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**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Tuesday, April 3, 2012

• (1530)

[English]

**The Chair (Mr. Greg Kerr (West Nova, CPC)):** I call the meeting to order.

Good afternoon, everyone. Welcome.

I would just remind the committee that we have business at five o'clock, which could be cut short by a vote. We don't know that yet, so we'll get right to it.

I want to welcome all of our visitors here today. I'm very pleased that you came in.

We're continuing the study of front-line health and well-being services for Canadian veterans. We are looking forward to this presentation and the questions and answers that follow.

The routine generally is that we will hear from whoever will be speaking. We'd love to hear from all of you, but we might run out of time.

Welcome. We have Assistant Commissioner Daniel Dubeau and Staff Sergeant Michael Casault. Abraham Townsend is from national executive staff relations. Superintendent Lynn Lemieux is acting director general, occupational health, and William Gidley is the executive director of the RCMP Veterans' Association.

Welcome to you all. I don't have an order of speaking. Two of you are going to speak. Am I correct?

**Assistant Commissioner Daniel Dubeau (Acting Chief Officer, Human Resources, Royal Canadian Mounted Police):** Actually, I think there will be three of us. I'll be sharing my time with our colleagues from the staff relations program.

**The Chair:** Well, I'll leave it all up to you, sir.

**A/Commr Daniel Dubeau:** Good afternoon, Mr. Chair, and members of the committee.

I would like to thank you for inviting me to appear before your committee. I would like to introduce Superintendent Lynn Lemieux and Garry Roy, who are sitting in the gallery. They are accompanying me today. Mr. Roy acts as our RCMP liaison with Veterans Affairs Canada. Superintendent Lemieux is the acting director general of the occupational health and safety branch at the RCMP.

[Translation]

I would also like to acknowledge the presence of two of my colleagues, Staff Sergeants Abraham Townsend and

Michael Casault, from our Staff Relations Representative Program—which represents our membership—as well as Bill Gidley, Executive Director, RCMP Veterans' Association.

[English]

In brief, I would like to provide committee members with some information about how health benefits are administered in the RCMP.

As you are well aware, the majority of Canadian citizens receive their health care coverage under the provincial health care plans. RCMP members are excluded from the Canada Health Act, and as such, the RCMP is responsible for ensuring that health care is available to its members. Section 83 of the RCMP Regulations grants authority to the RCMP commissioner to approve medical and dental treatment programs for its regular and special constable members. Furthermore, the RCMP is also responsible for health costs for any civilian member who is injured in the performance of his or her duties, to the extent that the treatment is not covered by the provincial medical or hospital insurance plans.

Once RCMP officers retire, they are included under the provisions of the Canada Health Act and they receive their health care from their respective provincial health care plans.

[Translation]

At this juncture, I would like to highlight the important role Veterans Affairs Canada plays in regard to RCMP veterans and still-serving members. Veterans Affairs Canada provides medical and pension benefits for those regular members who retired from the force with work-related disabilities through an administrative arrangement with the RCMP. Serving RCMP members who suffer from a work-related disability are eligible for disability pension administered by Veterans Affairs Canada.

[English]

Furthermore, since 2005, members of the RCMP who are medically discharged from the force have had the right to be deemed a priority for employment in the public service under the provisions of section 8 of the Public Service Employment Regulations. Under this regulation, a member who is released or discharged for medical reasons can be considered for priority placement in a public service position, provided he or she meets the essential qualifications for that position. This gives these former members an opportunity to have a career in the public service.

[Translation]

Thank you for the opportunity to address this committee today. I welcome any questions you may have.

[English]

**The Chair:** Thank you.

Please go ahead.

**Staff Sergeant Michael Casault (National Executive, Staff Relations Representative Program, Royal Canadian Mounted Police):** Good afternoon, Mr. Chair, committee members, and guests.

As we were introduced, my name is Mike Casault, and with me is my partner Abe Townsend. By way of introduction, both Abe and I are elected to the national executive of the staff relations representative program. The staff relations representative program is the official labour representation program, representing approximately 26,000 members. We are members of the RCMP, elected from and by the members of the RCMP to represent their interests on issues of employment that may affect their welfare and/or dignity. Though members of the RCMP, today we speak on behalf of the membership, and not the force as an organization.

Prior to becoming a member of the national executive in December 2011, I was the divisional staff relations representative, SRR. I was also the chair of the National Occupational Health and Safety Committee, which is part of the SRR program. I replaced Staff Sergeant Murray Brown, who presented at these meetings in the past.

In our roles as staff relations representatives, we quickly learn about Veterans Affairs Canada, because we represent members who suffer injuries during the course of their duties. Many times these injuries are very similar to those of our brothers and sisters in the Canadian Forces.

While the injuries may be similar, the working life of a member of the RCMP is much different from that of the members of the Canadian Forces. In Canada, most CF members are posted to bases in major centres. Members of the RCMP are posted from coast to coast in communities small and large. Many of our members perform their duties with a minimal operational support and backup, at times hours away by plane or road. By their very nature, many of these small communities do not have VAC offices, or, for that matter, the community-based support we enjoy in our major centres.

SRRs routinely meet with those they represent in their places of work. It is an unfortunate reality that most of our members have little or no knowledge of VAC and the services offered. SRRs have endeavoured to carry the VAC message to the membership. We ask on behalf of our members, as clients receiving a service, what steps VAC has taken to deliver their message to our members. I see no VAC literature or pamphlets in the majority of the RCMP offices and detachments that I have visited. This is unacceptable. VAC must step up and create awareness of their programs.

I would like to spend a moment to speak about the VAC core service, that being transition interviews for those members being released from service. This service, in my understanding, has been available to all CF members for many years. It was only a few short years ago that this service was offered to RCMP members. It was a pilot project for the members posted in Saskatchewan. It was very well received by the retiring membership, and the service was expanded to include Atlantic Canada. Again, this service was appreciated by our members. As we roll the calendar ahead two

years, today this core service has not been implemented for all members of the RCMP releasing from service to their country. Why not? Why are some of our members being left out?

We carry similar frustration around the issue of the veterans independence program and chronic care, programs available to CF members but not to members of the RCMP. Much has been written and much has been said over the past several years, but our members and our retired members do not have access to these programs.

More recently there have been instances of serving members in receipt of VAC awards finding themselves being taken out of a job that they love and placed on administrative duties because of the pensions they receive. A fear we have is that members may under-report so they do not sideline their career.

This leads us to our final comment on occupational stress injury social support, OSISS. It was recently learned that our operational stress injury program in the RCMP was being shelved and that members were not going to have access to the RCMP-designed OSI program, and I stress "RCMP-designed" program; they would have access to the OSISS clinics that the military provides to their members. Occupational stress injuries that a member of the Canadian Forces suffers from are different from those that RCMP members suffer from. Sure, there are some who would suffer from similar traumatic events, but policing injuries and military injuries in general are different.

● (1535)

In recent weeks I have spoken to several RCMP members who have utilized these clinics, and their concerns are that they are military-based, they are too far away for weekly meetings, and that cost is becoming a factor.

As mentioned before, we are not in the major centres. We are everywhere, and our members living in small towns in the north don't have the same access. That in itself is an issue. Do they self-identify, with a risk of being moved to a larger urban centre? Many of our members join the RCMP because they get to police small towns.

Last, I would like to draw this committee's attention to the stigma that is attached to members who are identified with occupational stress injuries and/or VAC awards. There are many examples of members who identify, only to find themselves on administrative duties. This is, again, causing our members to suffer in silence and not seek the help they need.

Before concluding my opening remarks, I'd like to thank the committee for the invitation and the opportunity to speak on behalf of the 26,000 members of the RCMP who are proudly serving Canadians.

