploy overseas on operations, and we're developing a version for them before they return to Australia at the end of deployment. That post-deployment version of BattleSMART is going to be integrated into a third-country decompression trial that we are going to be doing later this year. We have been asked by our government to do a trial of third-location decompression.

I'll answer questions that you might have about what we're going to be doing there. It's not in my field of expertise, but I can certainly flag any questions that you have that I don't know about and get back to you about more details on what we are doing with our third-location decompression trial.

The BattleSMART program is developing very well. As I said, we introduced it last year for the first time for members deploying to Afghanistan as part of the Mentoring Task Force 1. We're going to be delivering it to the soldiers who are deploying this year. As well, we're going to be taking over from the mentoring task force in Afghanistan.

We're also developing a version of BattleSMART for members who transition out of defence to the civilian community, and we're developing a version for family members as well. The version for those who are transitioning out of defence is called LifeSMART. It's self-management and resilience training for people leaving defence and dealing with the uniquely stressful events that they're going to have to deal with once they leave the defence force.

Does anyone have any questions about the resilience training we're doing?

The Chair: We generally go around the table. We have a system that we follow, and we'll be following our regular system with questions.

Are you finished, or do you have more? You could finish...

LCol Andrew Cohn: Okay.

I've talked about resilience training. I was also asked to pass on some information about tracking veterans. I've got Colonel Gray's notes here. We acknowledge that tracking veterans is a significant problem for our defence force as well.

Just last weekend, there was an article in a few of our national newspapers about veterans returning with mental health problems. We've had a number of suicides in our defence force since the start of this year. We're up to three suicides this year; normally, our suicide rate in the ADF is around six to seven a year. This year, as I said, we're up to three, and they're all in the army, from different parts of Australia. There's no pattern of where they're from in Australia. They are geographically dispersed.

Tracking veterans is an issue for us. Our Department of Veterans' Affairs only tracks those veterans with compensation claims. Tracking those who have recognized injuries and have put in a compensation claim to veterans' affairs is the only way we can really track what's happening with our veteran community. The others are much more difficult. If they don't put in a claim for a mental health condition or a health condition, then they are much more difficult to track.

Our Department of Veterans' Affairs is currently trialing a use of social networking technology. They have a website that our veterans can log on to in order to keep track with the ADF veteran community. I'll give you the website: it's www.touchbase.gov.au. That's a social networking site for veterans to keep in touch with the ADF community. That website includes some self-care information for veterans and also has some self-screening options so that veterans can go on and do some self-screening to see how they might be tracking with their mental health.

I think that's all I really needed to talk about formally in my presentation. I'm happy to take any questions now that you might have.

• (1545)

The Chair: Okay. The first question will be from Mr. Lamoureux, please.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Thank you.

Thank you very much for taking the time to make a presentation from Australia. It's the first time for me to do a video conference, as opposed to looking at the person face to face.

You've indicated there are four avenues through which someone would receive different modifications of the BattleSMART program. Every member of the Australian force, upon entry in a boot camp scenario, would receive it. Then if you have a mission, you would have both a pre-mission and post-mission BattleSMART program, and then someone getting out of the forces would receive another form of the BattleSMART program. Is that a fair assessment? Are there four?

LCol Andrew Cohn: Absolutely, yes. We started off with army recruits receiving the BattleSMART program back in July of 2006. Back then it wasn't actually called BattleSMART; that name was only coined in July of 2009. That was when the program became known as BattleSMART.

In July of 2006, it was introduced as a psychological resilience or coping skills program for army recruits. We kept statistics from the time it was introduced in July 2009, and in the 12 months after it was introduced we noticed a 50% reduction in the number of recruits who were referred for psychological problems and a 50% reduction in the number of recruits who were discharged for psychological

problems. Also, the recruits who received the coping skills program were anecdotally much happier. They seemed, to the psychology staff and the training staff, to be a bit more savvy about psychological adjustment and coping and that sort of thing.

The program continued in the army for the army recruits, and then the air force and the navy picked up on it in about 2008, and it's been going there ever since. It has been modified as we go and as we learn things, and we have meetings with our scientific advisory committee twice a year. We have a number of Australian experts in the field of stress and coping who meet with us twice a year. We talk about modifications that we might need to make to the BattleSMART program, but as I say, it is being introduced pre-deployment and a version is being developed for post-deployment, and of course, as you say, we've got a version for those who are transitioning out of defence.

• (1550)

Mr. Kevin Lamoureux: I love what you're doing with respect to the prevention of potential symptoms by developing these programs.

In terms of the vets who are already back into civilian life, to what degree do they have access? To what degree have you developed the program to be able to assist those who have already left the forces?

LCol Andrew Cohn: To date, we haven't actually started making forays into the veteran community. At the moment the program is only being delivered for those members who are currently in the ADF, so the only version of the program that is given to our members who are in the process of leaving is the LifeSMART program that I told you about. So far, we haven't actually engaged with our veterans' affairs department to get a version developed for ex-serving members. That's probably our next step.

Mr. Kevin Lamoureux: That was going to be my next question. Do you anticipate having that put into place, and if so, do you have some timeframe for something of that nature?

LCol Andrew Cohn: No, there's no timeframe at this stage, because our priority has been developing the programs for our serving members. We recognize that it's something we need to do. That is the next step, because we need to be working much more closely with our veterans' affairs department, making sure that what they are delivering to veterans is consistent with what we are teaching our currently serving members. We do acknowledge that it's a priority for us.

Mr. Kevin Lamoureux: Overall, in the training in a boot camp, you'd go for 10 weeks pre-course before deployment. You might spend a number of weeks at it. What kind of percentage of resources would go towards this sort of training? Would you say it's increasing? Obviously you have pretty positive results.

