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Mr. Greg Kerr

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• (1530)

[English]

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Good morning, ladies and gentlemen. We have representatives from the Department of National Defence with us today. We are continuing our study of health issues and service provision.

Welcome to Rear-Admiral Andrew Smith, Brigadier-General Fred Bigelow, and Colonel Gerry Blais. Thank you for joining us today. We look forward to your presentation.

I think you know the format. You get your say, we ask questions, and we all go home happy. That's the way we like to run it.

We will wrap up at five o'clock. We have some business matters to deal with.

I understand, General, that you're going to open the presentation.

Thank you. Welcome.

[Translation]

Rear-Admiral Andrew Smith (Chief Military Personnel, Department of National Defence): Good afternoon, Mr. Chairman and members of the committee.

It is indeed a pleasure to be here today to discuss the various Canadian Forces programs and policies that facilitate transition from a career in uniform to life after service. With me today are Brigadier-General Fred Bigelow, Director General, Personal and Family Support Services, and Colonel Gerry Blais, Director, Casualty Support Management.

The Canadian Forces is fully cognizant of the commitment of its personnel and the extraordinary demands and challenges of the military lifestyle on members and their families. The institution also understands that in order for a fluid transition to occur, departing Regular Force members, full-time Reservists, and in certain cases their spouses or common-law partners, require timely assistance and compassionate support in order to meet their needs, depending on each individual's personal circumstances.

For some their last job interview was over 20 years ago. For others, life has thrown them an unanticipated curve ball for which they need help in adjusting their swing accordingly. Transition needs to cover a wide spectrum and in many cases, is different for those leaving due to medical limitations than for those moving on to civilian life voluntarily or at the completion of a military career.

Those leaving upon retirement or to pursue a second career are encouraged to attend the Canadian Forces-sponsored second career assistance network seminars. During these seminars, they receive assistance and advice in various areas, such as financial and estate planning, adjusting to their new reality, and resumé writing. They also participate in a transition interview with Veterans Affairs Canada and are eligible to participate in the Veterans Affairs career transition program.

The programs available to those leaving because of medical employment limitations are more extensive in order to meet their specific needs. The integrated personnel support centre staff meet with each departing member to develop a transition plan. This plan is multi-faceted and includes input and advice from Canadian Forces and Veterans Affairs Canada case managers, SISIP vocational rehabilitation counsellors, and others as may be required.

In lieu of the second career assistance network sessions, the ill and injured leaving the Canadian Forces are encouraged to attend medical release information sessions that contain content similar to the second career assistance network seminars, but that also include presentations tailored to their specific needs. Family members are invited to attend the meetings and the information sessions, as their support and understanding are key components of a successful transition.

The Canadian Forces have also recently announced a transition policy for seriously ill and injured personnel with complex transition needs. It allows them to be retained for up to three years in order to ensure that their needs are met and all of the required safeguards are in place to ensure a seamless, well-managed, and planned transition.

For many in this group, the long-term disability insurance from the service income security insurance plan, or SISIP, is a key enabling component to their successful transition. Since 1969, SISIP financial service has been the provider of a Government of Canada-sponsored long-term disability plan that allows Canadian Forces members to receive income replacement of up to 75% of pre-release salary, in combination with other specified sources of income, namely CPP, Canadian Forces pension, earned income, and the monthly Pension Act disability pension, as may be applicable. It is the first payer for disability monthly income and vocational financial support.

The Government of Canada pays 100% of the SISIP long-term disability premiums for service-related injuries and illnesses, and 85% of the premium for non-service related injuries and illnesses, with the balance of 15% being borne by the member.

• (1535)

[Translation]

If a member is released for medical reasons, SISIP LTD provides an automatic entitlement for an initial benefit period of 24 months. If a member's release is for non-medical reasons, the claimant must be deemed to be totally disabled to qualify for benefits.

Whether or not a member is released medically, if they are deemed totally disabled, coverage can continue up to age 65. The Vocational Rehabilitation Program (VRP), also administered by SISIP FS, is a component of the LTD plan allowing members an opportunity to obtain gainful employment within the civilian workforce. It builds on the member's existing education, skills, training and experience at time of release. Benefits under the Vocational Rehabilitation Program can begin as early as six months prior to release.

The Vocational Rehabilitation Program for Serving Members allows personnel leaving the Canadian Forces for medical reasons to pursue their Vocational Rehabilitation training or a job placement opportunity in the private sector for the six months prior to release.

[English]

The Canadian Forces also actively assist those leaving for medical reasons with their search for employment. The transition assistance program is a Workopolis-type website that links prospective employers with medically releasing personnel through a password-protected website. Approximately 300 employers are registered with this transition assistance program.

The program staff also assist personnel who wish to apply for priority placement within the public service. Although the Canadian Forces are very active in the area of transition, we continue to pursue additional avenues to attempt to secure employment for all military personnel as they transition to civilian life.

A number of initiatives are currently being pursued with corporate Canada to take advantage of the numerous qualities and skill sets—including, but not limited to, leadership and organizational skills, technical qualifications, and communication skills—that the men and women of the Canadian Forces bring to the table, and to secure employment for them in rewarding jobs that offer opportunities for advancement and career fulfillment. The re-engineering and modernization of transition services falls perfectly into my number

one priority as the Chief of Military Personnel, which is providing care to the ill and injured and support to their families.

[Translation]

The senior leadership of the Canadian Forces will continue to make every possible effort to ensure that transition of its members is as seamless as possible and that departing personnel are provided with all of the tools required to ensure a successful and fruitful transition to civilian life.

• (1540)

[English]

We would be happy to answer any questions you may have, Mr. Chair.