Thanks, and I await questions.

● (1540)

**The Chair:** Thank you very much.

Peter and I would like to say you're doing a good job trying to replace Murray Brown. We wish you all the best on that.

I believe, Mr. Gidley, you are up next.

**Mr. William Gidley (Executive Director, RCMP Veterans' Association):** Good afternoon, ladies and gentlemen.

I have been the executive director for the RCMP Veterans' Association for over 10 years. I am the only veteran employee employed by the RCMP Veterans' Association; however, we have many excellent volunteers throughout Canada.

The RCMP has generously provided office space for our RCMP Veterans' Association national office. In addition to this, the force has given us computers, telephones, and other office equipment. From two years ago until now, RCMP human resources has given us a public servant, and this has proven to be a great addition and assistance for our veterans.

I will get right to the subject at hand. The serving RCMP members and former RCMP members have their disability benefits administered by Veterans Affairs Canada under the provisions of the Pension Act. The Pension Act is linked in legal terms to certain sections of the RCMP Superannuation Act and the RCMP Pension Continuation Act—I could enlarge on this, but will not here in the interest of time—unlike our sisters and brothers in the Canadian Forces, who have their disability benefits administered by VAC under the provisions of the new Veterans Charter.

This new Veterans Charter is a living charter, which means it can be amended as time goes by. It was proclaimed in 2006, and so far there have been over 500 recommendations made to VAC by the stakeholders committee, and only three of these recommendations have been acted upon thus far.

The main difference between the RCMP and the Pension Act provisions and the Canadian Forces new Veterans Charter is that the Pension Act generally provides a monthly disability pension for a disabled RCMP member or former RCMP member, whereas the new Veterans Charter thus far provides a cash award for the disabled Canadian Forces member, generally on a one-time basis.

Prior to the new Veterans Charter being proclaimed in 2006, the Canadian Forces members were also under the Pension Act, and those who were receiving benefits under that Pension Act still do. In other words, they're grandfathered before 2006.

Now that you know the main differences, I would like to inform you of the treatment afforded our serving and former RCMP members, bearing in mind I have most experience with usually retired RCMP members.

I have found VAC's decisions to be, in a word, inconsistent, and I'll give some examples. I dealt with a case where a retired RCMP member had served 35 years in northern Saskatchewan police detachments. This retiree had many physical concerns—neck, shoulder, leg, and ankle injuries. When VAC read his submission, they found in his favour, and he was awarded a monthly disability annuity.

The reasons given by VAC were that this person could have only incurred these multiple injuries during his 35 years performing police work, which often involved fighting and wrestling with persons confronted during his service. In addition to this, he had to be outside in all kinds of extreme weather pursuing suspects or searching for lost persons and children. This to me was a common

sense decision by VAC, based on facts, and I thought it was a good one.

On the other hand, there are more of these types of decisions made, or should I say ongoing cases, that seem to exist in a limbo state for a very long time. For example, a female member of the RCMP who served in the Lower Mainland of B.C. was participating in an annual firearms qualification shoot and was the subject of a further training matter referred to as a "carotid artery hold". This policewoman was a member who did not tap out readily, and in fact in this instance, after several attempts by the emergency response team members to have her tap out, she never did because she was unconscious. This resulted in her suffering damage to the nerves at the base of the neck area that affected the mobility and use of her arms.

Today this disabled person cannot even use a knife and fork due to these injuries. Subsequent medical attention has related this injury directly to the techniques practised on her. This injury has become a very debilitating one, and she subsequently had to take her discharge from the RCMP for medical reasons in January 2007. She does receive a VAC pension for her injuries, albeit a small one.

● (1545)

She has been dealing with this matter, suffering physically and mentally, for almost 10 years. This injury has cost her not only the loss of normal family amenities but the loss of family companionship. In short, she is now alone.

At the time of injury and initial treatment she contacted VAC and began to receive some compensation for the on-duty injury. However, since that time no further benefit or assistance was received.

In September 2010 a VAC area counsellor contacted her and advised her that her VAC file had been misplaced since approximately 2004, and they had been unable to perform a file review in order to add to her benefits. Her benefits are \$225 in monthly compensation for the original injury, \$30 for her 15-year-old-son, as she is now a single parent, and \$270 a month for a living allowance. The RCMP veteran who brought this file to my attention receives more VAC pension for a simple hearing disability than this injured lady.

I will cease on this shortly, as it is a very long file overflowing with efforts for more benefits for this person who is going downhill medically, in many ways, regarding this injury.

These two cases I have given illustrate the difference in decisions, one with common sense and the second one with an apparent lack of common sense and lack of empathy for a human being who is entitled to some dignity and disability benefits but is ill and worn out by the effort.

As a matter of fact, this weekend I received an email from this lady. She had been turned down by VAC for kinesiology treatment. She doesn't know me, but she told me she's giving up. She's at the end. She doesn't want to pursue it any longer.

Anyway, what to do? The latter case has highlighted the fact that when an RCMP member takes his or her discharge, very little information is given to the member regarding the VAC process, forms, etc. Also, there should be counselling provided, I think, by VAC personnel when an RCMP member is going to retire, and especially so if the retirement or discharge is for medical reasons. In numerous cases the VAC area counsellor should stick with the disabled pensioner, as oftentimes the injuries are serious and the ill person cannot be expected to handle the myriad forms and complexities of this process to obtain benefits.

If it were not for one of our veterans in our Vancouver division veterans' association, the former policewoman in the example I just gave would continue to be alone with no help from anyone she trusts, and she would continue with Veterans Affairs Canada, with no progress in her injury-related affliction.

Another fact is that the RCMP pays VAC for the disabled members from the RCMP budget, which I do not consider a good thing. In contrast, the Canadian Forces disabled members have VAC award payments and rehabilitation paid for by Treasury Board, or, in short, the government. It's not a take-away from the CF budget.

In closing this summation, I must comment on the VAC's Veterans Review and Appeal Board, VRAB. I feel that this board is much too legalistic in format, and members who have appeared in front of this board actually feel it more intimidating than some of the criminal court trials they have given evidence at during their service in the force. Recently there has been a retired RCMP member appointed to the Veterans Review and Appeal Board, which I am pleased about, as he knows the pitfalls in police work and the dangerous situations our members are faced with on a daily basis.

Another very important point is there are no doctors on the VRAB, which is really unfortunate, as the VRAB are making all of their decisions based on medical matters.

Finally, it would be gratifying to see more veterans from the Canadian Forces and the RCMP as employees of VAC. I have read that in the United States, Britain, Australia, and New Zealand there are numerous veterans working in their veterans affairs offices, which they have found to be advantageous in many respects.

That ends my little talk. Thank you.

• (1550)

**The Chair:** Thank you very much, Mr. Gidley, and to all of you for your presentations.

We will now go to the committee members for questions.

We will start with Mr. Stoffer for five minutes.

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

Folks, thank you all very much for your service. Thank you very much for being with us today.

Abe, I was wondering if one of you could possibly mention something. I do know that for the last several years there has been a file on the desk of the Minister of Public Works asking that the veterans independence program be applied to RCMP veterans and their spouses.

I was wondering if you folks could tell me how that process is going along. Do you have support, if you know, of the current commissioner for that possibility? I know the previous commissioner was not supportive of it, but I'm not sure if the new commissioner has even had time to be briefed on that very important issue for your retired members, especially the more elderly ones.

**Staff Sergeant Abraham Townsend (National Executive, Staff Relations Representative Program, Royal Canadian Mounted Police):** I'll provide some opening remarks in relation to that, Mr. Stoffer.

