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Chair: Mrs. Karen McCrimmon





## Standing Committee on National Defence

Monday, December 7, 2020

• (1100)

[English]

**The Chair (Mrs. Karen McCrimmon (Kanata—Carleton, Lib.)):** I will call this meeting to order.

Welcome to meeting number 10 of the House of Commons Standing Committee on National Defence.

Today's meeting is taking place in a hybrid format pursuant to the House order of September 23, 2020.

The proceedings will be made available via the House of Commons website.

Right now, we'll welcome our witnesses.

[Translation]

I'd like to welcome all our witnesses today.

Your presence is very important to us. We appreciate the time you've set aside for us.

[English]

We have four witnesses today.

We have Rear-Admiral Geneviève Bernatchez, who is the judge advocate general. With her today is Colonel Jill Wry, deputy judge advocate general; and Colonel Rakesh Jetly, senior psychiatrist, director of mental health, Canadian Forces health services group.

We also have Ms. Kyndra Rotunda, professor of military and international law at Chapman University.

We'll go in that order for the opening statements. Once the opening statements are completed, we will hand it over to the committee members for their questions.

I would ask Rear-Admiral Geneviève Bernatchez, judge advocate general, to begin, please.

**Rear-Admiral Geneviève Bernatchez (Judge Advocate General, Canadian Armed Forces, Department of National Defence):** Thank you, Madam Chair.

I will keep my opening remarks brief. Please allow me to begin by introducing myself.

**Mr. Terry Dowdall (Simcoe—Grey, CPC):** I have a point of order.

We're getting an echo.

**The Clerk of the Committee (Mr. Michel Marcotte):** It might be because someone has a speaker on their computer turned on and that will produce some echo when they talk.

Rear-Admiral, are you in the same room as Colonel Jill Wry?

**RAdm Geneviève Bernatchez:** I am, yes.

**The Clerk:** Maybe you could check if there's a speaker running in the background.

[Translation]

RAdm Bernatchez, perhaps your French interpretation channel is the problem.

**RAdm Geneviève Bernatchez:** I've deactivated the interpretation.

**The Clerk:** Okay.

We're going to do a check.

• (1105)

[English]

I have been told that our echo problem might be coming from any computer. When someone turns a mike on, it just creates feedback.

**Mr. James Bezan (Selkirk—Interlake—Eastman, CPC):** Just as a point of interest, whenever there's been an echo it's coming on the floor audio where Chair McCrimmon is.

**The Chair:** Are we still having the same problem or is it getting fixed?

Do you want me to continue speaking?

**The Clerk:** Yours is fine.

Could you talk for five seconds, please? We'll do a sound check.

[Translation]

**RAdm Geneviève Bernatchez:** Yes, Mr. Clerk. There's no echo now. Do you want me to keep talking?

**The Chair:** One moment, please.

[English]

Thank you, everyone. Unfortunately, we haven't fixed the issue.

It might be related to your computer, Rear-Admiral. Someone from the team will reach out to you and try to get this fixed.

In the meantime, I'll ask Colonel Rakesh Jetly to give his opening remarks and then Rear-Admiral Bernatchez. Hopefully, we'll fix this problem in the background.

Colonel Jetly, please go ahead.

Colonel, perhaps you could unplug and then plug back in again. We're not getting any of your feed at all.

• (1110)

**Colonel Rakesh Jetly (Senior Psychiatrist, Directorate of Mental Health, Canadian Forces Health Services Group, Department of National Defence):** Can you hear me now?

**The Chair:** Yes. Thank you.

**Col Rakesh Jetly:** When my teenage kids aren't around, I have one of these tech experts do it for me. It's fantastic.

All right. Let's try again.

I'm hearing an echo here.

**Mr. James Bezan:** Definitely the echo is coming through the floor audio in the committee room. It lights up every time Colonel Jetly is speaking. It lights up over on the floor audio as well.