The Chair: Thank you very much, Admiral, for your very clear presentation.

We'll now turn to the members of the committee for questions.

First will be Ms. Mathysen, from the official opposition.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair.

Thank you very much for being here, Rear-Admiral, and thank you for your presentation.

I have a couple of questions. First of all, when a person releases from the military, do all of their medical files go with them? What's the process there? How can you ensure that these files are going to be available for the person leaving the military?

RAAdm Andrew Smith: I'll ask Colonel Blais. Colonel Blais is the director of casualty support management, and from a service delivery perspective he is one of the links, if not the primary link, that I have with Veterans Affairs. He deals with issues such as this one on a daily basis. He is also the commanding officer of the joint personnel support unit, with 24 sites across the country. I'll ask him to respond to that specific question related to medical files.

Colonel Gerry Blais (Director, Casualty Support Management, Department of National Defence): When a person releases, both their personnel files and their medical files go to Archives Canada.

However, before individuals leave the forces, they have the right to have a copy of their medical files. All they have to do is make that request. Especially for people with medical problems, we ensure through the integrated personnel support centre that a copy of their medical file is made and handed to them so that when they transition to their civilian caregiver, they can bring their file with them for good continuity there.

Ms. Irene Mathysen: Thank you.

Would the same be true for reservists when they leave the military?

Col Gerry Blais: No, in most cases it would not, because for the vast majority of reservists, unless they're on full-time service, medical care is provided by their civilian caregivers; therefore, the military doesn't have a medical file on them.

Ms. Irene Mathysen: Thank you.

There was a great deal of discussion about transition. I have a significant number of veterans—modern-day vets and a few World War II vets—in my riding, and the whole issue of a smooth and positive transition comes up over and over again. I hear that sometimes it's very difficult for veterans, particularly for modern-day veterans who have served as peacekeepers in very difficult areas of the world, to come back into civilian life.

What family support services do DND and VAC offer during that transition process? Could you provide some examples?

RAdm Andrew Smith: Certainly.

I can't and won't speak to the part of your question dealing with Veterans Affairs, but we have military family resource centres in every base and every wing across the country and in the joint personnel support unit, where a lot of these medically releasing personnel will go to enable their transition. There is a social worker, called a "military family liaison officer", embedded in each one of those integrated personnel support centres; these military family liaison officers have a specific mandate to assist with family support and with family transition aspects in order to help the member.

Also, the second career assistance network briefings that I mentioned in my opening comments are open to family members. These briefings cover a whole host of things, including benefits issues, resocialization, and transition issues. They are really beneficial for families, so we very much encourage families to attend.

Ms. Irene Mathysen: In your view, is there more that needs to be done to enhance that support?

I know that in London, Ontario, we have a military family support system, and they're always doing fundraising and trying to elicit the resources in order to do their work. Is there something that we should be doing to enhance that operation and to support military personnel and their families better?

RAdm Andrew Smith: I spend \$20 million a year supporting the military family support centres across the country. They are also free, in the governance construct under which they operate, to fundraise as they may see fit in order to address specific regional or local needs. I provide money for a national baseline of services across the country; that funding can be supplemented, based on regional or local needs.

• (1545)

The Chair: Thank you very much, Ms. Mathysen, and Admiral.

We'll now go to Mr. Storseth for five minutes.

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

Thank you, gentlemen, for coming. It's very important that we have an opportunity to talk to you about these issues.

The first question I have is for Rear-Admiral Smith.

You commented on the service-related injuries or illnesses and how they're documented in the medical system and the files. Obviously that has gotten better over the last couple of years. I wonder how far back that goes, because obviously, as you would know better than I, when guys in field jump off the back of a truck and get injured, or something like that happens, they don't necessarily just stop, document it, and move on. A lot of these long-term injuries often seem to go undocumented, sometimes for years, and then it becomes a problem for these people to access their benefits afterwards or to access help for their injury.

Has that issue been resolved for the most part?

RAdm Andrew Smith: Mr. Chair, it's a great question, and it comes up often.

We have recently completed a series of 25 town halls across the country specifically to get the word out to serving members about how to understand the new Veterans Charter. I sponsored it, but Veterans Affairs did the lion's share of the presentations. They were specifically to deal with issues such as how people, first of all, need to be aware of the requirement to document their injuries or ailments if they have them.

It's always a struggle, because it's not often at the front of people's minds as they're out there doing the business we ask them to do. In regard to formal documentation, inasmuch as that is the preferred approach, we have worked closely with Veterans Affairs to ensure that if the documentation didn't happen during the exercise or the deployment, if that individual could go back and get witnesses who were there at the time, or a note from the commanding officer verifying that he or she did get injured in such and such a fashion, it is helpful to Veterans Affairs as they look to adjudicate the file.

To my mind, your question really goes to the requirement to ensure that men and women going about their training and operational deployments bear in mind the need to document their illnesses or injuries and that they take a longer-term view in making sure their files are complete in case they ever need the services of Veterans Affairs. It's more of an educational and an awareness campaign, and I think we're getting better at that.

Mr. Brian Storseth: Thank you.

I commend you for your town hall meetings. In these meetings, do you also bring up the aspect of the rights that members have when they come back from deployment and the things they can expect? Do their families get the proper notification on what to expect?

For instance, I have both Edmonton Garrison and 4 Wing Cold Lake in my riding, and when members come back from deployment, there's a certain time for them to get the reorientation that all members get when they come back. However, sometimes certain members with PTSD are a little bit confused as to how they overlap, or what benefits they have the right to. I think education on that aspect could be very beneficial to our men and women.

RAdm Andrew Smith: In the last few years we have been invoking lessons learned from Afghanistan.