That is a priority for the SRR caucus representing the members. We had support from earlier commissioners. This dates back to Commissioner Zaccardelli, I think, if we go back three commissioners past. That's how long this has been an issue for our members.

In relation to the current commissioner, I have not had any dialogue with him specific to this and I can't speak for him, but it still is something we'd be looking at, not only for our retired members but also as a service to our serving members.

When you look at VIP and chronic care, it's about delivering a service into the home. As the treatment can be in the home, the assistance can be in the home, thereby taking our members away from institutional settings and giving the service where it's probably more cost-effective and most living-effective.

I'll turn the time over to Assistant Commissioner Dubeau.

**A/Commr Daniel Dubeau:** Thank you, Mr. Chairman and Mr. Stoffer.

You referenced the VIP. Yes, I have briefed Commissioner Paulson on the VIP file and what's happened to it. At this point, as you realize, we have no authority to authorize the payment of VIP, and so we can't proceed with that.

We have provided advice. However, what we're doing now is looking at our health services program as a whole for serving members and veterans, and looking at what we provide to our members and our retired members to see how we can ensure they have the proper services. We have policies and practices in place, but we're doing a full review of the whole health benefits program in the RCMP currently. We started reviewing that.

We will be engaging, as I mentioned to Abe earlier on, our SRR colleagues on how we can possibly improve and how we can maximize what we're doing with the resources we have. That is proceeding accordingly.

**Mr. Peter Stoffer:** Very good.

My second question for you is this. With the concerns you've expressed over the VAC and especially those two cases, which couldn't be more profound, have you had an opportunity to share these examples or your concerns with the veterans ombudsman, Mr. Guy Parent? Have you had a chance to meet with him on a one-on-one to discuss the concerns facing RCMP members and their families?

**Mr. William Gidley:** Of the two cases, the first one in Saskatchewan was resolved to everyone's satisfaction. The second one has only come to light recently, coming to me from one of our veterans in Vancouver. He brought it to my attention.

What happened was I asked him if he would volunteer to be an advocate; he said he would, but he wanted to tell me about a case. It was this second one. I thought it was ideal to present it here today.

**Mr. Peter Stoffer:** I meant, on more general terms, if your organization has been able to speak to the new ombudsman about some of the concerns regarding RCMP veterans and their families?

**Mr. William Gidley:** Yes, we have. They were not these cases, but yes, we have in general terms, and specifically as well, with not only Mr. Parent but with Paul Woods as well, who's a former member of the RCMP.

**Mr. Peter Stoffer:** Thank you.

• (1555)

**The Chair:** Ms. Mathysen, your question had better not be a hefty one. You have one minute to go.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Just very quickly—and perhaps I'll have a chance to ask again—Staff Sergeant Casault, in your brief you wrote about RCMP members not having knowledge of the VAC services that are offered and the fact that VAC must step up and create some awareness.

What would you like to see VAC do so that your members are not so disadvantaged?

**S/Sgt Michael Casault:** To touch on a bit of Mr. Stoffer's question as well, I've been in the VAC ombudsman's office a couple of times, actually several times, and I didn't see any information there. There could be general information displayed saying that Veterans Affairs does offer this service to members of the RCMP as well as retired members of the RCMP.

I've also gone on their website and I googled OSISS, or googled different portions in their website with the words "RCMP" in it, and there's nothing. They talk about veterans and serving military members, but there's nothing in there that says RCMP members. If you go on their website and look up in the top corner, there is a very little picture of a Mountie dressed in red serge, but you'd have to actually, physically, go to that site. We're requesting that Veterans Affairs actually promote the services they offer.

With regard to the transition interviews, those members retiring still communicate through the vets to the serving members within the communities that they live in, and they tell two friends, and so on, and so on. It's a word of mouth as well as documentation, pamphlets, posters, etc.—anything that would be visible that would encourage members.

There are 41 of us in the staff relations program. There are about 250 total, with a part-time sub-rep. They do it off the side of their desks. For us to go out and visit with people and inform them of this service, with 250 to deal with 26,000, it's hard to get through. Some members don't pay attention until it's too late; there's that type of thing as well. I'm not saying it's just veterans; it's also within the organizations.

**The Chair:** Thank you very much—

**S/Sgt Abraham Townsend:** Mr. Chairman—

**The Chair:** Sorry, Mr. Townsend. Please be very quick.

**S/Sgt Abraham Townsend:** One thing that is fundamental to our organization in its dealings with VAC and getting the message out to the serving members is we need a full-time liaison embedded within the VAC organization. We've had that in the past, and it has proved successful in opening lines of communications to the serving members. That's one thing that would certainly benefit both organizations in getting the message out to their client base.

**The Chair:** Thank you very much.

Go ahead, Ms. Adams, for five minutes.

**Ms. Eve Adams (Mississauga—Brampton South, CPC):** Thanks very much.

Thank you for your attendance here today. I certainly have the greatest of respect for the work you do.

Could you tell me a little bit about the RCMP Veterans' Association and how aware you feel they are of the programs and services that are available?

Mr. Gidley, this is perhaps directed to you.

**Mr. William Gidley:** There are 16,500 retired members, and there are about 4,600 of those who are members of our association. Those 4,600, I would say, have a good chance to reach for information from our executive people. For instance, in the Vancouver division, the Kamloops division, and the Nova Scotia division, they can go to the executive of the veterans there and find out information there.

However, there are a lot of people out there who do not belong to our association. I get phone calls from them. I have a toll-free number in the office, and email. We all know what email is like. I get a lot of inquiries from people who were former members. I never think to ask them if they're a member of the association or not.

I've been ten years in the job and I would say that the knowledge base of Veterans Affairs Canada is not very good. It's not very good overall. I can have people get in touch with me and I have some key people across Canada they can get in touch with. When they deal with these people, we usually have a successful case, because we know what we're doing. It's not because we're any smarter than anybody else. We just know what we're doing, but there are only so many people who can do that.

To echo what I think Abe was saying, what we need is someone in VAC who is also an RCMP member, or maybe a veteran. It could be a secondment sort of thing to help us out. We definitely need VAC people to talk to the people who are leaving to become retired or veterans. They need to be spoken with, especially the people who are ill. There seem to be quite a few these days.

• (1600)

**Ms. Eve Adams:** In your experience, which services are currently the ones most readily accessed?

**Mr. William Gidley:** That would be hearing services. Hearing is the most common. The reason is that in my generation, and before that, we used to shoot with no earmuffs, no hearing protection.

As a matter of fact, we even used to pick up the empty cartridges and put them in our ears, for goodness' sake, and shoot on the firing ranges with larger-calibre guns, as well as in enclosed ranges that are very small, smaller than this room. The noise, I can tell you, is quite incredible. Back in those days we didn't know the difference, except that later on we started to get quite deaf, some way more than others.

Hearing is the worst, though.

**Ms. Eve Adams:** I can imagine, sir. On behalf of the entire committee, I thank you for your service.

We do have a unique relationship or a unique partnership in serving the RCMP. While VAC is actually administering the benefits, we don't establish the benefits that are available to RCMP retirees; officially, that's established by a separate ministry, so I look forward to your suggestions and to reviewing what more we can do to make RCMP retirees aware of the types of services that are available from VAC. It's something we heard when we were out visiting in Halifax, for instance, and heard from one of your retirees.

Thank you very much for coming.

**Mr. William Gidley:** Thank you.

I might just add that the RCMP is 3% of VAC's customers.

**Ms. Eve Adams:** It's a very important 3%, though, nonetheless.

**Mr. William Gidley:** I just thought I'd mention that.

**Ms. Eve Adams:** I have one very quick question for you. If RCMP officers happened to be employed internationally, would disability pension coverage be available to them?