**Col Rakesh Jetly:** I'm a bit distracted hearing myself twice.

**The Chair:** Stand by.

Colonel Jetly, perhaps you could help us out here. You can continue, but we'll have you start again. I want to hear your feed coming through, and then perhaps we can hunt it down here in the committee room. They seem to think it's here in the committee room. Just give us your audio feed, and maybe that will help us find it.

We're now having trouble with interpretation.

Stand by, please.

• (1115)

Colonel Jetly, could I ask you to speak again, please. It doesn't matter what you say; just speak for 20 seconds.

**Col Rakesh Jetly:** Okay, I'm going to start talking.

I am hearing a bit of an echo. I look forward to getting this thing going. Technology is always a challenge for all of us as we try to adapt to this new normal.

I am hearing an echo. It distracts me. I'm not sure what it does for the rest of you. Even though I do like my own voice, two of me, what a concept.

Madam Chair, would you like me to speak some more?

**The Chair:** No, that's fine, Colonel Jetly. We're not able to solve the problem right now.

We have a choice. We can see if there's another room vacant. There's no other committee room vacant on the fourth floor, but there might be one on the third floor. Otherwise, we could ask if the witnesses could join us on Friday. Those are our options.

**Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC):** Madam Chair, what if by some coincidence the House rises beforehand?

• (1120)

**The Chair:** We're still covered until Friday. We can still have our committee meetings until Friday. As far as I know, that was agreed to with the whips. Past that, there has been no agreement.

**Mr. Terry Dowdall (Simcoe—Grey, CPC):** I have a point of order, Madam Chair.

Just to follow up on Cheryl's comments, I'm wondering if we can actually find out for sure if that's the case.

**The Chair:** I'd like to ask our witnesses if they are available on Friday to determine whether we should even investigate that option or not.

Colonel Jetly, are you available on Friday?

**Col Rakesh Jetly:** I probably could be, ma'am, but what time do you think?

**The Chair:** Our normal time is one o'clock on Friday.

**Mr. James Bezan:** There's no echo right now.

**Col Rakesh Jetly:** I didn't hear an echo when your colleague Mr. Dowdall spoke either. Is translation happening?

**The Clerk:** Could we do a test with Rear-Admiral Bernatchez in both French and English just to check it out, please?

[*Translation*]

**RAdm Geneviève Bernatchez:** Of course, Mr. Clerk.

This is a test for the French.

[*English*]

This is a test in English.

I think that the echo problem is solved. I am not hearing anything.

**The Clerk:** It's magic.

**The Chair:** I guess we just had to threaten to meet Friday and then things decided to co-operate.

We'll go ahead with you, Colonel Jetly, since you started, and then we'll go to the rear-admiral after you're done your opening statement.

Thank you.

**Col Rakesh Jetly:** Thank you. I'll try to be brief as well since we've lost a bit of time.

Madam Chair and members of the Standing Committee on National Defence, I am the chief of psychiatry at CAF. I have several key roles, including advising leadership on mental health issues. I'm the senior mental health clinician of the CAF. I conduct and facilitate a great deal of mental health research related to military members and serve as CAF mental health representative on international committees within NATO and beyond.

I thank you for your interest in the well-being of the men and women of the Canadian Armed Forces, in particular their mental health.

As we have learned through our high-quality research efforts over the years, mental illness is common within the Canadian Armed Forces just as it is in civilian society. Our studies, such as the 2002 and 2013 Canadian community health survey, mental health, CF version, allowed us to understand the burden of mental health illness within our organization compared to the civilian population. Our depression rates in both studies were higher than those in the civilian population. Our PTSD rates increased substantially between 2002 and 2013, which is not surprising after the conflicts in Afghanistan.

As an example, the 2013 survey found a 15.7% lifetime prevalence of depression in members of the CAF. Lifetime PTSD was estimated at 11.1%. Just as significant as the crude numbers, these studies also tell us a great deal about help-seeking, perceived barriers to care, and help us to understand what we call the need-care gap.