First of all, as people come out of theatre, previously from Kandahar and now from Kabul, we take them to Cyprus for a five-day decompression period called third-location decompression. They used to go right home directly from a deployment area. We now take them away into Cyprus, a secluded area, and give them a series of debriefings on what they can expect, including reintegration with family and some of the issues that might come up. They also get some of that training before they deploy.

Then, three to six months after they return home, they have a mandatory follow-up check with the medical staff to see how they're doing. That's been done as a result of some of the lessons learned that we have observed, and it pays big dividends, especially in cases of mental health issues where, let's be honest, western males aren't always the first ones to willingly put their hands up to seek help. We've done a lot in terms of educating people about trying to look at mental health injuries the same way we look at physical health injuries. That again is an awareness campaign that is gaining traction.

• (1550)

Mr. Brian Storseth: I would like to—

The Chair: Thank you, Mr. Storseth; that's five minutes.

Go ahead, Mr. Casey, for five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Good afternoon, gentlemen. Thank you for your presentation, Rear-Admiral Smith.

You mentioned the Veterans Affairs career transition program in your remarks. I wonder if you could tell us a bit more about it.

RAdm Andrew Smith: Following the introduction of the new Veterans Charter in 2006, Veterans Affairs contracted with a company that I believe is called Right Management. They have a mandate, as I understand it—because, in fairness, it's a Veterans Affairs program—that is open to all members of the Canadian Forces to assist them in seeking out a second career. It's a contracted service that Veterans Affairs has with Right Management.

Mr. Sean Casey: There's been some joint research done with DND and Veterans Affairs. A report issued last year, a survey on the transition to civilian life, studied levels of income after release from the forces. It showed that Canadian Forces members typically see a decline in their income. That decline is more pronounced among the females who serve.

Given that the report was released a year ago, Rear-Admiral, what has come of it? As a result of that report, what has been done within DND or within Veterans Affairs, if you know, to address the issues raised?

RAdm Andrew Smith: The life-after survey study you speak of was a joint study by Veterans Affairs Canada, DND, and Statistics Canada, and you're right that there were some interesting observations about income levels after service.

The Canadian Forces have not, per se, done anything specific with respect to the report, other than to note it with a view to making sure people plan for their retirement productively and think of it six months before they retire.

Mr. Sean Casey: From your answer to my first question on the Veterans Affairs career transition program and your opening

remarks, it strikes me that there are multiple programs and initiatives that strike at the same thing. Should they or could they be streamlined? Are you tripping over each other? Are you at cross-purposes? If I could boil it down to a fairly simple question, are there areas for improvement?

RAdm Andrew Smith: To date, the transition assistance program we run inside the Canadian Forces has primarily been focused on providing assistance in the transition to civilian life for those who are ill and injured, whereas the Veterans Affairs career transition program really assists any and all people releasing. One is, if you would, a subset of, or is nested within, the other.

With respect to working more closely together, I co-chair, with the assistant deputy minister of service delivery for Veterans Affairs, the VAC-DND steering committee, which is a senior strategic-level committee. We meet two to three times a year. One agenda item we always have is areas of synergy and where we could improve services. That is a continual focus of that committee.

Mr. Sean Casey: Is the VAC official who co-chairs with you Mr. Hillier?

RAdm Andrew Smith: It is Mr. Hillier.

• (1555)

The Chair: You have time for one more question.

Mr. Sean Casey: That's it. I'm done. Thank you very much.

The Chair: Mr. Harris, I believe, is next.

Mr. Richard Harris (Cariboo—Prince George, CPC): Thank you, Mr. Chair.

Gentlemen, I'm new to this committee, and I feel honoured today to be in the presence of folks like you, who lead our armed forces. I want to tell you that I share the appreciation my colleagues have for the military and its leadership, such as you. Thank you for attending. It's a privilege to be able to ask you some questions about how you operate the military.

I really appreciated hearing your explanations.

I had a couple of questions. I know that these programs are well designed and well thought out before they're put into force. What type of oversight do you currently have to gauge the success of the programs on an ongoing basis, or semi-annually—whichever is the mark?

RAdm Andrew Smith: The joint personnel support unit, which we stood up in 2009, is commanded by Colonel Blais, to my right. It has a series of performance measures that we continue to develop, implement, track, and monitor to gauge the effectiveness and efficiency of the various support services provided by the IPSCs. The IPSCs are really for one-stop shopping. They can provide assisted financial services, adaptive fitness, and so on. Veterans Affairs Canada staff are embedded in each one of those sites. All of the various services available are monitored on a regular basis to determine if we are meeting the needs and are doing so in an efficient manner.

Mr. Richard Harris: Thank you.

How are you doing? What's the satisfaction level of the program currently?

Second, how flexible are you to change the programs, either operationally or even completely, to ensure that the program delivers the high-level assistance that was the original goal?

RAdm Andrew Smith: With respect to how we're doing, the trend in terms of clients has risen steadily since we introduced the IPSC in 2009, and it has been reassuring to know that people feel comfortable enough to come forward to seek the assistance they need, whether they be ill or injured. In some regions or at some sites across the country, the demand can be quite staggering. I would cite that as an indication that we are well known and are a credible source of help.

With respect to the flexibility to change things, I would say that one of the things that distinguishes the Canadian Forces is that we are a learning institution, and it's all about continuous improvement. If we need to change and amend things, we do that on a regular basis, and if Colonel Blais, who runs the JPSU, needs to tweak programs, we do that on a regular basis.

Mr. Richard Harris: That's good to hear. I know that sometimes parts of our government can get bogged down in red tape, and it's a real job to make any real-time changes. I was already assuming that the military would be different.