**Mr. William Gidley:** Yes, it would, because they're on special duty. It would be the same as the Canadian Forces. Even if they're just in training here to go overseas and they get hurt in preparation, the answer is yes.

**A/Commr Daniel Dubeau:** Even deployed overseas, they're still RCMP members, and they're covered under our act and have the same benefits as a regular member. They would have the same benefits.

**Ms. Eve Adams:** Thank you.

**The Chair:** Thank you very much.

Now we'll go to Mr. Casey for five minutes.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you, Mr. Chairman.

Staff Sergeant Townsend, you mentioned that at one time you had a full-time liaison within Veterans Affairs. Is that right?

**S/Sgt Abraham Townsend:** Yes, that is correct. Embedded within Veterans Affairs, it was that member's full-time job. In my understanding, at present it's a part-time job for a member, but we believe it's fundamentally important that it be a full-time job, that it be their commitment from our organization to Veterans Affairs and then back to the membership.

Very often we have people working things off the sides of their desks. It doesn't mean that they're not working hard, and as hard as they can, but there are only so many hours in the day and only so many tasks they can perform. If it's a full-time job, that's your commitment. You have an absolute buy-in in time and you are there

to create the relationships you need to create administratively to make these two organizations work together.

**Mr. Sean Casey:** Have you received any indication that the full-time status is going to be restored or, worse, that the part-time status is going to be eliminated?

**A/Commr Daniel Dubeau:** In this case and on how that would work, I will turn to my colleague, the director general of occupational health, because that does fall under her responsibility.

**Mr. Sean Casey:** Thank you.

**Superintendent Lynn Lemieux (Acting Director General, Occupational Health and Safety Branch, Royal Canadian Mounted Police):** At this time, CM Garry Roy, a civilian member under occupational health and safety, is the full-time VAC liaison. He currently works two days in the office with us in the policy centre, on Mondays and Fridays, and on Tuesdays, Wednesdays, and Thursdays, he's with VAC downtown in Ottawa.

●(1605)

**A/Commr Daniel Dubeau:** I've already had talks with my colleagues about the future state and about seeing if there would be options for bringing it back to Charlottetown, where it was. We're in discussions about moving towards that in the near future.

**Mr. Sean Casey:** Thank you.

Mr. Gidley, you indicated in your opening remarks that as part of the stakeholders committee, there have been 500 recommendations made, and just three have been adopted. If you were to bring those three up to five, what would be the top two for you out of that committee? Which ones are most in need of adoption?

**Mr. William Gidley:** Well, it's actually the Canadian Forces; I'm on their committee.

I would say that they would be faster service—a quicker service by VAC—and also an improvement to the award as far as increasing it is concerned. They're finding that usually the injured person is quite young; that person may lose a foot, and they're given \$60,000 for that foot. That \$60,000 is sometimes soon gone, so they're looking to increase the award.

**Mr. Sean Casey:** Okay—

**Mr. William Gidley:** I wouldn't say those were the top two, but they're close. I'm really not sure what the top two would be.

**Mr. Sean Casey:** All right.

It's my understanding that at the time of the adoption of the new Veterans Charter, the Royal Canadian Mounted Police had the opportunity to opt in and decided against it. Here we are six years later. If you had it to do all over again, what would you do?

**Mr. William Gidley:** We'd stay with the pension act, as it is now. We would still stay with the pension act.

**Mr. Sean Casey:** Then you feel that your members are better served under the pension act than they would be if they were treated the same as our veterans under the new Veterans Charter?

**Mr. William Gidley:** I would say definitely so. I know a lot of improvements are being looked at for the new Veterans Charter, but as it is today, sir, no. We'll stay with the pension act, as we decided in 2006.



**Mr. Sean Casey:** We hear that from a lot of veterans as well.

Monsieur Dubeau, you referenced priority hiring in your comments. Last month, when I had the opportunity to have a round table with a group of veterans in Bedford, Nova Scotia, I heard some terrible things about priority hiring, but that was from the perspective of a forces veteran. From your seat with the RCMP, is it working?

**A/Commr Daniel Dubeau:** It's working, sir. However, since we don't medically discharge many people from the organization, we often accommodate them in serving functions, and we bundle tasks differently. We don't have many medically discharged members with disabilities; when they are discharged, it's usually at the end of their service or they've come to a point where they want to discharge them and they're retired.

So yes, it's working. I believe we've had nine referred, but we don't get many referrals, because most of our members, when they do retire, have reached the end of their service and are ready to retire. It is working only because we're not medically discharging our people; we're taking care of them in the organization as much as we can.

**The Chair:** Thank you very much, Mr. Casey.

We now go to Mr. Harris for five minutes.

**Mr. Richard Harris (Cariboo—Prince George, CPC):** Thank you, Mr. Chair, and folks, thanks for coming and giving us this insight into how the system works or doesn't work for yourselves.

Listening to your presentations, I'm really getting the idea that it is very difficult for retired RCMP members who have transitioned out of service with an injury or who later develop an injury that can be traced back to service. It's hugely difficult for them to find out where to go to inquire about what services are available to them. Am I reading this right? Is this a huge problem?

**Mr. William Gidley:** Part of what's behind it is that lot of times, when you go back in a member's file—a member of my vintage or older—you'll see that a lot of these places where people were stationed were small centres with no doctors. Some of them were hurt—I hope I'm answering the question—and their doctor was their wife or someone else. There's no real record of their falling down that crevasse, or falling into the water, and that sort of thing.

•(1610)

**Mr. Richard Harris:** Apart from information in that respect being difficult to get to make assessments, is there a problem for these members trying to find out where they go to get a process started with their case in the first place? You mentioned that your organization has 4,600 members, but there are another 16,500 who have retired.

**S/Sgt Abraham Townsend:** To help with an answer, of the 16,000 retired members, 4,600 are connected to the RCMP Veterans' Association, so they have their own network. That leaves another 10,000 retired members who are just out there. Some may have some knowledge of Veterans Affairs; others may not.

Traditionally we haven't had the transition interviews, so there wasn't that opportunity when they severed from the force to even learn about VAC. Some may know just by virtue of local awareness, but I can't help but think there are many out there—many, many—not unlike our serving members, who have a minimal awareness of

Veterans Affairs and what services they may be able to offer to serving and retired members.

**S/Sgt Michael Casault:** Just for example, I sent an email off to Veterans Affairs last week and told them I was interested in a certain portion of it. They came back and told me to contact my local regional office. Where's that? They didn't ask where I was from or tell me whom to contact. They just said I should contact my local office. It wasn't even accommodating to a veteran that may or may not have a working knowledge of Google or laptops. It's unfortunate that it didn't expand on....

Anyway, I tested them.

**Mr. William Gidley:** I have a cellphone number at the office, but then you have to contact me. You can phone that number anywhere in Canada, and it will ring in the office nearest where you're phoning from.

**Mr. Richard Harris:** I don't understand this business of someone who's been identified with an occupational stress injury getting put into a desk job and accepting that assignment rather than having the condition treated. Is that a common thing within the RCMP? Would it happen in the Canadian Forces?

**S/Sgt Michael Casault:** I can only speak for the RCMP. The mindset out there now is that if we speak up on, say, post traumatic stress disorder, PTSD, there's a possibility of getting a Veterans Affairs pension or settlement. In that case, you might be flagged as a possible risk to the organization and you are put into an administrative role because of the risk to the community. There is the fear of getting that.

I joined to be a cop. I wanted to be a cop for 35 years and I wanted to put bad guys in jail, but if I were to self-identify during my last five years, I might be driving a desk or doing some other administrative duty, and that's not what I want to do. I want to be a cop.