As we continue to evolve our programs, we are guided by these studies and science with the aim to provide CAF members with timely access to evidence-based care. The well-understood barriers to care include individuals being unaware that they have mental health illness that is amenable to care. People also prefer to handle things themselves. They fear for their careers. Of course, there is stigma. People may believe that they're weak if they seek mental health care.

The programs that we have developed over the years are specifically designed as countermeasures to these barriers. For example, Road to Mental Readiness aims to educate, teach coping skills, reduce stigma and increase help-seeking. The term OSI correctly legitimizes psychological injury alongside physical injury.

I understand this committee is also interested in discussing suicide prevention within the CAF. Suicide does occur in our society and the Canadian Armed Forces are not an exception. Depending on our source, but conservatively, using Statistics Canada numbers, 11 Canadians die by suicide each day. That's approximately 4,000 a year. Within Canada suicide is the second leading cause of death among young and young adults age 15 to 34 years and is three times higher in men than women. One-third of deaths by suicide occur in those age 45 to 59. After a quick look at these numbers, we see that the men and women of the Canadian Armed Forces are within this higher-risk demographic.

We have within CFHS the commitment to better understand suicide and to better manage and mitigate risk. We are in regular communication with our allies to leverage our collective wisdom to implement approaches we feel would be helpful. It is also important to

remember that suicide is not as much a singularly health-related issue as it is a complex multifactorial condition that usually involves a mental health condition, diagnosed or not; stressor, usually interpersonal; certain personality factors, such as impulsivity; and of course access to lethal means.

I can expand further as desired but the model mentioned provides many opportunities for suicide intervention. As such, within the Canadian Armed Forces, we consider suicide prevention a collective responsibility that involves leadership, colleagues, peers, health care providers and our entire community.

In 2009 and 2016 we convened expert panels on suicide prevention in which we invited academic and military experts from within Canada and our allies to help assess and guide our efforts in this important area.

• (1125)

We have made recent changes that include working with the Canadian Psychiatric Association to create a CAF clinician handbook on suicide prevention, which is a comprehensive document that identifies risk, assessment and management of suicidality. We adapted the Columbia suicide severity rating scale to standardize our way to capture the elevated risk. We also introduced CBTS, cognitive behavioural therapy regarding suicide, through a training program across the country. It is cognitive behavioural therapy specifically aimed to address suicidal behaviour, not just the underlying mental health condition.

In March of this year, we within the Canadian Armed Forces faced an unprecedented stressor in the COVID-19 pandemic, as did all Canadians and indeed the entire world. That impacted all of us, as I know this committee has discussed. From a mental health care perspective, I would like to share the fact that the mental health services were never closed, in that from the outset our leadership considered the mental health care of the members of the Canadian Armed Forces a priority.

We faced challenges, as all health systems did. We had to comply with local, municipal and provincial policies and had to manage the risks of our patients and staff vis-à-vis the pandemic. Services continued and continue to be provided. Mental health care has been provided across the country in our clinics using a variety of means, ranging from in-person assessments, with both patient and clinician appropriately wearing PPE, to telephonic and virtual video platforms. There have been challenges in this implementation, based on technology and limited Wi-Fi in some of our buildings and the compatibility of commercial platforms. This is an area that we continue to refine.

We can discuss further as desired, but as someone who joined the Canadian Armed Forces at the end of the Cold War, I am one who remembers that health services exist not only to provide care to the ill and the injured, but also to maintain operational readiness for times when we are expected to respond and act on behalf of the people of Canada. During the pandemic, the CAF did respond both domestically and internationally when called upon, and health services supported those operations.

I am happy to take any questions that the committee may have for me and to let all of you know that this will be the last time you'll be meeting me in uniform, because I am well into my transition back to civilian society, which will occur in early 2021 after 31 years within the CAF.

Thank you.

• (1130)

[*Translation*]

**Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ):** A point of order, Madam Chair.

[*English*]

**The Chair:** Go ahead, Mr. Brunelle-Duceppe.

[*Translation*]

**Mr. Alexis Brunelle-Duceppe:** I don't know if I can raise a point of order regarding interpretation for my staff.

Is it possible to do that?