RAdm Andrew Smith: Inside the military, we call that mission command. We give individuals the task, the resources to get on with the task at hand, and then the flexibility to implement that and manoeuvre to meet the goal. That's an inherent part of military leadership.

Mr. Richard Harris: That's great. Thank you very much.

Thank you, Mr. Chair.

The Chair: Thank you.

We're moving right along here. Next is Mr. Hyer.

Mr. Bruce Hyer (Thunder Bay—Superior North, NDP): Thanks very much.

Rear-Admiral, I have one question. I'm the MP for Thunder Bay. We have several reserve units in Thunder Bay, and "reserve" does not mean they're inactive; on the contrary, we've had fatalities and woundings of reservists serving in peacekeeping missions in Afghanistan, so it's a large and important part of our town.

My question is this: how do the transition to civilian life and the various benefits you've started to outline, which we'll hear more about later, differ, if at all, between regular Canadian Forces personnel and reservists? Are there differences? If so, what are they?

•(1600)

RAdm Andrew Smith: As you'll recall from my opening comments, the transition services largely apply equally to regular force members and full-time reservists. I'll ask Colonel Blais to go into greater detail, but part-time reservists do have a different construct.

Col Gerry Blais: Full-time reservists are afforded the same services as regular force members. The Class A reservists—that's the name we use—parade on a Thursday night or once a month and spend a weekend with their units; if they are injured as a result of their military service, they get the same services as somebody in the regular force. However, if they're injured while working at their civilian employment, playing basketball in their driveway, or whatever the case may be, then unfortunately the services are much more limited. We'll provide them all the support we can, but there is no real financial commitment associated with that type of injury.

Mr. Bruce Hyer: Thank you very much.

My compatriots may want to share my time. I had one question, and that was it.

The Chair: We've got another three minutes on that side. We're going too fast today.

[Translation]

Mr. Réjean Genest (Shefford, NDP): I am pleased to meet with the representatives of our three armed forces, that is our military, our navy and our air force.

As you know the government is making budget cuts. First they said 5% and now they are saying 10%. Will the services that you offer, that is transition services or help seeking employment after a military career, be affected? Have you thought of ways to be as effective and continue to offer these services despite these budget cuts? What is certain is that if there are cutbacks, you will also be affected.

RAdm Andrew Smith: Mr. Chairman, I would simply like to say that so far, no decision has been announced by the government. I will leave it at that.

[English]

The Chair: Thank you.

Ms. Mathysen, you have time for one question.

Ms. Irene Mathysen: Colonel, in your brief you talked about 300 employers being registered with the transition assistance program. I was quite taken with that, and I wondered who they are. Do you know? I know they're both public and private sector. What kinds of jobs are they offering to ex-forces personnel?

Col Gerry Blais: They are extremely varied. For example, on the public side, there are a number of departments. There is also the Corps of Commissionaires and similar services.

On the private sector side, it's extremely varied. There can be small local electrical firms, for example, and the major banks are registered, including TD, Royal Bank, and Bank of Montreal. It runs the gamut.

The type of employment is varied. There are some management positions, and it goes down as low as entry-level positions. The variety is very wide.

RADM Andrew Smith: To that I would add some of the ongoing work we're doing with corporate Canada, as I have come to appreciate. The cartage and moving companies, some of the big food warehouse distribution companies, and the financial and the banking industry have foreseen a significant manpower shortage, so they are looking for people who don't necessarily have to have expertise in the banking industry or in a cartage firm. They're looking for skills that almost all people in uniform above the rank of corporal will have, such as leadership skills, organizational skills, and an ability to communicate. They're more than happy to train these people in the specifics of warehouse distribution or cartage or some of the financial aspects in a financial institution. They're looking for the leadership skills that these injured or transitioning people have. That's what they are missing.

• (1605)

The Chair: Thank you very much, Admiral.

We'll now go to Ms. Adams for five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thank you very much for coming here. In particular I'd like to take this opportunity to thank all of you for your service to our nation and to our fellow Canadians. We have an inordinate amount of respect for the work you do every day.

Could you perhaps expand on the types of services that are available to some of our most seriously injured veterans coming out of Afghanistan?

RADM Andrew Smith: Certainly. That really falls into the two categories of physical and mental injuries.

I will deal first with the physical injuries, and specifically with injuries suffered by those who have been unfortunate enough to have lost limbs.

The government has recently purchased two computed-assisted rehabilitation networks. This is a 3D artificial environment rehabilitation network to assist people to learn how to deal with the loss of their limb or limbs. There is one in Edmonton in the Glenrose facility, and there's another one here in Ottawa. Those were bought specifically to assist people as they try to figuratively and literally get back on their feet.

We have the whole system of integrated personnel support centres that Colonel Blais runs across the country. They are specifically a one-stop shopping network providing support services for the member and the family. There are medical caseworkers, and Veterans Affairs is totally linked in there. One of the key principles of the new Veterans Charter was a focus on early intervention, so having the Veterans Affairs staff in the integrated personnel centres across the country enables them to be there from the beginning to help people.

With respect to mental health—and in fairness, a significant number of people who have physical injuries will also present with mental health issues at some point as well—we have the operational trauma and stress support centres. We have seven of those across the country. There is a focus on clinical assistance as well as non-clinical health through the operational stress injury social support program, again run by Colonel Blais. As we have come to appreciate, successful treatment of mental health injuries in many cases involves both clinical and non-clinical treatment modalities coming together to provide holistic support.

Ms. Eve Adams: Thank you, and thank you for your particular attention to amputees. Actually, my father is a double amputee—not through his service, but through medical conditions. You're quite correct that the loss of limbs does pose an enormous psychological weight for the individual and for the families.