If you're in a small community, you're moved to a larger centre because of the duty to accommodate. That becomes an issue, because I love small towns. I don't want to go to the big city and just suffer in silence.

**A/Commr Daniel Dubeau:** When we look at whether to place a person in an administrative role, it's usually based on whether there's a risk to the public or a member. It could be a matter of public safety. There could be a risk to the member himself or herself. That's where we make those determinations. It's not based on a fat pension; it's more based on our occupational health program and how we look at what you need to be a police officer.

We're still trying to get over that stigma. If a member is feeling at risk, he should tell us, so that we're able to treat him and ensure that there's no risk to the public.

•(1615)

**The Chair:** Mr. Harris, I'm sorry, but we're way behind time. You can talk to him later. Thank you. You did try.

Now we're over to Ms. Mathysen.

**Ms. Irene Mathysen:** Thank you very much.

I have a few more things I want to clarify, but then I'm going to pass it over to Monsieur Ravignat.

Staff Sergeant Casault, you talked about the differences in occupational stress injuries that a member of the Canadian Forces suffers compared with what RCMP members suffer. I wonder if you could tell us about those differences—how police injuries are different from military injuries—and the impact this has on the individual.

**S/Sgt Michael Casault:** Not knowing 100%, because I've never been in the military, I'll just speak from what I see and have been told by veterans and RCMP members who have gone into theatre in Afghanistan or to the different places that we police.

They're there for a year or less the majority of the time, whereas our members are exposed to the bad that society has to offer for 25 or 35 years. We never get called for cake and tea or that type of thing; it's always for the bad. If you're in a small community or in a large community, you're dealing with everything from barking dog complaints to murders, and you just never know what's going to happen next. I refer to it as cumulative stress.

They deal with it day in, day out, day in, day out, and a majority of the time, possibly because of resourcing issues, our members don't have the ability to lift their head above water and take a deep breath and talk to somebody about it, because they are working by themselves in the smaller communities.

So they have nobody to talk to, and then it's off to the next file, and then they forget about it. Then something will spark it: a smell, a sound, a spouse at home barking at you about how you forgot to put your cup in the sink. Then you just go off, and it's unfortunate.

I can say that it's hard to pinpoint for most members, unless it's a very obvious traumatic event like Swissair or one of those types of scenarios. It's cumulative from the start of their service to the end. Going back to our training, I remember being told not to talk about anything with your spouse. I'm lucky in that I have a twin brother in the RCMP, so I have the ability to speak with him.

You speak to close friends, but if they're not nearby or you don't have somebody you can feel comfortable talking to, you're carrying that baggage for years and years.

In the military, they have surrounding bases. They're in larger centres and they have the ability within their organization to speak to psychologists nearby, whereas the last time... I've never been to Tuktoyaktuk, but I understand we're going pretty close next week; I don't know what's available up there, but I'm going out on a limb and saying there's probably no psychologist in some of our northern communities, because they just don't live there or there's not the need.

**Ms. Irene Mathysen:** Thank you.

I'll pass over to Monsieur Ravignat.

[*Translation*]

**Mr. Mathieu Ravignat (Pontiac, NDP):** I want to begin by thanking you for your service. When we are elected as MPs for the first time, we are surprised to see Canadian Forces' veterans and former members of the RCMP at our constituency offices. We are also shocked to see how cruel the system can sometimes be toward those people. We expect our veterans to be treated better by all

government authorities. I am not saying that to criticize the government; I am simply talking about how the system works.

Mr. Gidley, you talked about the overly legalistic approach. As confirmed by certain officers that have dealt with the tribunal, that court is more intimidating than criminal courts. I find that very alarming.

Could you tell us more about how that process can intimidate people and how it could be enhanced to provide better service to former RCMP members?

• (1620)

[*English*]

**Mr. William Gidley:** I've never actually been at a VRAB meeting myself, but I'm told by other people who have that in order to introduce something new, it has to be new evidence and nothing else. It can't be anything that's been written or brought up in the past, because that's already been considered, and that's why you've been turned down; otherwise, you wouldn't be there at the VRAB deliberation.

It has to be new evidence. It has to be something different, outside the VAC policy, but more or less new evidence. They find it quite intimidating. That's really the only example I can give you, sir.

**The Chair:** Thank you very much. Our time has gone.

We're now going over to Mr. Chisu for five minutes.

**Mr. Corneliu Chisu (Pickering—Scarborough East, CPC):** Thank you very much, Mr. Chair.

Thank you very much for your appearance here, and thank you very much for the great presentation on the issues that you have with your own veterans.

I want to ask you a question regarding the process. When somebody is retiring from the RCMP, what is the process that is followed? I know that in the army, the compulsory retirement age is 60—on your birthday you are out—but there is an entire process before retirement. You need to pass your medical examination and you need to go to various interviews with social workers, with VAC representatives. It's an entire process that gives you information on what you have to do when you are no longer in the forces.

It is a similar process in the RCMP when people are retiring. Am I correct that your retirement age is 65?

**A/Commr Daniel Dubeau:** Yes, but we don't have a mandatory retirement age anymore.

**Mr. Corneliu Chisu:** Okay, you don't have a mandatory retirement age. If somebody wants to retire, there is a process in place; they go through the medical exam and the interviews, because that is useful when you want to ask about some issues that could surface later on.

**A/Commr Daniel Dubeau:** We're not like the military. We do not have a mandatory final medical before you leave the force. However, most of our members do get their final medicals. Our members have become more educated about what's available out there, and our SRR colleagues, as well as our association, do a very good job of getting the message out, so most of our members do avail themselves of that situation.

However, there's no mandatory final medical. They are provided with all the details. They're told to talk to our financial planners. They have meetings with our staffing people, our HR people if they have to, to have exit interviews, so that does happen through that process. We do offer it to them, but most of the time it's through our retirement courses.

We have retirement courses that go through what you should do in preparation for retirement and we tell people to do it early in their service, so as they're getting closer to the end they are prepared with RRSPs and have done what they have to do to make sure they're taken care of.

As for final medicals, we do not have mandatory ones, but I know the majority of our members do avail themselves of them and do ask to go on final medicals and do go and get them. Just like other Canadians, they go through their doctor and get their medicals there. It's not done through a force doctor.

**Mr. Corneliu Chisu:** When you're speaking about the service, it's

**The Chair:** Mr. Chisu, Staff Sergeant Townsend wants to respond, if that's okay with you.

**S/Sgt Abraham Townsend:** Yes, sir.

This is where we might focus on the transition interviews that are provided by Veterans Affairs to CF members. The project was piloted in two of our divisions; it creates the awareness of Veterans Affairs and eases their transition out of service to the RCMP and to the country and into civilian life. That piece is missing for our members right now. It happens by chance, not by design.

• (1625)

**Mr. Corneliu Chisu:** In the forces we also have counselling to pursue a future career. For example, if you are retiring from the RCMP and you would like to have civil employment, you have counselling available in National Defence for that in your final interview.

**A/Commr Daniel Dubeau:** Most members of the RCMP spend their whole career with us. We have a really good retention rate. When they retire they're usually hitting 35 years of pensionable service, and many of them aren't looking for another career.

It's similar to the military. Our members stay with us and retire at the end. Other than Bill, who seems to want to work for an extra 10 years, most veterans finish 35 years and go and do something totally different.

**Mr. Corneliu Chisu:** Another part of the interview when they are released is also the access to services for the families. Do you have similar counselling around services that the family can access from the veterans' services?