Now, on the phone, my staff can't hear what's going on.

[*English*]

**Mr. James Bezan:** Madam Chair, on that point of order, I wasn't in on both the French and English channels. The French channel didn't have an echo on the Zoom call itself, but definitely the English side was where we were getting the echo going back and forth. It was like Colonel Jetly was on a mega-horn in a large town square.

Congratulations on your retirement, Colonel.

**Col Rakesh Jetly:** Thank you.

[*Translation*]

**Mr. Alexis Brunelle-Duceppe:** Mr. Bezan, I'm being told that on the French channel—

I can hear myself speak.

**The Clerk:** Mr. Brunelle-Duceppe, we're trying to fix the problem. It seems to be because of the phone lines and the sound of interpretation on the French channel and on the floor.

The best solution might be to ask your employees to use your access code so they can connect directly on Zoom, in the hope that they won't have this echo problem.

**Mr. Alexis Brunelle-Duceppe:** Okay.

When I talk, I hear myself.

**The Clerk:** Okay. I can't hear you echoing, but we're on the internal network.

We're trying to understand the nature of the problem. We'll try to fix it.

**Mr. Alexis Brunelle-Duceppe:** Okay.

It's all mixed up in my headphones. I'll propose your solution to my staff, but the audio problem when I speak will need to be resolved.

**The Clerk:** Okay.

[*English*]

Just so that everybody knows, it seems that we have a problem with the interpretation channels on the phone lines. We're trying to fix this. If someone is having a hard time, they can connect to the Zoom meeting with the password that was provided and I will let people in. IT is working on it to solve the echo problem.

**The Chair:** We'll give that a try.

Thank you very much, Colonel Jetly, and thank you for your service. Congratulations on your upcoming retirement. I know you've worked hard your whole life to represent Canadians right across this country and to look after our men and women in uniform, so I thank you very much for that.

I'm going to give the floor now to Rear-Admiral Bernatchez, judge advocate general.

Thank you.

**Mr. Terry Dowdall:** Madam Chair, I'm getting French in the background, and I'm not on that.

**The Chair:** Stand by.

We'll try this again.

We'll threaten to meet on Friday—maybe it will work.

Colonel Jetly, you said that you thought you might be able to come on Friday. Rear-Admiral Bernatchez, do you think you might be able to make yourself available Friday afternoon at one o'clock?

• (1135)

**RAdm Geneviève Bernatchez:** Yes, I would make myself available for the committee, Madam Chair.

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

Ms. Kyndra Rotunda, you're calling us from California. Is that right?

**Dr. Kyndra Rotunda (Professor, Military and International Law, Chapman University, As an Individual):** Can you hear me?

**The Chair:** Yes, now we can.

**Dr. Kyndra Rotunda:** Yes, ma'am, that would be fine. I can attend on Friday.

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

We're going to suspend for a couple of minutes. We'll see if we can do a last fix. If not, then we will reconvene on Friday. But we'll suspend for a couple of minutes to see if we can get this fixed. If not, then we will come back on Friday.

Stand by.

• (1135)

(Pause)

• (1135)

**The Chair:** It looks as though we're not going to be able to get this fixed this morning, so we will adjourn for today. We will re-

convene on Friday. We will reach out to you with a notice of meeting. We will update the witnesses, and we'll go from there.

I'll also reach out to each of you via email to chat about the way ahead. We might need a steering committee meeting now. I'll be connecting with you after we finish here today.

I want to apologize to our witnesses and thank them.

I want to thank our witness in California for getting up so early in the morning to join us. We really appreciate it.

We apologize. I think a lot of what's been happening around the world has challenged a lot of us, but we'll find a way to make this happen.

To all of our witnesses, thank you for joining us. We'll be in contact very soon to provide the details for Friday's session. I just want to say thank you so much for being with us in committee. We'll be reaching out with more information for you very shortly.

With that, the meeting is adjourned.







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