RADM Andrew Smith: As people look to get back on their feet, we also have an ability to modify homes and vehicles, at public expense, for people who have amputations to help them lead as typical as possible a life as they would have previously. I should say there's both a public and a non-public ability to provide support there.

Ms. Eve Adams: In the last little while, we have doubled the number of operational stress injury clinics. Can you expand further on the types of success stories you've been seeing coming out of those?

RADM Andrew Smith: I would go back to my earlier comments related to the third-location decompression on Cyprus. I was fortunate enough to witness this first-hand just over a year ago. Young men and women getting off the plane from Kandahar to Cyprus were not allowed to go their room, to the pool, or to the beach; they were taken right into a series of briefings on some of the impacts or aspects they might face coming out of theatre. As a result of those briefings given by OSSIS peer counsellors, some people put up a hand, right then and there, saying that they thought they might need to see a specialist.

The same thing happens in some of the OSI clinics across the country. When I look at that, I would say it is a real success story. It shows we have started to break through the unfortunate stigma that is far too many times associated with those who have mental health injuries. That's a road we continue to travel, but there is progress being made on that path.

• (1610)

The Chair: Thank you very much, Ms. Adams.

We'll now go to Mr. Lizon for five minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you very much, Mr. Chair.

Thank you very much, gentlemen, for coming this afternoon, and thank you for your great service to our great country.

The transition to civilian life is a very complicated and complex issue, and I imagine it needs assessment in every case. You have people leaving the military who earn a full pension, and whether they decide to continue working as civilians is really their choice. However, you also have people who are serving and for one reason or another decide to leave, whether for a health reason or for other reasons. Perhaps they served and were sometimes deployed, but they decide not to serve anymore and leave the military early, before earning a pension. What services are available to help them transition to civilian life?

RAdm Andrew Smith: I take it by your question that these are able-bodied people who are not necessarily ill or injured but who elect to transition to civilian life prior to a full 35-year career.

Mr. Wladyslaw Lizon: That's correct.

RAdm Andrew Smith: The primary service and support available to those people is the second career assistance network that I spoke of. These are transition seminars, sessions, and symposiums that are regularly scheduled across the country by a cadre of specialists to help people understand the various benefit and allowance entitlements they're allowed on transition. There are also sessions on how to prepare a resumé and how to prepare for job interviews. Often social scientists are there to assist people in making the mental transition from the rather well-structured environment of the military to civilian life. Those are run frequently throughout the year. That's really the primary support mechanism in place.

Mr. Wladyslaw Lizon: When people choose a career, whether military or any other, generally speaking I would say they do not prepare themselves, at the very start of the career, for that career eventually coming to an end.

In military settings, when a person joins the Canadian armed forces, you know the date the person joined and you know that eventually his or her career will come to an end. How do you prepare them for that moment? Is there any early preparation? I know the army always plans very well ahead and is organized. Do you do anything in the course of their service to make them aware of certain issues they'll have to face when they end their career, whether they end it early or after the full time of service?

RAdm Andrew Smith: I would offer a few comments.

First of all, there is ongoing awareness that Veterans Affairs Canada is there. We are meant to have a seamless transition to Veterans Affairs should they need the services of Veterans Affairs. That's one aspect.

There's also the SISIP financial services program, which is resident on every base and wing across the country. There's an ability to assist people with financial planning, to invite them to think ahead, to plan for their future.

We also have, for many of the technical trades, an ability to cite civilian equivalency for much of the training we provide in terms of having equivalency to a provincially certified technology body to help them transition on completion.

•(1615)

Mr. Wladyslaw Lizon: Okay.

In your presentation, you mention on page 6 that the program assists personnel who wish to apply for priority placement in the public service. Can you elaborate a little bit?

RAdm Andrew Smith: Certainly.

In a moment I'll ask Colonel Blais to fill in any holes I may leave, but those people who are medically releasing from the Canadian Forces are eligible for priority hiring within the public service, as long as they meet the qualification criteria for the particular job they are applying for.

As well, as people are medically releasing, the integrated personnel support unit staff will work with them to orient them and help them apply for those positions.

Colonel Blais, would you care to add to that?

Col Gerry Blais: Certainly.

A person is advised that they're going to be released for medical reasons six months prior to the point of release. A person can only apply for a priority hire position once he or she is released from the forces, but during that six-month lead-up, as soon as we receive the knowledge that the person will be released, we send them a letter with all of the programs that are available to them.

We include priority hiring and we give them a detailed explanation of what they're eligible for. We help them prepare for the interviews and any training they may need in order to qualify for an area of interest. We also assist them with the application process once the moment of release arrives.

The Chair: Thank you very much, gentlemen.

Now we will go to Ms. Papillon for five minutes.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): Thank you Mr. Chairman.

First of all I would like to thank our witnesses for having come here to speak to us today.

This issue of transition to civilian life is very interesting. The Valcartier military base is located quite near where I live. I went to this base to meet with people a few times. Several times they mentioned the clear lack of resources for the military. What's more when they're released from service and they return to this military base to the places they know, it often happens that they cannot be relocated because they've become veterans and resources are hard to come by. This is what I was told by people on the military base. Also, as reported on the television show *Enquête*, there is a deplorable lack of human resources on military bases.

I would like to hear your comments about the lack of collaboration and coordination between the transition services programs offered by the Department of National Defence and Veterans Affairs Canada.

RAdm Andrew Smith: Mr. Chairman, as I mentioned before, we work very closely with the Department of Veterans Affairs, both strategically and tactically.

I disagree with the notion that the two are in conflict. We work extremely well together. As an example, I would tell you that within all of the integrated staff support units across the country, there are members of the Veterans Affairs Department who are completely integrated into the JCSP's staff.