**A/Commr Daniel Dubeau:** As I said, the families are definitely included in the retirement courses for our people who are retiring. We have our own employee assistance program out there to help with the families. However, we don't have that transition service with the families to present to them what's going to happen. We do not have that, no.

**Mr. Corneliu Chisu:** I have a small question. When you have an RCMP officer in overseas deployment—and I have met several in Bosnia-Herzegovina, which was a completely different situation

from Afghanistan—what are the services or what is the process for counselling an officer who is going into a very hostile environment?

**Supt Lynn Lemieux:** There's a whole other sector that deals with international peacekeeping missions. We go for shorter missions that are basically from six to nine months long. There's psychological and physical testing prior to departure, and again when they return, for fitness for duty and to make sure that everything is fine for missions.

**The Chair:** Thank you very much.

Now we're over to Mr. Lobb for five minutes.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thanks, Mr. Chair.

Again, thank you to everybody for taking the time to come here today. We're hoping that at the end of this study we'll have something to present to the department that provides meaningful input or suggestions.

Of the ideas that have been discussed today, how many can be dealt with through just an increased focus on working with Veterans Affairs to try to overcome some of the small differences? I'll use Mr. Casault's example of emailing them and then getting a very vanilla answer instead of a more specific answer. I suppose I'm asking what the RCMP can do with Veterans Affairs to smooth out those little differences—not to have a big eruption or anything, but to get it dealt with in a timely manner. What kind of dialogue is there today for that?

**A/Commr Daniel Dubeau:** I'll start.

In reference to government, we have a very good working relationship with Veterans Affairs. I want to make that clear. They're very accommodating. I know that you've heard testimony today, but we do talk to Veterans Affairs, and they are very accommodating. They're very open to our suggestions.

At this point, Lynn will advise you of where she sits in the picture and how she deals with Veterans Affairs, because really, it's her role to do that.

**Supt Lynn Lemieux:** I'm actually the RCMP representative on the VAC-DND steering committee. We meet regularly. I took note of Staff Sergeant Casault's recommendation to have information and pamphlets and so on and so forth provided to our health offices and maybe down in the regions and divisions. That's an excellent idea. I'm in a very good position to reach out to my stakeholders, my colleagues from DND and VAC, to do that, and I will ensure that it's done. It's a very good idea.

**Mr. Ben Lobb:** Of course, Mr. Casault's sitting here at the table, and you're here with him. How does somebody sitting in, say, northern Saskatchewan, who comes up with an idea in the middle of a night shift, relay that good idea up the food chain so that it gets to you and can be dealt with? How does that work?

• (1630)

**A/Commr Daniel Dubeau:** Our members in northern Saskatchewan tend to send emails too, just like everybody else. We're very open to email.

As we go through our whole review of the health services, we'll be communicating that we're reviewing our health services and are asking for suggestions. I know that our SRR colleagues get emails from our membership all the time. Our vets' associations get emails, and we share with each other. We do meet. We met on this matter, actually, just before we came to the committee, so we do talk a lot about what's going on.

The intent would be that anybody in any region who wants to get hold of someone can go through our staffing offices. They can go through our SRRs, and they can bring it up and say that they have a great idea we might not have thought of.

**Mr. Ben Lobb:** Did you want to comment, Staff Sergeant?

**S/Sgt Michael Casault:** Yes.

We did the awareness and education component; I think we have to work on the stigma as well. If a member has a broken arm, nobody ever questions whether the person has a broken arm, but if someone has a broken brain or an injured back, they always question it, right?

We have to educate the members about that with whatever type of education. I know there is some talk on mental health awareness within the organization with respect to dealing with the clients we deal with, but we should also look at dealing one on one.

I'll use this scenario. There was a fellow involved in a shooting who wrote me a lengthy email. It was six months later that our health services office sent him an email saying that if he was suffering from any of these symptoms, he should get hold of us.

First, it shouldn't be that long. It should be sooner than that. Second, the member's not going to self-identify. We should be able to train the spouse of the member or a co-worker and tell them that if they see these types of things, they might want to watch the flag go up and contact health services or contact somebody—the member's employee assistance program, the chaplaincy program that exists within the RCMP, or the different health services clinics out there in the regions and the divisions.

You have to educate them, and it has to be for the right reasons. If you have the stigma attached to it, members are just going to fake it, say that they're fine, and then go home and self-medicate.

**Mr. Ben Lobb:** I think the RCMP would agree that it's really their job to get that out there and that maybe it's Veterans Affairs' job, when the time is right, to be a partner in that.

In your presentation you talked about the OSI program. Veterans Affairs has 10 OSI clinics from coast to coast, which is a lot, but they are geographically located in certain areas. With the number of different outposts that the RCMP have, it's exponentially more than what we would have for military bases. I'm sure somebody has thought about this around the table at some point in time. You've addressed it as an issue in your presentation. How would that be addressed? The vastness of all the outposts for—

**S/Sgt Michael Casault:** Well, I think that it comes with the training. Part of the OSI process is that you have to be a person recovering from trauma before you can be a member of the group. You've gone to one of these clinics...

I'm dealing with a fellow out of Ontario here. He's gone to a military OSI and he is now on the mend. He could be a resource to

somebody else who may need somebody to talk to. I've had guns pointed at me, I've pointed guns at people, but I don't know what it's like to pull the trigger. There are some people out there who have pulled the trigger and would be able to communicate within our organization.

I don't know if that... I get on a rant sometimes.

**Supt Lynn Lemieux:** Last year the RCMP undertook a study and held focus groups with employees. As a result of the study, learning products were created. The goal was to create awareness and education for seeing the signs and reacting to them.

To voice a bit of our commissioner's stance on things, supervisors have a duty to be responsible for their employees as well. This study helped identify the signs and how to deal with those folks who need prompt attention and service. We've incorporated these products from the day we have cadets in training all the way to supervisory and managerial courses.

It's important to know that the RCMP also has access to those OSI clinics, which provide an excellent tool. We're leveraging what's out there, but we also have 15 psychologists on staff. When a supervisor sees a danger sign, it's important to refer that person immediately to the divisional psychologist for follow-up. There is a responsibility there.

We care, but we can only do so much. We need to educate more and we need to communicate more, but the resources are there and we have to use them.

● (1635)

**The Chair:** Please make it a brief comment, if you could, Mr. Gidley.

**Mr. William Gidley:** On getting the word up the food chain, to use those words, a president of our association in Ontario in one of our smaller divisions had cancer of the bladder. He felt that it might have been from the forensic identification duties he was on, particularly involving fingerprint powders. We went to VAC with a submission.

It took 23 months to make a decision on it. They hired a company called Cantox to look into it, and sure enough, their decision was that this material did cause the cancer. That resulted in several of our executive people across the country receiving a pension from VAC, because they also had bladder cancer. Most of them had the bag outside their body and that sort of thing.

However, it brings up the question of the others, the 16,500 who maybe aren't in the loop and don't know about this sort of thing. I was very pleased that he received good reimbursement for something he suffered during his service, but it only goes so far. It's getting it out to the others. It's education and touching base with people.

**The Chair:** Thank you Mr. Gidley. We're well beyond the time on that one.

That ends round one, as it were. We're going to shorten round two because of time constraints.

As Mr. Stoffer reminded me, it was brought up by the RCMP a long time ago that we consider this the veterans meeting room, although sometimes we do get bumped. We see the various crests representing the various armed forces, and the RCMP's was missing. We're very pleased to say that the RCMP is now officially on the wall as part of the crests. You should be pleased that your input was served. It's a little late, but we got there after a while, so thank you for that.

We're going to go a shortened round now.

We'll go over to Mr. Stoffer and Monsieur Ravignat.