LCol Andrew Cohn: The training is not highly intensive. The army, for example, does a 12-week recruit training course, and the BattleSMART program is delivered to them in two modules. The first module is on the Thursday of the first week. They arrive on the Tuesday at the army recruit training centre, and then on the Thursday they receive the first module of the BattleSMART training. It's about two hours and it's cognitive behavioural training.

It's a PowerPoint presentation, but it's very interactive with the recruits. I've watched it in action a few times. They seem to engage with it very well, but it does depend a lot on the nature of the presenter. If you have someone who is quite experienced and is very confident in teaching cognitive behaviour therapy to large groups of people, then the recruits engage a lot better than with someone who is not as experienced.

That's for two hours on the Thursday. Then they get a booster session on the following Monday, once they've had the chance to experience a few things about what goes on in life in recruit training. At the booster session they get examples of things to come back and talk about in the larger group when they've actually been able to apply the principles they've been taught in BattleSMART.

The Chair: Okay. Thank you.

We're going to move on now to Mr. André, please.

[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Good afternoon, Mr. Cohn. Welcome to the committee. You are not here with us, but I am pleased to be able to talk to you.

You have statistics on suicide rates among veterans who fought in the Vietnam War. You established a rate of 7%. We in the committee have a hard time establishing the suicide rate among veterans because it's difficult to reach those people once they leave the army and resume their civilian lives. How did you succeed in establishing statistical data on all veterans while taking into consideration the fact that those people leave the armed forces and become civilians again?

• (1555)

[English]

LCol Andrew Cohn: We have the same difficulty as you have in terms of establishing rates of suicide in our veteran community. Our Department of Veterans' Affairs cannot actually say what the rate of suicide is in the veteran community, and this is a major problem.

I mentioned that last weekend there was a newspaper article about suicide. They were trying to work out what the rate of suicide was in the veteran community, and they had to decide. The reporter said that veterans' affairs could not actually give them a figure, so that's a problem.

Every time there's a suicide in our serving defence force population, we report on it. We do a post-event review and look at the factors that might have contributed to the person's suicide. There's normally a commission of inquiry, which looks very closely at the factors that may have contributed to the person's suicide. If there are any issues that need to be explored, then the commission of inquiry looks deeply into those factors, but we can really only report on the suicides within our currently serving population.

As I mentioned, at the moment we're running at about six or seven suicides a year. Our ADF population is not large; it's about 70,000, from memory, and if you look at our rates of suicide in our defence force compared with the Australian general population, we're running at about 60% of the general population if you match them for demographics, age, and gender. If you look at the people in our defence force who have died by suicide and match them by age and gender to the Australian population, we're running at about 60% of

the rate for the national population. We're not overly happy with that statistic. We would like to get it down even further.

Later this year we are going to be conducting a major evaluation of our suicide prevention program initiatives. We are going to get an external consultant to come in and conduct the evaluation of all of our suicide prevention program initiatives.

The Chair: I'm going to move it over to Mr. Vincent, who will ask the next question.

[Translation]

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

Colonel, I understand the statistical data you are presenting this afternoon. However, the truth is that, when a member of the Australian Armed Forces is released from the army, as you were saying earlier, they are not monitored by you unless they are taking medication. You keep track of only those who receive benefits. How can you establish a suicide rate of 7% when you are not keeping track of those who have left the armed forces? You have no information about those people, about where they live, where they currently are or about whether there have been suicides among them. So, you have a random figure of 7% that applies to those whom you are perhaps monitoring, but you have no data on those who are not in your system. In a way, the rate of 7% is skewed. It could be 7%, but it could also be 10%, 12% or 15%. Do you agree with me?

• (1600)

[English]

LCol Andrew Cohn: Yes, I totally agree with you, and I'm sure that ours is not the only country that has this problem. We need to work much more closely with our Department of Veterans' Affairs to monitor what's going on.

One of the initiatives that has started in the last couple of years is an initiative of the Australian Centre for Posttraumatic Mental Health, which is a centre of excellence in Australia. They're based down in Melbourne. They do a lot of research into post-traumatic mental health, so that's post-traumatic stress disorder and the like. They've come up with a project to look at how we can reach out and engage with ex-service members—members of our defence force who have left—and how we can help to reach out and engage with them.

That website I was telling you about is one initiative, but we are looking at the other ways there are for engaging with people who may not voluntarily come forward and seek help, so it's going to involve the community a lot as well.

These are the initiatives that we're working on. The government has given us money to advance these different projects. In 2007 I think the government committed about \$1.6 million over several years to look at how we can do things better in engaging with veterans in the veteran community.

We acknowledge that this is a major problem, and at the moment there are deficiencies, but we are working on them.

The Chair: Okay.

Now we'll move our questioning to Mr. Mayes. Mr. Vincent, we will have another opportunity in the next round.

Go ahead, Mr. Mayes, please.

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

Thank you for attending our committee today through video conferencing and for helping us to work through this review of operational stress and suicide. One of the issues we've heard about in some of our discussions is that there have been statements that the frequency of suicide among young people isn't any different from what it is among those in the Canadian Forces or in the general population. I'd like to know if that is the same in Australia.

Then I'd like to know a little bit about profiling those who suffer from operational stress or who commit suicide. When you look at it, is it the degree of exposure to operational combat? Is it other factors? Have you profiled those people so that you can identify where there could be some problem areas?

LCol Andrew Cohn: Yes, we have done some research in looking at the factors that determine whether someone suicides. One of our officers who is working in our mental health directorate, Major Damien Hadfield, did a meta-analysis in looking at the factors that were common amongst our ADF members who died by suicide. He came up with a number of things that are very common in the general society in Australia as well.

