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Chair

Mr. Rob Anders

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● (0905)

[*English*]

The Chair (Mr. Rob Anders (Calgary West, CPC)): Good morning.

Just before we start with our witnesses this morning, I want to let everybody know that I hope to have copies of the letter we sent to the minister that referred to a motion previously dealt with in committee available for you this morning. So that's that. We'll get that out of the way. It's not crucial information just yet, but we'll try to make that available for you as soon as possible.

This morning we have Senator Roméo Dallaire. Mr. Dallaire had previously wanted to attend the committee meeting. Since we're into our study on post-traumatic stress disorder as a result of the veterans independence program and the health care review, we extended this opportunity to him. I'm glad to see that he's here today.

I believe there are two assistants to Mr. Dallaire, a private secretary and an executive assistant: Mr. David Hyman and Hélène Ladouceur.

Mr. Dallaire, usually we allow 20 minutes for the witness and then we open it up to questions for the committee members. Do you wish to have the assistants make presentations as well, or are they here for background for you?

Hon. Roméo Dallaire (As an Individual): No. Thank you very much, Mr. Chair.

David is here to slip pertinent notes to me every now and again to keep me on track, if that's suitable with you.

The Chair: That's fine.

Hon. Roméo Dallaire: It's Madame Ladouceur's first time in committee. She joined me not long ago. So it's an on-the-job-training experience.

I propose to speak, hopefully not for 20 minutes, but I will power talk my way through a few points in order to give you a bit of information, and then I'll be only too happy to respond to questions.

The Chair: Fair enough, sir. The floor is yours.

[*Translation*]

Hon. Roméo Dallaire: Thank you, Mr. Chairman.

Thank you, ladies and gentlemen, for inviting me to testify before this committee, which is looking at the issue of health care and services provided to veterans, particularly at this time, given the new Charter and its repercussions on the services provided to new veterans.

I am using the term "new veterans" or "new generation of veterans", to refer essentially to those from the modern or post-modern era, meaning after the end of the Cold War; these veterans are different from those who fought in the Second World War, the First World War and the Korean War. We also necessarily include in this group those who served between the Korean War and the end of the Cold War.

This new generation of veterans is growing and will continue to grow in coming years. So, it is extremely relevant to look at what we are doing for them and to see how we can act proactively in order to meet their needs.

[*English*]

I previously testified in front of the Senate committee in 2003 on a similar subject, and when I was associate deputy minister of human resources, or, at the time, personnel, I testified in front of SCONDVA, which is now *scinder* into these two committees. So I'm very happy to be back here today.

Very rapidly and succinctly, if I may, I think the first aspect I would like to introduce is one of the era in which we find ourselves; that is to say, what is happening now and what has happened over the last 15 or 16 years, since, essentially, the Gulf War, where we have seen a whole bunch of countries imploding and we've seen the UN launched into a whole series of different missions, and also countries, through coalitions, operating outside of the UN in a number of these missions. This new era of very complex and often ambiguous missions is not something that's going to end in the next couple of years. We are essentially in a new era, and we are at the start of a new era, contrary to the old era that really ended with the end of the Cold War.

In the old era, we were in what is known as classic warfare, attrition warfare, warfare of, essentially, armies against armies. Apart from our American colleagues, who lived the experience extensively with Vietnam, the whole concept was of professional armies facing professional armies, fighting it out with all the modern equipment, mostly in a Eurocentric sort of context.

This is not at all what has gone on since then, and it is not going to be the context of conflict into the future either. We will see a continuum of these very complex, very ambiguous, and very difficult missions as we continue to see countries imploding around the world, countries attempting to move towards democracy and human rights and good governance and rule of law, where we will continue to see massive abuses of human rights by extremism in various countries. We will also see the vulnerability of the developed world in regard to elements such as terrorism and even potentially the risks of nuclear devices.

Essentially, the era in which we find ourselves is an era in which those who serve in uniform—as those who serve in foreign affairs, those who serve on the humanitarian side, the RCMP and civilian police—will continue to serve in missions that are just not black and white. They are just not "good guy, bad guy". They will have intrinsically complex dilemmas in how we solve, how we participate, how we use force in these missions.

We will continue to see those in the field facing complex ethical, moral, and legal dilemmas as they try to apply force or not apply force, as they try to integrate the use of force with the other two Ds, which are diplomacy and development, as we bring comprehensive, all-encompassing solutions to these conflicts.

So, ladies and gentlemen, the era of the blue beret with short pants and a baseball bat, chapter 6 peacekeeping, is over. The possibility of all-out central European massive use of armour, classic warfare in a World War III context, is also not there. In fact, the only two times we've seen it in the last 15 years were in the first Gulf War and when the American-led coalition went into Iraq the second time in 2003. Apart from that, they have been in all of these very complicated scenarios in which you don't face a classic enemy; you face, in fact, totally un-classic contexts.

This leaves me with the first point I wish to raise. In the back of the minds of those who are serving in the field, there is always this sense of a little bit of insecurity because we don't have all the tools, all the doctrines, all the training, all the tactics, all the equipment, and all the organizations that we used to have in classic warfare, well defined, well structured. We are still doing on-the-job training. There is still "ad hocery", there are still new lessons being learned, and there is still a lot of crisis management going on.