**Mr. Peter Stoffer:** I just want to give a quick comment and then go over to my colleague.

Sir, I went to a retirement of an RCMP officer a while back in Lower Sackville, and he told me something rather profound. It's exactly what Staff Sergeant Casault said as well.

He served 31 years in the RCMP. He said the proudest day in his life was when he put on the red serge at the depot; the happiest day of his life was when he took it off.

I thought that was rather profound because of the concerns that you, sir, mentioned. He didn't have people he could speak to, he had two divorces, and he had a rough time in that thing. He was really suffering from a lot of concerns.

I just wanted to let you know that you are not alone in that regard. There are an awful lot of people out there. I asked him if he was part of your organization, and he said no. Hopefully he will be soon.

Thank you.

[Translation]

**Mr. Mathieu Ravignat:** Thank you, Mr. Chair.

My question is for Staff Sergeant Casault. Afterwards, I will discuss victims of post-traumatic stress disorder.

During your testimony, you mentioned that, over the past few weeks, you have talked to several members who use Canadian Forces clinics. If my understanding is correct, some RCMP veterans use Canadian Forces clinics. In my riding, veterans are saying that even Canadian Forces clinics are inaccessible, and that they are difficult to find. Finding a clinic and someone who can treat them is a challenge.

Could you tell us more about the challenges veterans face in using those Canadian Forces clinics?

• (1640)

[English]

**S/Sgt Michael Casault:** I just have a point to clarify. It's serving members I spoke to, not with the veterans.

Some of the concerns they have raised are the location. They have to travel hours to get to these clinics. Sometimes it takes four or five hours within the clinic setting, so they have to travel the night before, and now it has become a cost issue.

I know that one member I spoke with had to travel for four and a half hours to a clinic, so he had to go the night before. We can appreciate their concerns as well. They take their spouse to this clinic to talk with a psychologist, so they take their private vehicle. It's a four and a half hour drive at 45¢, or whatever the mileage rate is. It starts to add up—a hotel room, per diems, etc.—so there are suggestions that they deal with the local centre now because of cost. That's a concern, because of location. I wouldn't say this is a large centre, but there are psychologists. There are about six psychologists within the community, but not trained in OSISS. The nearest OSISS is in the neighbouring province, so there is that consideration.

Some of the concerns are that you're talking within the military, and some of the concerns that are discussed there are totally different. They don't get what IEDs or roadside bombs are, or that type of thing, so it's hard.

[Translation]

**Mr. Mathieu Ravignat:** Do you think people who specialize in treating RCMP members should be available? In other words, the specialization of those who treat Canadian Forces veterans or current members is not necessarily well-suited to RCMP members, as their needs are considerably different.

[English]

**S/Sgt Michael Casault:** Well, I think PTSD is PTSD.

On the needs of the RCMP and the training of the psychologists—I don't know if I'm getting your question right here—they may be few and far between in the sense that we have the 15 or 19 psychologists within the RCMP, but they're not clinical psychologists who our members can go and talk to.

To have somebody on the outside, there are identified psychologists within certain regions who can talk to the RCMP, but just to take that one step further, I'll give you an example with regard to a shooting, and I apologize if I'm rambling.

This member was told, "Here's a psychologist who is recognized by the RCMP." That psychologist's name was also given to the family of the victim who was shot. Because of the scenario, the small community...it's hard to identify somebody different. A psychologist is a psychologist; they have professional ethics, and they'll separate it, but when I'm telling you my version of it and somebody else is telling their version, in a small community that's also a point of...

I don't know if that helps.

**The Chair:** Thank you very much.

We are well over the time.

Now we have Mr. Storseth for four minutes, please.

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

Part of it comes to the view from above on these things. As you were talking about, I live in a small community. Another aspect of that is running into the family at the actual clinic.

In some cases, I believe there needs to be more priority put on this as a very real issue that needs very real dollars put toward helping address some of these situations.

One of the things that I was buoyed with was the fact that RCMP officers, serving members, will have access to the OSI clinics that were put around the country as part of our government's plan with Veterans Affairs Canada. In a rural riding like St. Paul it is a two- to three-hour drive to go to Edmonton to do it rather than an hour to Cold Lake, and a lot of the time this can be a very draining process, particularly when you're dealing with PTSD.

One of the things I sometimes see lacking, and I'd like to know if the attitude has started to change with the RCMP.... A lot of these guys are Type A personalities. If they are out there serving in rural Alberta somewhere and they have a minor injury, they're going to continue on with their job. They're not going to stop and fill out all the pertinent paperwork right away. They're going to continue on with their job.

Has there been more awareness made about the proper processes—the proper paperwork that needs to be done, and all these things—so that down the road, if that ankle injury or shoulder injury continues to be a problem, they are going to be able to have the right reimbursements or remuneration for it?

• (1645)

**Supt Lynn Lemieux:** It goes in line with what Staff Sergeant Casault mentioned. I think we need to communicate more about what is out there and the process for accessing these pensions and these awards, including the documentation and the process for doing so.

We've done that on our internal Infoweb system. We need to continue doing that, and that is where our SRR colleagues really do help us in sending that information. Our health offices also share that information, and we have return-to-work facilitators. Once you have been injured or have an injury and return to work, but you're not yet quite fully operational, we have gradual return to work. These return-to-work facilitators are also knowledgeable in these things and are of assistance in directing them to where they can apply and in telling them what is required.

**Mr. Brian Storseth:** Particularly with PTSD, this is something—

Go ahead.

**A/Commr Daniel Dubeau:** Has the attitude changed? Yes, it has, but it takes a long time to do attitude, because there are people with more service. I don't want to mention my colleagues, but there are those like me who have more service. They came up through a different time.

However, we are changing that. Our training facilities have completely changed. Our cadets are being told, and it's more open. We've talked about PTSD. We're more open about that. You're right in saying that there are Type A personalities, and we are trying to change that attitude. We have to change that attitude to make people understand this is important for our organization and for themselves.

We have to get there. We continue to emphasize that message, and we will continue to do so.

**S/Sgt Abraham Townsend:** As a positive, once we were included under part II of the Canada Labour Code, there was that obligation on supervisors to report near misses and actual injury and dangerous events, so record-keeping has improved over the last number of years.

Back when I was a young constable, you'd take the lumps and you'd move on, but now there is a positive obligation by legislation: yes, okay, you take the lumps, but it's reported. In many cases you still move on, but they now create that legacy that was missing in the past.

This becomes problematic when you're dealing with operational stress injuries. If I break my arm, you can see the cast; if I have an operational stress injury, you don't necessarily see the injury, and as the recipient of the injury, I don't necessarily see it. Even if I do, because of the Type A personality, I have to deal with the stigma. Do I self-identify and deal with the stigma around that? It's a problem, and it's a huge problem with no easy solution.

When it comes to OSI, I've often said if I had an OSI injury, I'd ask them to put a cast on my arm so that people wouldn't look at me and wonder why I was off work. I would be off work because I had a cast, when really I had something else wrong with me.

**Mr. Brian Storseth:** That's my last point. I think we need to put more awareness and more empowerment in the hands of the spouses and the family members who can see this from a third party perspective. We need to make sure that the spouses also know the routes they can take, through Veterans Affairs or whatever, to help members to self-identify. They can be empowered through knowledge and be able to help our serving members.

**The Chair:** Thank you, Mr. Storseth.

We'll go to Mr. Harris for a question or two.

**Mr. Dan Harris (Scarborough Southwest, NDP):** Thank you, and thank you to all of you for being here.

In my family there have been several generations of service. One of my grandfathers was in the Musical Ride many years ago, and of course I'm thankful for their service and for yours.