There are factors such as a significant relationship breakup or a significant change in the person's life, such as a medical downgrade, so that they aren't able to do their jobs or might be looking at being discharged from the military as a result of their medical problem. It's something significant in that person's life, something that is out of their control and leads them down the path of depression. Then, of course, you get things like alcohol abuse, especially at the point where the member suicides; alcohol is a significant factor there. There are a lot of commonalities between the factors that predispose someone in our defence force for suiciding and for the general population.

Not a lot of our members who have suicided have actually had operational service; only about a third of our members who have suicided actually were deployed on operations. I'm just thinking of two of them who deployed and who subsequently suicided. Even though they were exposed to stressful things on their deployment, it wasn't actually those things that were major factors in their suicides. A relationship breakup or a medical downgrade were actually the major factors in leading them down the path of suicide.

I hope that answers your question.

• (1605)

Mr. Colin Mayes: I'm quite interested in the BattleSMART program. It's not only the education of the recruit or the forces personnel, but also some of those indicators that come up in discussing these issues.

Are there any operational policies that your forces are implementing when, for instance, a person is maybe identified to be at a little higher risk? Would they say, "Okay, let's not put them into an operational combat situation" and help them by easing them into that more dramatic part of their job?

LCol Andrew Cohn: If one of our members does have a mental health condition and they are receiving help for it, and if we actually

know about their mental health condition in defence, then we can alert the chain of command so that the member may not go on operational deployment. It just depends on the seriousness of their condition. If they have been treated in the past for a mental health condition and they are now better, then the doctor makes a determination as to whether they are able to be deployed.

We are very sensitive about these sorts of things. We don't want to send a member on deployment if they've only just recently recovered from a mental health condition and deployment could cause them to have a relapse of their problem. We've very careful about these sorts of things.

Normally a member who does have a mental health condition is assessed by the doctor. Everyone who goes on deployment needs to have a pre-deployment medical, so if a member has a disclosed mental health condition, that would be discussed with the doctor. Unfortunately—and I'm not sure if this is the same in your military—there are a number of our members who, if they have a mental health condition, may not come forward to ADF mental health professionals, such as psychologists or doctors. They may go outside defence and seek help for their condition outside, so we won't have any knowledge of their mental health conditions. A member like that, who is being treated by someone outside defence, could potentially go on deployment, and we would have no visibility of their problem. Their mental health issue may flare up in the operational theatre, and then we would have to bring them back home to Australia. That is an issue for us.

The Chair: Thank you.

Now we'll move on to Ms. Sgro, please.

Hon. Judy Sgro (York West, Lib.): Thank you very much for sharing the information with us today.

You indicated earlier the issue that some of the individuals who have committed suicide may have been predisposed to do that. Are you referring to their being predisposed prior to entering the military? If that's the case, are they not put through some fairly extensive testing on their mental capacity or mental status when they apply, prior to participating in and joining the forces?

• (1610)

LCol Andrew Cohn: Absolutely.

In our defence force everyone who joins, either as an officer or as an enlistee, is put through psychological testing. We administer intelligence testing and we have an army general classification test. It's a bulk-administered IQ test. They also have a one-on-one interview with a psychologist.

However, the limitation with this method is that the applicant can choose to withhold information from the psychologist, so we can only make an assessment based on what the applicant tells us. If the applicant has made a prior suicide attempt or has had mental health problems in the past and has sought treatment and doesn't disclose that in the psychological assessment, that person can be enlisted, and we don't know anything about it.

Certainly, when we've gone through the psychological files of a number of the people who have suicided, we have seen that they have disclosed some things that at the time they enlisted may not have been considered big issues. With the benefit of hindsight, you can start putting things into place and see what they told to the recruiting psychologist. For example, it didn't seem like a major issue at the time that he'd experimented with cannabis a few years ago—it was just experimentation—or he came from a broken family, and that didn't seem like a major issue at the time as well, but when you start putting these things together with the benefit of hindsight after the person has suicided, you start seeing that maybe this person did have some predisposing factors.

Hon. Judy Sgro: I think many of us thought as we were doing this study that suicide was a result of many of them coming back from deployment in places like Afghanistan and having witnessed the kinds of things that we know the men and women have observed over there. I found it interesting that many of the individuals who had committed suicide had not even been deployed.

LCol Andrew Cohn: Yes.

As I mentioned, the major factors for our members who have suicided tend to be things like relationship breakups or these predisposing factors that I was talking about. They could be exacerbated by the conditions of service. A number of members who have suicided had been medically downgraded and been put into rehabilitation platoons. They'd been taken away from their units and put in rehab and of course had been in there for quite a while trying to recover from their medical condition. Things like that can really start to tip people over the edge, especially if they have these predisposing things that I was talking about—for example, difficulty in forming friendships easily, or low self-esteem issues. It's only when you start doing a post-event review and start looking at the nitty-gritty of what these people were dealing with in their lives and what they were dealing with before they joined the defence force that you start piecing things together.

What we find is that our defence force is a microcosm of our society. In our Australian society, it seems that 15- to 25-year-olds are that high risk group for suicide, and a lot of our young soldiers are in that age group. They're dealing with the same sort of societal issues as people outside defence.

Hon. Judy Sgro: Thank you.

The Chair: Thank you for that.

Mr. Kerr is next, please.

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

Thank you, Colonel Cohn, for joining us. We very much appreciate your input today.

We do hear of some similar challenges that we face. Regardless of where our armed forces are, there are some similar challenges.

I was interested in looking at combat versus non-combat. You've answered that aspect to an extent with the last question, so I'm not going to pursue that at the moment, except to ask you if you use peer support mechanisms, in the sense that you have those who have either been through the stress or have family members who have been through it. Do you make them available for your soldiers,

particularly in your decompression terms as they come home? Do you use the peer support mechanism?

• (1615)

LCol Andrew Cohn: We haven't actually been using peer support mechanisms as much as we could have or should have been. We are about to embark on a major mental health initiative in our defence force called "Keep Your Mates Safe" as peer support.