Ms. Annick Papillon: More specifically, we are already short of health care specialists for the military just as there are also shortages in the health care system for the Canadian public. It is therefore certain and understandable that we are also short of such personnel on military bases, but it's also obvious that there are repercussions for veterans. If resources are further cut back, how will you be able to guarantee these services for our veterans?

• (1620)

RAdm Andrew Smith: If I take the specific case of mental health specialists, we know that there is a lack of those across Canada. We have the same challenges as other communities when it comes to finding mental health specialists.

[English]

That's one of those questions that is not easily solved, even if you have money, because there is a lack of mental health specialists across this country. We continue to work on a daily basis to fill that void.

[Translation]

Ms. Annick Papillon: It is certainly true that there are problems that affect the entire population. However, in the case of the military, we know that after the experiences they've been through, these risks are even higher and this may be a problem. In fact, a case comes to mind I heard of at the Valcartier base in which a young man was unable to access the necessary resources, and unfortunately committed suicide. I have to wonder at which point we're going to start investing in resources, specifically mental health care for veterans? We just visited Sainte-Anne-de-Bellevue Hospital and we could see that there was a waiting list for people who needed mental health care. I think that that would be a very useful investment.

RAdm Andrew Smith: First of all Sainte-Anne-de-Bellevue Hospital is a hospital managed by Veterans Affairs and not by the Canadian Forces.

[English]

If people present at the operational trauma and stress support centre here in Ottawa with mental health conditions for which they need assistance, they'll get to see a specialist within six to eight weeks. In the general population in Canada, people can wait 12 to 18 months to see the same specialist. I am here to tell you that the medical care provided to Canadian Forces personnel is second to none in this country. I'm happy to go on record in that regard.

The Chair: Thank you very much, Ms. Papillon.

Mr. Anders is next. You have five minutes.

Mr. Rob Anders (Calgary West, CPC): Every now and again we hear talk of setting up the federal government so that as veterans leave the armed forces and are looking for other work to do, they can have priority for postings in the federal government. For years we've had affirmative action programs that promote others because we were trying to advance their careers or provide visible representation of people who were not previously in large numbers in the civil

service. In the halls of this place I've heard the idea many times that people leaving the forces would have first crack at getting jobs in the bureaucracy or in the civil service here in Ottawa or across the country. I think it's an innovative, interesting idea. Veterans have put their lives on the line and sacrificed time, blood, sweat, and tears for this country, and I think it makes a lot of sense.

I'd like to get your perspective on what you think of having a first crack, top-of-the-line opportunity for veterans to get access to those government jobs.

RAdm Andrew Smith: In keeping with my comment with respect to some of the transition support we are pursuing with corporate Canada, I would submit to you that by virtue of the training, education, and professional development that Canadian Forces members from corporal on up acquire, attain, and practise on a regular basis, they would be well positioned to exercise leadership and decision-making and move out on a whole series of professional fronts, both in and outside the federal government. If that were something the government, either through HRSDC or elsewhere, was willing to pursue, we would certainly be at that table.

• (1625)

Mr. Rob Anders: I've heard it come up a number of times. I've always thought it was a great idea and backed it every time I heard it. It's good to get your perspective.

Thank you. That's all I have to ask.

The Chair: Do you want to share your time with Mr. Storseth?

Mr. Rob Anders: Sure.

The Chair: Go ahead, Mr. Storseth.

Mr. Brian Storseth: Thank you very much, Mr. Chair, and my thanks to Mr. Anders for being so gracious.

First I would like to comment on the last Operation Mobile in Libya. I wanted to say thanks for the excellent work you gentlemen did with the Canadian Forces in making sure the family outreach was there. It was amazing to see how much support the military provided to the spouses and the families on base. It helped them get through a trying time. I wanted to make sure I got a chance to say that.

Second, one of the things we often hear in places such as Cold Lake, where you rely on civilian medical doctors to offset the lack of military doctors, is that the bureaucracy is cumbersome when it comes to filling out forms and making sure they get through all the right processes and steps. Sometimes civilian doctors don't want to deal with this. Is there any way to outreach to civilian doctors so that they understand it better? Is there better education when it comes to that kind of thing, to make it easier on our guys currently serving?

Brigadier-General Fred Bigelow (Director General, Personnel and Family Support Services, Department of National Defence): Just to be clear, is the question whether it's easier for the families or easier for the guys?

Mr. Brian Storseth: I mean for the Canadian Forces members.

BGen Fred Bigelow: Most of the challenges we face have to do with the families who deal with the provincial medical authorities. Health care delivery is a challenge.

However, I need a little clarification. Quite frankly, having had a foot on both sides of the fence, I can tell you that it's a lot easier being a member of the Canadian Forces dealing with the health care system than it is being your average Canadian citizen dealing with a provincial system. I'm just a little confused about the question.

Mr. Brian Storseth: In Cold Lake, the problem is caused by the lack of military doctors. It may be more of a Veterans Affairs issue, particularly with guys who are about to leave the forces and have to access all the right paperwork and stuff. The doctors are often somewhat hesitant in dealing with it—that's the feedback we get—and we definitely hear it a lot on the family side as well.

The parliamentary secretary talked about mental health and all of the clinics we have. I think the step we have taken is very important for rural members such as those serving in Cold Lake, because they don't have to travel for two hours to get their services, but is there any hope that in the future we'll be able to expand on that so that they'll have even more services?

One of the biggest problems with guys with PTSD in Cold Lake is that it's a three-hour drive to Edmonton. Often they're under a lot of stress when they go through their interview, so they stay overnight. Then they drive three hours back. As a result, there's a cost to them. There are issues when it comes to that. Is there any thought to addressing some of those issues?