I'm going to be rather quick and perhaps brutal in cutting you off. I apologize for having to do that to get my questions in.

Superintendent, earlier you mentioned that you had engaged in a study last year and that changes and new things have been brought forward. After a study, obviously there would have been a report. Would it be possible for you to provide the report to the committee and our analyst for us to use in completing our report? That could be very useful. Thank you.

Staff Sergeant Townsend, you were speaking about the need to have that embedded person from VAC, and you mentioned that it used to be full time and is now part time. Is that a wilful change that happened or just something that slid, or are we not sure?

•(1650)

**S/Sgt Abraham Townsend:** I'm not sure why or how it happened. I know that we went from having a full-time person embedded within the VAC offices in Charlottetown to having somebody—and I can argue with my colleagues in the RCMP over whether it's full-time or part-time—who is not embedded within the VAC offices in Charlottetown where the action happens.

**Mr. Dan Harris:** Do you know when that change happened?

**S/Sgt Abraham Townsend:** It was approximately a year and a half ago, but that's an estimate.

**Mr. Dan Harris:** Okay. I'm sure it will be taken under advisement that you want that person's responsibilities to be that, regardless—

**S/Sgt Abraham Townsend:** I and my national executive partner and the CHRO have had some positive dialogue.

**Mr. Dan Harris:** Great.

It has been mentioned that cultural changes have happened, but very early in your testimony, Mr. Casault, you were speaking about the under-reporting that happens, possibly due to the potential for career sidetracking. You mentioned there is a hesitancy to come forward with OSI injuries.

Is there a plan in place to try to remove that stigma, or is that something you're working on with other branches to put in place?

**S/Sgt Michael Casault:** The quick answer is that the plan is not to report, and then it's not an issue, but that's not the acceptable plan, right?

I think the awareness of the members about the support.... If a member who wants to get promoted is off for six months in an admin role while he's recovering, and a supervisor looks at this person and compares him to other people, the supervisor may say that this person has an injury. The supervisor might not come out and say it, but might think this guy has something wrong with him and ask why he would pick him. That spreads throughout the organization quite quickly, so a person with OSI might go underground and self-medicate and what have you.

I touched on this a little. I think it has to do with the staffing levels and members having the ability to take a breath and talk with a certain.... Our one-person watches are out there working by themselves and have nobody to talk to. There should be a second person, and that goes to the gentleman who mentioned educating the wife. We spend more time with our partner on the street, if we have a partner on the street, than we do with our spouses, so we have to educate within.

**Mr. Dan Harris:** Could perhaps—

**The Chair:** We're at the end of your time, so I'm going to ask Commissioner Dubeau to speak.

**A/Commr Daniel Dubeau:** Is there a plan? Yes. We continue stressing awareness.

Mike is indicating that members feel they should not report. We continue to stress from the management side that we have to do something. It's okay to report. We ask our members to tell us if they have something, so we know. Abe talked about the Canada Labour Code; if something has happened, there has to be a report.

We continually stress to our managers that they're part of the solution. They have to manage. They have to watch what's happening to their employees and in their detachments so that we're aware of what's happening with our membership.

**The Chair:** Thank you very much.

Next is Mr. Lizon, for four minutes.

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

I would like to join my colleagues and thank you all for your presence here this afternoon and for your great service.

Let's continue on with operational stress injury in general. Probably also associated with it, associated with stress in the workplace and not necessarily limited only to the RCMP, is perhaps substance abuse.

As a committee we travelled to several places in Canada, and we spoke with veterans of the Canadian armed forces. Most of them told us that if they had a problem, they would fear reporting it, because, as they bluntly put it, this would mean they were done. I suppose there's a similar fear at the RCMP.

Also you, or anybody in charge who's dealing with the issue, has to find a balanced solution that on the one hand helps the person, and that on the other hand does not endanger anybody if the decision you made, or someone made, is wrong.

It's an open question. Maybe you could elaborate a little bit on this.

•(1655)

**A/Commr Daniel Dubeau:** I agree totally that we have to find that balance to get the message out. I don't think we can repeat it enough, as I believe one of your colleagues at the table....

Police officers are known to internalize stuff. That's just part of our behaviour, unfortunately. Maybe years ago we were trained to do that. We don't talk very much, so in terms of really getting that whole communication out there—the educational piece that Lynn talked about—it's to try to educate our managers and employees to start looking at each other and start taking care of each other.

We're in 700-plus points of service, and many times we're alone, without other members around there identifying things. We're trying to get the message out to the families. We're continually trying to do that, to get that balance so that people understand.

As to our procedures on the staffing side and whether you're done or you're not done, there might be decisions made if there is a risk to the public or the member. We have to make decisions as an organization not to put them at risk until they can get better.

That is something on the staffing side—the return-to-work side, the accommodation side—that we continue to review, and we are reviewing it; even this year we're reviewing to see if this is the best way of doing it. We're constantly trying to improve on that front as we move forward.

**S/Sgt Michael Casault:** Just to echo what Assistant Commissioner Dubeau mentioned, I have worked well with Superintendent Lemieux's team with regard to alcohol addiction and abuse. There was abuse of...surrounding identifying members with alcohol-related problems.

We've worked hours hammering out a policy that is acceptable to our program as well as to the organization. I don't know where that policy is just right yet, but when I left in December we were very close to getting it put into place. It deals with the member issue and the organizational issue, as well as the people we police, meaning the public safety issue.

We were just about right there, and it will alleviate a few of the concerns members have when it comes to abuse versus addiction.

**The Chair:** You have time for a brief question, Mr. Lizon.

**Mr. Wladyslaw Lizon:** I have a brief question on a related topic, which is physical injuries that may occur after the member retires or is discharged.

Many of your members serve in remote areas and small places. Do you have any recommendations on how they would record instances that happen there? Of course, if there's not a medical record that would eventually be recognized. If they—

**A/Commr Daniel Dubeau:** For any member serving, we actually have a document. Any injury has to be filled out and reported to us. That's how it is currently. No matter where you are in the country, that is the policy. You will report it, and then the manager is required to report it to us.

We've gotten really good on the reporting. We can start creating a paper trail, for lack of a better term, so that when a member does go, a legacy file can follow them.

**S/Sgt Abraham Townsend:** Can I add something?

**The Chair:** Please be brief.

**S/Sgt Abraham Townsend:** I think part of your question is related to serving members who are now retired. They're getting on

in years, and as a result of some of the injuries and abuse their bodies took early in their lives, they are now realizing the negative outcomes. How do we reach out to those people when they're not part of the RCMP retired members association and have little or no knowledge of Veterans Affairs Canada and what services may be available? That's a huge challenge.

I'm sure the nominal role of retired members is available somewhere. Is it available to Mr. Gidley? I'm not sure. Is it available to Veterans Affairs Canada? Is there an outreach program that could be well publicized for these retired members?

Retired members of the Canadian Forces have a better inherent knowledge of Veterans Affairs Canada, whereas our members don't. If transition interviews were mandatory within our organization, they would at least create a go-forward place of knowledge, as opposed to where we are now, with 10,000-odd members retired who may have no knowledge, or minimal knowledge, of what VAC has.

● (1700)

**The Chair:** We are way over our time. Do you want to squeeze a small comment in as a closer?

**S/Sgt Michael Casault:** No.

**The Chair:** Did he cover it?

**S/Sgt Michael Casault:** It was for him.

**The Chair:** Okay.

I want to thank you very much for coming today. It has been very helpful for the committee. If a question comes up later, we may send you something in writing to see whether you are able to help us out a little further.

Thank you again, on behalf of all of us.

We will suspend for a minute.

[*Proceedings continue in camera*]









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