That means we are going to be training up selected members from units. Commanding officers will choose members of their units who will be trained up as mental health peer support persons. Those persons will be taught suicide prevention. Beyond the basic suicide awareness, they will be taught actual skills to identify whether someone may be at risk of suicide and to know what to do to keep that person safe.

They will be taught BattleSMART principles to be able to help someone who may be suffering at the time, or who may be depressed or anxious. They will be able to understand the fundamentals of BattleSMART in order to help that person cope.

These peer support people are going to be identified, and they are going to be taught more skills than your average soldier. They will be able to help keep someone safe if they are at risk of suicide. They will know more about mental health things than your average soldier does, so yes, we are starting to come on board with peer support.

Mr. Greg Kerr: Okay. I appreciate that.

We've had some additional challenges, particularly in this last year, but one of the questions we've been asked repeatedly—and there's quite a bit of work going on in Canada—is about a closer working relationship between our defence forces and the Veterans Affairs department people. In other words, there is the idea that with the transition from one to the other, the process starts earlier, so that Veterans Affairs is actually in contact within the department with soldiers long before they're actually going to transition out.

How does that work between your defence forces and your veterans affairs?

LCol Andrew Cohn: As I mentioned, we got this BattleSMART version last month, which we are going to be teaching people before they leave the defence force so that they will have the coping strategies they're going to need when they transition out of defence. BattleSMART is one initiative.

We are starting to work much more closely with our Department of Veterans' Affairs. We have a transition section within defence that works closely with veterans' affairs. The transition section runs transition courses for members who are leaving defence. There is a two-day course. The members are given presentations on applying for jobs and writing a curriculum vitae and all the things they need to know, so that when they leave defence, they will have a better understanding of life outside.

They're given a range of different presentations on topics such as applying for medical health benefits, because although our defence members are covered for dental and medical, once they leave, they're going to have to apply for health insurance. There are two days devoted to helping that person during the transition out of defence.

Certainly we are looking at ways we can work much more closely with our veterans' affairs department to help smooth their transition process.

• (1620)

The Chair: Okay. Thank you.

We'll now go back to Mr. André, please.

[Translation]

Mr. Guy André: I have a quick question for you, so our exchange is not yet over.

What are the key differences between the Australian system for monitoring soldiers and veterans and the system we have here in Canada? Have you identified the differences?

[English]

LCol Andrew Cohn: I'm not aware of a lot of differences. I haven't had a lot of close contact with the Canadians, but I was over there in Nova Scotia in 2009 to help with the development of the mental health suicide prevention program framework for the Canadian armed forces. I was part of an expert panel, so I got to know a bit about your practices.

In terms of the veteran community, I'm not aware of a lot of differences. I think there are a lot of similarities.

[Translation]

Mr. Guy André: We were provided with statistics according to which, in Canada, 60% of first-time compensation claims submitted to the Department of Veterans Affairs by veterans or soldiers who are accident victims are refused. We are wondering why this is. This is a process, a system, if you will, that seems to force people to appeal the refusal. At the appeal stage, 42% of the applications are granted. Does Australia have any statistics on compensation claims?

[English]

LCol Andrew Cohn: We don't have statistics in our defence force. I would imagine that the Department of Veterans' Affairs does have some sort of statistics. One hears anecdotally from people, of course, that they have put in compensation claims and were turned down, but I'm not aware of any statistics, unfortunately. I'm sorry about that.

[Translation]

Mr. Guy André: Could you send us some statistics regarding this?

[English]

LCol Andrew Cohn: It's possible, yes. I could speak with our Department of Veterans' Affairs and see whether they could make some statistics available for you.

[Translation]

Mr. Guy André: I would like you to send them to the committee chair.

I yield the floor to Mr. Vincent.

Mr. Robert Vincent: Earlier, you did say that you had established a connection between suicide causes among your armed forces members and suicide causes in society in general. You talked about alcoholism and couple separation. I would like to know whether you

conduct a full investigation when one of your members commits suicide. If so, do you provide financial compensation when it is determined that the cause of suicide was post-traumatic stress in the wake of the individual's multiple-year deployment to a theatre of operations?

[English]

LCol Andrew Cohn: There is a procedure that we follow in our defence force. If a member of our defence force suicides, then the service chief... If it is an army member, the chief of our army will initiate a quick assessment. The unit commander carries out a quick assessment and reports that to the Chief of Army. The Chief of Army then provides a report to our Chief of the Defence Force with a recommendation as to whether there should be a commission of inquiry, or COI.

If there is a recommendation that a COI be conducted, our Chief of the Defence Force will appoint an inquiry officer. The officer will conduct interviews with people who may have been involved, such as the commanding officer, peers of the member who suicided, and doctors and psychologists.

• (1625)

[Translation]

Mr. Robert Vincent: If my understanding is correct, an inquiry is not conducted for all suicides. When a veteran or even someone who is still a member of the Canadian Forces commits suicide, we do not conduct investigations in all cases, but only in cases deemed as inquiry-worthy by the staff.

[English]

LCol Andrew Cohn: No, there's not a commission of inquiry in every case when a member suicides. If it is determined that there are procedures or policies or things that happened leading up to the member's suicide that need to be investigated more thoroughly and that those procedures and policies need to be examined in detail because things may have fallen down, then a commission of inquiry is conducted by the defence force.

That said, in every case when one of our members dies by suicide, there is always a coroner's inquiry. The state coroner will look at the member's cause of death, and the coroner may recommend—

[Translation]

Mr. Robert Vincent: Yes, but we're talking about people who have hung themselves; they have taken their own life.

[English]

The Chair: Thank you.

Mr. McColeman, you have the next question.

Mr. Phil McColeman (Brant, CPC): Thank you, Chair.

I offer my thanks, too, for your taking the time with us today.