RAdm Andrew Smith: When I had an opportunity to visit some of the operational stress injury clinics, I was very happy to learn that a lot of work is being put into telemedicine. I was new to that. I was helpfully skeptical at first, but I have heard first-hand from some of the practitioners that telemedicine is a very effective way to be able to video conference on a secure site; in that way, people with certain mental health injuries or issues can get the help they need remotely, and people in some of the more remote or rural areas of the country don't have to travel, as you cited. I think that shows great promise moving forward. It certainly helps spread the wealth of expertise around.

With respect to the medical doctor issue, through the Canadian Forces Health Services, who also report to me, we have the ability to go through a private contractor to bring in medical professionals on an as-required basis.

• (1630)

The Chair: Thank you very much.

Mr. Anders, unfortunately the clock is going to show that you are way over time. Mr. Storseth was actually under time. We'll do our best to put a footnote and show why that happened.

We will go over to the NDP. The late Mr. Stoffer is here. I assume you would like at least one question before the day is over.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): No, I don't have a question. I actually have a statement.

Thank you, Admiral, and everyone who put that meeting together a while back at the Nortel building. I thought that was a beginning, a new way of moving forward on a variety of issues. I know Admiral Maddison's wife was there speaking very loudly on it. I wish you all good luck. There are going to be a lot of hurdles along the way, but I thank you very much for the opportunity to be there. That was very kind of you.

The Chair: Go ahead, Ms. Mathysen.

Ms. Irene Mathysen: Thank you, Mr. Chair.

I have a follow-up to my previous question with regard to employers and employment.

I know that the fit isn't always exactly right; sometimes people begin a job that doesn't quite work out. Do you have any information about the success rate of people leaving military service and moving into civilian or public service jobs?

RAdm Andrew Smith: Could I just seek a clarification with you? Is your question related to those who are medically releasing, or just releasing in general?

Ms. Irene Mathysen: Releasing in general, I would say.

RAdm Andrew Smith: For releasing in general, we're not well positioned, because we don't really track them as they release. People who release voluntarily—and that could be upwards of 2,000 per year—are either at the end of their 35-year career or typically are releasing to seek employment elsewhere. I would operate on the assumption that they are either fully pensionable or seeking employment elsewhere. That would, I think, bode well for the success rate of those people who are voluntarily releasing.

People who are medically releasing are really where our focus is. We seek to assist them in a seamless transition to other pursuits if they are able to work, or failing that, to assist them through some of the vocational rehabilitation services we have through SISIP to help them get back on their feet and/or to transition them successfully to the care of Veterans Affairs, as they also seek to enable their continued employment.

Ms. Irene Mathysen: Thank you.

One of the things that has come up from time to time is the concern about homelessness among veterans. It's out there, but we don't really have a handle on it. Is this something you've looked at or that has come across your radar in terms of people leaving the military?

RAdm Andrew Smith: I have had some cursory discussions with my co-chair of the VAC-DND steering committee, Mr. Keith Hillier. Dealing with the issue of homeless veterans is a particular focus of his within Veterans Affairs. That's primarily a Veterans Affairs concern. We're of course concerned about it, but we don't have a mandate to pursue it.

Ms. Irene Mathysen: I suppose, though, that the signs of stress must be there in terms of people who are going to experience difficulty reintegrating, or homelessness, or a sense of not being quite able to fit back into civilian life. Is it possible to focus in on that—in other words, to predict if we need to make a special effort on behalf of an individual?

RAdm Andrew Smith: The new policy we put in place just over a year ago, which we now call “complex transition”, really speaks to your point about identifying those people who have complex needs, whether they be medical, vocational, or psychosocial needs, in order to jump on that early to assist them and give them all the medical support, the social support, and the family support necessary to give them the confidence to go forward.

•(1635)

Ms. Irene Mathysen: Thank you.

The Chair: Thank you very much.

Go ahead, Mr. Lobb, for five minutes.

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

My first question builds on what Ms. Mathysen said. It's in regard to the tracking of unemployment rates among veterans or recently released members of the Canadian Forces. You commented that if they voluntarily leave, it isn't tracked, and there are a number of reasons why or why not.

Do you see value in Veterans Affairs or the Canadian Forces working together to track them, whether they're medically released or voluntarily leave, to see how long it takes them to get a job? Is there value there? Would you like to see a measurement like that in place so that you and Canadians would know if these things are working or not?

RAdm Andrew Smith: It's an interesting question. Do I see value in it? We don't really have a mandate to track that type of information following release. Is there value in it? I suspect there's value in it.

Who should do it? I suspect that's the question that may stem from it. Is that a Veterans Affairs Canada issue? Everybody who releases from the Canadian Forces will be a veteran, by definition. That doesn't mean they'll necessarily be a client of Veterans Affairs.

Is there value in it? I suppose so, but I don't know how much value there would be. From a comparative standpoint, as people today increasingly seek maybe two or three careers, there may be value in knowing what percentage of Canadian Forces members successfully go on to a second career with private industry.

Mr. Ben Lobb: Okay.

In the area you've specialized in and are working with, obviously you work very closely with Veterans Affairs. You have seen many men and women in recent years transition into Veterans Affairs and likely be entered into the earnings loss benefit program.

Last week in Oshawa, we visited Wayne Johnston from the Wounded Warriors. His comment was that it is virtually impossible for veterans to qualify for the earnings loss benefit. Did he misspeak there, or is there a problem in Veterans Affairs with regard to veterans qualifying for the earnings loss benefit?

RAdm Andrew Smith: I know Mr. Johnston very well. He's a wonderfully charismatic individual, as I'm sure you will have noted.