As we look at some of the testimony we've had, it's clear to me we're looking for tools to assist veterans in avoiding depression and avoiding what leads to suicide.

You mentioned a social networking site for veterans. Do you have any more details of that? You mentioned as well that it provides them with a tool for self-screening. I suppose in terms of evaluating whether or not they should seek help.

Beyond that, I'd like to expand a little bit and then have you respond to the fullness of what I'd like to get you to reply to. I think you may have the same situation—I'm not sure—but the traditional form of socialization for veterans has been around their own Royal Canadian Legions and the things they came back to after World War II. In our country, as you no doubt know—and you too may have this same type of social networking and buildings where people meet—we have the Legion system, but the modern vets aren't joining. It's not the way they have chosen to socialize, yet it has been so supportive of the World War II vets and the previous vets.

I'm going back to the social media networking, how that might work better, and how we might be able to assist there, but are you also experiencing the whole deterioration of the Legion system? What would you think should come after this?

LCol Andrew Cohn: There are a few question there.

I think we probably share the same sorts of issues you are dealing with. I don't know a lot about this particular area—it's not a field of my expertise—but with regard to your comments that a lot of veterans do not gravitate towards social networking sites, I think it depends a lot on whether they are inclined to be involved in that sort of thing.

I think the approach in our defence force is to look at different ways of engaging with veterans. Certainly the particular social networking site I was talking about, www.touchbase.gov.au, is one idea that will cater to some veterans who are inclined to be involved in social networking. However, it's not going to be for everybody, which is why our Department of Veterans' Affairs is looking at other ways they can reach out to the veterans community to try to engage them.

My guess is that we're struggling with the same issues that you are. One technique does not capture everybody; it does not cater for everyone.

• (1630)

Mr. Phil McColeman: Is your LifeSMART resilience training a one-size-fits-all model, or is it geared to each individual who takes advantage of that program?

LCol Andrew Cohn: At the moment, the LifeSMART program is still being developed. We've had some issues with it. Trying to fit the LifeSMART program into the two-day transition course is not an easy matter because, as you can imagine, at that transition program we have people who are leaving the defence force for all sorts of reasons.

You might have someone who is leaving because they've been medically downgraded; they have to leave and they don't want to leave, so they may be a bit bitter about that. You may have someone who's leaving voluntarily because they've done their minimum period of service, they have a good job lined up outside, and they're quite happy that they're leaving. Their motivation for leaving and their attitude about leaving are quite different from those of the first person I described. You also have family members who attend this two-day transition course.

So it's a very heterogeneous group. They are leaving under very different circumstances. The challenge we have with the LifeSMART program is in tailoring it for everybody's needs, and of

course you would never get that. You would never come up with a package that everyone is going to be relating to and engaging with. We are still developing it. We're going to do a trial of it soon and see how it goes, but my guess is that we're going to have to keep modifying it as we go.

We're going to have to use examples to teach people the sorts of coping strategies they're going to be using to deal with problems outside in civilian life, strategies that will cater for people with different needs. Someone who has been medically discharged is going to have different coping needs compared to someone who is voluntarily discharging and has a good job lined up outside. It's a challenge for us at the moment.

Mr. Phil McColeman: Thank you.

The Chair: Thank you.

The next question is from Mr. Lobb, please, and then we'll go to Mr. Lamoureux.

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

The first question I have is in regard to the family and family support. Can you outline some of the programs that you provide to a member's family?

LCol Andrew Cohn: At the moment, our defence mental health workforce—our nurses, doctors, and psychologists—do not actually work with families per se. We have a Defence Community Organisation, DCO, and DCO works closely with the families.

DCO does not work with individual defence force members, but with their families. At the moment, this is a bit of an issue for us, because on the one hand you might have a defence force psychologist working with the member and DCO working with the member's family, and there is not so much of the two agencies working together. At the moment we are looking at ways in which our defence mental health professionals can engage more with the family of the member with the mental health problem and work more closely with DCO.

• (1635)

Mr. Ben Lobb: How many years has DCO been in operation?

LCol Andrew Cohn: I don't know exactly when they came into being. I know that they had already been in for quite a while before I joined back in 1987, so they've been going for a long time now. They've gone through some major policy changes. Up until a few years ago, DCO was actually working with individual defence force members, but then they changed their policy and said they're only working with the families of the defence force members.

Mr. Ben Lobb: Okay. Everything changes with time.

Is DCO viewed as a success within your organization?

LCol Andrew Cohn: I believe so, yes. Certainly the family members, from my experience as a psychologist working with members and their families, often report that the social workers in DCO have helped them and have provided them with the support they needed.

However, as I said, we need to work much more closely, and we need to work at how we can get the family members working with our defence mental health professionals so that we get the two of them together. As a defence force psychologist, I've been in for about 23 years and I haven't actually done much work with families. I've done some couples therapy, but we have not done much work with the family members. We've left that with DCO. That has been a limitation, and we're trying to work through those sorts of issues.

Mr. Ben Lobb: You also mentioned some of the difficulties you have encountered in tracking veterans if they haven't signed up for benefits or been through a program. Is that a priority right now within your organization, or is it something you're continuing to monitor moving forward?

LCol Andrew Cohn: That's something the Department of Veterans' Affairs is really looking at. I don't know whether it's a priority for them. I can certainly find out. I've mentioned that I'll speak with our Department of Veterans' Affairs about statistics. I can certainly put the question to them about whether this is something they would be doing.

Mr. Ben Lobb: I'll maybe put it a little differently. When they go through their two-day transition session, are the benefits that they would potentially be eligible for through Department of Veterans' Affairs reviewed at that time so they are aware of the benefits and aware that they really won't be tracked in the system unless they do work within veterans' affairs?

LCol Andrew Cohn: I believe that is the case. I believe they are advised of that, but I can clarify that for you.

The Chair: Thank you.