I think the earnings loss benefit is a wonderful expression of how the government has provided an extra safety net for those people who are ill and injured due to service and unable to work. Their first safety net is the SISIP long-term disability vocational rehabilitation program that I spoke about, which is government sponsored. All members of the public service and the RCMP and the Canadian Forces have a general Government of Canada insurance disability program in some form; what people in the RCMP and the public service do not have is the second safety net, which is the earnings loss benefit.

If people complete the SISIP long-term disability program and go back to work and subsequently are proven unable to work, that's when they qualify for the earnings loss benefit. That happens as a matter of course every year. I don't have the statistics here about how many people qualify for the earnings loss benefit in that situation, but Veterans Affairs could certainly provide that information to you.

The other way people qualify for the earnings loss benefit occurs when people who voluntarily release are found, subsequent to release, to have a service-related illness or injury that causes them to be unable to work. They would no longer be eligible for the SISIP long-term disability insurance program. They automatically get caught by the Veterans Affairs earnings loss benefit piece, which from a benefits earnings support perspective is an identical parallel with the SISIP long-term disability piece.

I have full confidence that the earnings loss benefit is a useful tool for those people who have problems.

•(1640)

The Chair: Please be very brief, Mr. Lobb.

Mr. Ben Lobb: Right.

I'm sure that Canadian Forces have done a number of projections. I was wondering if you would share with this committee what your projections are for the number of men and women who have served in Afghanistan over the past decade having an OSI or suffering from PTSD, as a percentage of all those who have served? What are your current projections telling you?

RAdm Andrew Smith: It's a very good question, Mr. Chair. Prediction is not exact science, primarily because, as we have come to appreciate, operational stress injuries have a latent effect and will often present 12, 24, or 36 months after someone returns from Afghanistan. We track those rates very closely. There's a lot of research going on to try to get a better handle on the number of people who have OSIs.

I think it would stand to reason that those numbers are likely to go up. Our experience in Bosnia has shown that. I think the latent effect of Afghanistan, from a mental health perspective, will not be fully known for two or three or four years, and I think it would be speculative to answer that question now.

Mr. Ben Lobb: As an estimate, though, would it be 5% or 50%?

RAdm Andrew Smith: Oh, it's closer to 5% than 50%.

The Chair: Thank you very much. That completes our rounds.

We're a little bit early, so I'm going to use the chairman's prerogative to ask a question. That doesn't often happen, because usually we run out of time.

First I want to say that I hope you noticed the plaques and engravings around the walls. We like to think that this is our committee room; others share it on occasion, but we are very pleased that we show some recognition and support for our services. Of course the RCMP have been added as well.

I just wanted to point that out. I noticed you had noticed it.

Speaking of the medical aspect, I hope you'll be in Greenwood this summer for the opening of the new medical centre. I know the forces are extremely excited about bringing it from three separate old buildings into one and having collaborative practice there. They're looking forward to that very much.

My question is on peer support. We had witnesses here a couple of years ago, during a previous Parliament, who I think really intrigued all of us. One of them talked about decompression, and those in Montreal this last week also heard about peer support. Former military people are really getting involved in connecting, whether it's on homelessness or whatever.

Could you would speak to how peer support is working out? Decompression was one of the things we heard quite a bit about. Do you see that working well? Do you see it improving? How do you see that unfolding?

RAdm Andrew Smith: Mr. Chair, I'll give you a general answer and I'll ask Colonel Blais to amplify my remarks when I'm finished.

In my estimation, I think we are leading Canadian society in many respects on peer support.

Two programs leap to mind. One is the OSSIS peer coordinators and the joint speakers bureau, which Colonel Blais can expand on momentarily. The other is what we call the HOPE program, part of the shoulder-to-shoulder bereavement program that we now offer, HOPE standing for helping our peers by providing empathy.

There are people, often spouses or parents, who have lost a son or a spouse, have gone through that terrible grieving process of premature loss, and have come out the other side wishing to reach out and help people who have recently gone through that terrible experience. It is proving increasingly popular. We have a lot of people who are willing and able to get involved and to help people through that time, and we are facilitating that program through web access and putting people in contact with other people.

That program has paid huge dividends. I've been to several seminars and conferences where I've seen people with first-hand

testimonials of just how much peer support meant to them. Some people just didn't know where to turn. They couldn't get out of bed because of the grief they were dealing with. For them, to be able to talk to somebody who has gone through that and come out the other side has proven to be invaluable.

I'll ask Colonel Blais to speak to the OSSIS program. I think it's another real success story that continues to grow.

• (1645)

Col Gerry Blais: As the admiral says, in a lot of cases peer support is, first and most importantly, the key to getting people to treatment. As the admiral said earlier in his presentation, it's the nature of our business that a lot of the fellows who need help do not want to step forward and say so, but when one of your peers tells you that it's really important to see the doctor and tells you to take your medicine, etc., it goes a long way towards helping the person find the proper balance they need.

It's been so successful, in fact, that we've launched another network for physically injured soldiers, especially amputees, those with spinal cord injuries, and loss of sight. We have the injured soldiers network for some of our seriously injured; we've incorporated veterans into it to deal with some of our more recent amputees, and we've even partnered with the Canadian Paralympic Association to bring paralympic athletes in to show the fellows that there's something ahead for them and that there are still a lot of things they can do. The programs are invaluable from that perspective.

The Chair: Thank you very much.

On behalf of the committee, thank you very much for being here and providing very clear answers and outlining what you do. We want to thank you for what you do for Canada.

Some hon. members: Hear, hear!

The Chair: We're going to suspend for a few minutes, and then we'll go into business.

[Proceedings continue in camera]

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