Now we move to Mr. Lamoureux, Mr. Vincent, and then Mr. Kerr.

Mr. Kevin Lamoureux: Colonel, I was thinking again about that transition out of the LifeSMART program. As in Australia, a significant percentage of Canada's population is vets who have already been released or have been part of civilian life for many years. Do you see any value in expanding or modifying that LifeSMART program for those individuals who have been out of the force for a few years? Do you see value in that?

LCol Andrew Cohn: Yes, I think I do. As I mentioned, that has not been such a priority for us up until now; however, we have had talks with the veteran community about the idea of expanding our psychological resilience programs for veterans. It's something we will be looking at, but it hasn't been such a priority for us up until now, because we've been trying to bed the programs down for our defence members, especially for those who are going on deployment and coming back from their deployment as well. However, I certainly see a lot of value in expanding these programs out to the veteran community. Yes, I think it would be a very valuable thing.

•(1640)

Mr. Kevin Lamoureux: I'd like to ask about the staff-year resources that Australia would use for the development of these programs and the administration of these programs. Is there a sense of what kind of resources you're talking about?

LCol Andrew Cohn: Do you mean in terms of using the programs for the veteran community?

Mr. Kevin Lamoureux: No, I mean even in the general force in itself. For example, the number of psychologists has increased, I

trust, within the Australian force. Is there some sense of the resource requirement for providing these types of programs?

LCol Andrew Cohn: Because the BattleSMART program is cognitive behavioural therapy, it needs to be delivered by psychologists at this stage. We may be looking at a bit of flexibility with that policy down the track. We are expanding our mental health workforce within our defence force, because we've just undergone a major review of our mental health services.

You may have heard of the Dunt review. It was conducted in 2008-2009. Professor Dunt, from the University of Melbourne, conducted a major review of our mental health section in the defence force and the services that we provide in mental health. He recommended that we expand the delivery of the BattleSMART program and that we expand our mental health workforce, so we are bringing on mental health nurses, clinical social workers, and other mental health professionals—psychologists and the like—to enhance our mental health workforce around Australia. We bring these people on board and train them up in cognitive behavioural therapy, and then they may be able to deliver the BattleSMART programs as well. At the moment it is a bit resource-intensive, because it does need psychologists, but that may be helped down the track.

Mr. Kevin Lamoureux: Finally, Australia is obviously wanting to play a lead role in the world in developing a program such as this. Where do you turn to gain some expertise? Are there other countries that you're aware of? It may be under a different name. Where do you turn for inspiration, if I can put it that way, in terms of development of your own programs? Perhaps you could provide a very brief comment, if you are familiar with what the Canadian system currently has.

LCol Andrew Cohn: I'm not so familiar with the Canadian approach to preventive mental health. I am a bit aware of what the Americans are doing.

The Americans have actually borrowed our BattleSMART program. We've worked closely with Dr. Amy Adler and Colonel Carl Castro from the American military. Dr. Adler came over in 2009. She observed the delivery of BattleSMART at the army recruit training centre, and she took the slides back to the States, where they came up with their own version of the BattleSMART program. They trialed it at Fort Jackson. I'm sure Dr. Adler would be able to share with you the results of that trial.

We have worked very closely with the Americans in the development of our resilience program, but not so much with the Canadians. I would be very interested to find out what the Canadians are doing.

The Chair: Thank you.

Go ahead, Mr. Vincent, please, and try to be short.

•(1645)

[Translation]

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

Colonel, do you think that our two countries should follow up on their veterans in order to find out where they live, what their address is, what they have been doing since they left the army and whether any of them have committed suicide? As I was saying earlier, I understand very well that a coroner inquires into the death to determine the cause of it, but what we are interested in are the reasons for the death. Was a separation involved? Why? Was the individual being treated by a psychologist owing to post-traumatic stress? Do you think that our two countries should make sure not to lose sight of those people once they leave the army?

[English]

LCol Andrew Cohn: Absolutely. As I mentioned, one of our challenges is tracking people down once they leave defence. It's only when they put in a compensation claim through the Department of Veterans' Affairs that we can really find out where they are, how they're going, and whether they have any major health problems that we need to help them with. It is a major issue that we are dealing with, as I'm sure you are as well.

It's going to be just a matter of trying various initiatives and trying to reach out to engage with them. Obviously social networking websites are but one idea, and they're not going to work with everybody. They'll only work with some people.

[Translation]

Mr. Robert Vincent: You did not answer my question regarding investigations of suicide cases. Should each suicide be the focus of a separate investigation? I believe that it should, since we need to determine not how the person committed suicide, but rather the cause of the suicide. I am talking about further investigation of the reasons that drove the person to commit suicide. Do you agree with me?

[English]

LCol Andrew Cohn: Yes. Certainly every time one of our defence force members commits suicide, there's always a coroner's inquiry by the state coroner, but that's only one part of it.

Major Damien Hadfield, our suicide prevention program desk officer, who works with me, always looks through the psychological file and the medical file. He conducts a small desktop evaluation and investigation into the causes of that member's suicide, and we provide a report to our surgeon general in defence, reporting to him the factors that may have led that person to suicide. Oftentimes it's the same or very similar things that come out: the person went through a major separation, a breakdown of a relationship, or maybe a major change of life, such as a medical downgrade or a major disappointment. There are often other factors underlying that as well, which come out from the psychological and the medical file.

The Chair: Thank you.

Our last question is from Mr. Kerr, please.

Mr. Greg Kerr: Thank you, Mr. Chair. Actually, it's not a question. I just wanted to clarify a percentage that my friend Mr. André offered.

The department approves somewhere around 36,000 out of the 40,000 that come before the department each year, on average, and it's a small percentage of those that actually go to Federal Court

through the appeal process that have problems, so it's actually in the high 80%-plus for those that are approved by the department.

I think you were that saying 60% of them were rejected. I just want to clarify that.

[Translation]

Mr. Guy André: I would like to specify to Mr. Kerr that I made a mistake. Actually, 66% of first-time claims are refused. Representatives of the Veterans Review and Appeal Board provided us with this figure at the committee's last meeting. You can read the minutes of that meeting.

[English]

Mr. Greg Kerr: Maybe I could ask the clerk to clarify. What went on the record?

The Chair: I want to make sure that our witness isn't confused here, so I'm going to let my analyst explain it.

Mr. Jean-Rodrigue Paré (Committee Researcher): Okay. I'll do it very rapidly. The department makes 40,000 decisions a year. Of those 40,000 decisions, in round numbers, 4,000 go to the review process, so 10% go to the review process.

Of these 4,000, about 1,000 to 1,500 go to the appeal process, and 15 to 30, let's say, go to the Federal Court. The Federal Court does overturn 60% of the board's decisions, but that's very far from 60% of the first department decisions, which are accepted, for a rate of about 80%.

Hon. Judy Sgro: Mr. Chair, on that, though—

• (1650)

The Chair: Okay. Again we're into debate here, but I'm going to let Ms. Sgro interject one more time, because we are running out of time.

Hon. Judy Sgro: Just for clarification, in the report that we are soon going to be talking about and doing, can we make sure these things are clear so that we all know exactly what numbers we're talking about?

The Chair: We will make sure they're clear.

Lieutenant-Colonel Cohn, thank you very much for your time today and for your candid answers. I wish you all the best. I know that in Australia you've had some trying times with weather over this past short time, so we wish you all the best.

We're in a real snowstorm here today. I imagine it's quite warm where you are, but here it's cool.

Thank you so much for being a great witness. I wish you all the best, sir.

An hon. member: Hear, hear!

LCol Andrew Cohn: Thank you very much, sir. It's been a pleasure.

The Chair: Thank you.

Now we're going to suspend for a couple of minutes and then go into some committee business.

•(1650) _____ (Pause) _____

•(1650)

The Chair: Welcome back. We'll go into our business part of the meeting here if we can. I have to try to let my clerk have a little direction here. She's been running into a little bit of trouble with some of our witnesses.

We do have two witnesses for Wednesday, and there are three other witnesses who are still on the list. Two of them are quite difficult. They're Americans, and they're in the States. She's having a hard time to arrange even a teleconferencing with them, so we might end up with just one more witness after Wednesday. We're looking for direction on where to go from there.

I don't know when this committee would like to look at the supplementary estimates (C). It could possibly be on the 7th or 9th or the 21st. They have to be looked at and done by the 21st. We could schedule that in for the 7th if that would happen, if you want to look at the supplementary estimates. I think that would be advisable. We should be able to get through the supplementary estimates in one meeting, but would you like to just leave the 9th in case we don't get through it on the 7th? We could do that.

Bill C-55 is coming down the pipe at some point; I don't know when it comes up in the House again. It will be directed to this committee. Once that happens, it takes precedence, so we'll have to work that in. If we could set the supplementary estimates for this—

A voice: We have to make sure the minister is available too.

The Chair: Yes. If we go with the 7th or 9th, we have to make sure that the minister is available. We have the 7th, 9th, or 21st.

•(1655)

Hon. Judy Sgro: It should be on whichever one he would be available.

The Chair: I'm going to go to Mr. Vincent and then I'm coming to you over on this side.

Go ahead, Mr. Vincent.

[*Translation*]

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

If at all possible, I would like to have a draft version of a report, since we currently have nothing to guide us. We have nothing and we don't know how the analysis will shape this draft. Having a draft would help us in deciding what questions to ask other witnesses. We can always ask any question we want, but since we don't know in what direction we want the report to go, it would be much more interesting to have a draft. Thank you.

[*English*]

The Chair: Okay, we're going to go to Mr. Kerr and then we'll discuss what we're talking about here.

Mr. Greg Kerr: Thank you, Mr. Chair.

Obviously we're looking at page 2 here. I understand that we definitely have those witnesses this Wednesday, the 2nd, so we're on to the 7th and 9th. We also have to try to get the bill through here and back to the House as quickly as we can. I think that was our

undertaking. As soon as debate's finished in the House, we agreed we'd bring it in here. I'm suggesting that obviously could happen by Monday if everything goes well.

I think 7th and 9th really should be left for the estimates and the bill, depending on how we make out here. We are obligated to deal with both those items. I don't know whether the clerk had an additional witness you're trying to bring in for the 21st on or not.

The Clerk of the Committee (Mrs. Julie-Anne Macdonald): I currently don't have anything beyond Wednesday. I was waiting to find out what direction the committee would like me to take.

Mr. Greg Kerr: It was suggested we'd be looking at a draft, and if we're through with witnesses, I agree that it's something we should get on fairly quickly. I really think we want to make sure we allow the time both for the bill, which is a real priority, and then for the supplementaries after that, because there's a bit more time there.

I think we all agree we want to get the bill back into the House as soon as we can, so I'd like to see us start on that as soon as we can, meaning as soon as it's finished the House, obviously.

The Chair: Mr. Lobb is next, and then Mr. Vincent.

Mr. Ben Lobb: Thanks, Mr. Chair.

I have a question to the clerk. We were able to hear from a person from Australia today. I think it's important that we have the ability to hear from somebody from the U.S. or from the U.K. My thoughts are that they've also been in Iraq for quite a while, so it might be interesting to hear how they're dealing with the issues and what they've done, because they've been somewhat in parallel both with Afghanistan and Iraq. I think it's important to at least have their opinions, whether it's a written submission or teleconference or video conference or whatever.

•(1700)

The Chair: Before I go to Mr. Vincent, I am told that we have someone from the U.S. booked possibly for the 28th, so we would at least have some input to answer your question.

Go ahead, Mr. Vincent.

[*Translation*]

Mr. Robert Vincent: Mr. Kerr was saying earlier that Bill C-55 should be adopted as soon as possible. I still have questions for the Minister of Veterans Affairs regarding compensation.

In a report I read, the figures involved in the three cases mentioned were 4%, 40% and 100%. The report also said that it is more lucrative to be subject to the old charter than to the new one. I want to sort this out. Most of our witnesses have said that they had suffered injuries and that less than 40% of them received compensation for those injuries. If that is the case, the new Veterans Charter is currently not in the best interest of the injured. I am wondering whether a pension plan could be more beneficial for them.

[*English*]

The Chair: We'll go to Ms. Sgro.

In answer to Mr. Vincent, Bill C-55 will be coming in here. That's what you're talking about, so it will be discussed.

Go ahead, Ms. Sgro.

Hon. Judy Sgro: I take it that all the witnesses the different members have put forward have been contacted, except for the two from the U.S.

The Chair: Yes, everyone's been contacted, but not everyone's available.

Hon. Judy Sgro: All right.

To the researcher, do you feel that you have sufficient information to date? Do you need additional witnesses to be able to define the report in the way we discussed?

Mr. Jean-Rodrigue Paré: In the briefing notes for this meeting, I identified three areas where the main issues have been addressed. I think the report will be organized around these three major issues.

There is a lack of information about veterans in general, but there's nothing we can do about it. It would have been useful to have people from veterans affairs departments in other countries, rather than from defence. At defence they have more information. They're well organized, and they take care of their people in a closer way. I have some information here and there from veterans affairs departments in other countries, but we didn't hear anybody from there. Maybe from the U.S....

Hon. Judy Sgro: Is that from defence or from veterans affairs?

Mr. Jean-Rodrigue Paré: I suggest it might be useful to have someone from the Department of Veterans Affairs in the U.S. They have a lot of information. There was a submission sent to the committee from a lady about veterans affairs, and I think that could be quite useful, too.

Hon. Judy Sgro: Okay, so maybe we need to hear those two additional witnesses.

The Chair: Our clerk has advised me that we're still trying to contact them at veterans affairs in the States.

Hon. Judy Sgro: You mean in the veterans section.

The Chair: Yes, she's still working on that, and I hope we can make it happen.

Go ahead, Mr. Kerr.

Mr. Greg Kerr: As Mr. Lobb pointed out, it would be useful to make contact with the British authorities as well. They have done a lot. If they can't appear by video or in a one-on-one contact of some sort, perhaps they could send us some written material. I think his point is well taken. The British have been involved in a lot of these issues as well.

Ben and I just want to know that this has been acknowledged.

• (1705)

The Chair: The analyst will help.

Mr. Greg Kerr: Thank you.

The Chair: Go ahead, Mr. Lamoureux.

Mr. Kevin Lamoureux: Mr. Chair, the last time around we had a discussion about the former Veterans Affairs ombudsman. Can the clerk provide an update? What actually took place there? My understanding was that the committee was going to try to get him to come before the committee.

The Chair: He was invited and he declined, my clerk told me.

Hon. Judy Sgro: A lot of people decline. I guess they don't like us very much.

The Chair: It could be the weather.

Hon. Judy Sgro: It must be the chair.

The Chair: Yes, it must be. I agree. I should have phoned him up and sweet-talked him myself, I suppose.

Hon. Judy Sgro: I bet you could have done that.

The Chair: Anyway, we've talked these things all over here again. Bill C-55 will be looked after in this committee once it goes through the House and is directed to this committee. As far as that goes, I know my analyst has said also that if we're looking at when we want to present a report to the House, then we work backwards from there in terms of how many days it is going to take us to analyze the report and to okay it. Again, the biggest thing is Bill C-55. Is it going to be in this committee for one day, one week, one month? Does our analyst not even have to worry about doing a report?

I think that we have to get our ducks in a row. Our big thing right now is that for the next two or three meetings, we have to work around the minister to see if we can get the minister here to do the estimates. If we can do the 7th, the 9th, or the 21st with the minister, what we're going to try to do is to work around that with our witnesses. We'll see when Bill C-55 comes back up to the House when it gets sent to this committee, because it will have to be fitted in, and if we're doing whatever we're doing, we'll have to work things out then.

Hon. Judy Sgro: This takes precedence over anything else.

The Chair: Yes.

The clerk has advised me that if we don't get the minister here next week, it will be unlikely that we can get witnesses here for that, so either Bill C-55 is there or we will contemplate what we're going to do when we come back. I have talked to my analyst, and he could bring in a version of a report that we could look at. We'll see if we can put something like that, because there might be something there, and we could ask other witnesses to fill in the blanks.

Mr. Kevin Lamoureux: Mr. Chair, what would typically happen if we're dealing with the estimates of Veterans Affairs? Can we not be provided with some of the background information prior to that particular meeting?

Mr. Jean-Rodrigue Paré: It will be ready, with nice tables in colour.

Mr. Kevin Lamoureux: Colour too?

When?

Mr. Jean-Rodrigue Paré: They're ready. They're in my main computer.

Mr. Kevin Lamoureux: So you just hit the "send" button and we've got it, basically.

Mr. Jean-Rodrigue Paré: First we translate it, then we send it.

Mr. Kevin Lamoureux: Good.

The Chair: Okay. I'm going to leave it up to my clerk to see when she can get the minister to do the estimates. If it's next Monday, fine. If it's next Wednesday, fine. If it's the Monday after that, fine.

Hon. Judy Sgro: What was the deadline?

The Chair: The deadline is the 21st. If my clerk can't get these meetings put together, there will not be a meeting on that particular day. Okay?

A voice: Agreed.

The Chair: With that, the meeting is adjourned.

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