● (0910)

For example, the context of the PRT in Afghanistan is not the be-all and end-all; it's a trial. It's a new way of doing business in which you are trying to resolve conflict. You are not fighting a war or peacekeeping; you are in conflict resolution. So that in itself creates a good setting for stress or at least potential trauma in those who are serving there. They don't have that same warm, fuzzy feeling we used to have in the Cold War, when we were both serving in Germany and knew exactly where we were going, who the enemy was, and what to use to sort them out. So that is a baseline.

One, this era is not ending. We are in this for some decades to come, and it will continue to be complex and more demanding. Two, we do not have all the fundamental conceptual bases and doctrines we used to have to say we're sending everybody in with exactly the right tools to do exactly the right job, because we're still learning it. Remember that in classic warfare it took us centuries to build humanitarian law, the law of armed combat, let alone the different conventions of the 20th century. So we are on new and complex ground.

The second dimension is that PTSD is not a disease or a mental health problem; it is an injury of the brain that is physically affected. Some of our grey cells get fried. Some of the circuitry gets screwed up and doesn't come back. It is not a psychological state that leads you to a mental health definition; it is a psychological fracture. It's a trauma that was brought upon something and it broke.

● (0915)

[*Translation*]

So, we are dealing with an operational injury and not a mental health problem. In this context, the urgency of responding to the needs of individuals with such injuries is the same as that for individuals who have lost a limb or been hit by gunfire, shelling or an exploding landmine, where the results are visible. There is no difference between the urgency of caring for a post-traumatic stress injury—the faster we react the better the results are—and the urgency of responding to the visible physiological need of a person with a broken limb.

[*English*]

That is why when we started this whole exercise in 1997, between Veterans Affairs and me, it went on two planes. One plane was within Defence, creating the quality of life program, and David was my private secretary and principal staff officer at the time when I was associate ADM(Mat) and we launched SCONDVA. It was with a gentleman called Richardson, I believe, who was an MP and the vice-chair, whom I went to see and said, "We are dying out there. We have soldiers killing themselves. We have families destroying themselves. We have individuals who are becoming totally operationally ineffective. We need to look at quality of life." If you remember, that was the time of all the budget cuts and the impacts thereof. So SCONDVA took on quality of life and brought about massive changes within DND, and budget allotments to meet that requirement.

The second tranche of that was linking up with a chap called Dennis Wallace, who was at the time an ADM in operations at VAC, and we seconded a general into Veterans Affairs Canada, which we should have continued to keep doing. This one-star general was integrated into the whole process of modernization of Veterans Affairs to meet the needs of the new generation of veterans and was instrumental in assisting in building the Canadian Forces advisory committees, which Dr. Neary ultimately chaired, that produced the report that ultimately helped VAC produce the new veterans charter. Now we even have a bill of rights for veterans, which at the time we called a social contract between the military and the Canadian people.

So it took until 2006, only nine years—only nine years. However, we didn't close the shop during the nine years. We were not able to close down for inventory, keep the troops at home, sort out the processes, and then send them back in. On the contrary, the Canadian government has continued an incredible tempo of use of forces, as we tried to build a system that we had totally completely lost due to nearly 45 years of peacetime.

So we now have a system, but we have, however, a bunch of casualties out there who have not been responded to one way or another. We have not got the Gulf War veterans. We don't have the Agent Orange veterans. We have people out there still with pending scenarios that are in the hands of lawyers. Instead, they should be in the hands of politicians to take the decisions, to give them compensation, and to end it.

One of the principal reasons...on this aspect of those who have fallen through the cracks as we've modernized is the fact that they undermine the morale of those who are serving. What you do not need, and what certainly will have a terrible effect, is if the veterans, when they come back from fighting, or in whatever context they serve overseas, have to fight another fight to live decently back home. That undermines their morale, because they're always looking behind themselves, saying, “How is my family going to be handled? How will I be handled?”

In 1998, we had a young corporal come back, 22 years old, from Bosnia. He had been blown up by a mine. He lost a leg and his back was all blown to pieces. He was in the hospital. I went to meet him—I was a three-star at the time—at our hospital here in Ottawa. His wife was there and they had a young child. This guy had been injured less than a week. The first question he had for me was, “How is my family going to survive?” That's a question they should never have to ask, because we should be pumping that stuff to them.

So, ladies and gentlemen, my second point is that from this injury we have also seen a number of people, through the process of building a capability, which we have now, falling through the cracks. They will undermine the morale of those serving, because if they are not responded to they will continuously have the feeling that once you are injured, you will have to come back and prove, prove, prove, and fight your way through a process to be treated decently.

● (0920)

That is a negative effect on the operational effectiveness of the Canadian Forces, and it has an enormous effect on their sustainment, because the families turn around and say, “Why do you want to stay in an outfit like that? They've destroyed you. We pick up the pieces and we're abandoned.”

So it is also important for the sustainment of the Canadian Forces that those with experience who come back, who may or may not have certain injuries, feel that they are supported, and their families feel they are supported. We have to clean up the mess of those who have fallen through the cracks, as we build this extraordinary capability that we now have with the new charter.

[*Translation*]

I will rapidly address a number of specific subjects, if I may. I want to start with the reservists.

I serve as the honourary colonel for a regiment. Last Saturday, I met with the families of 17 soldiers from my regiment in Lévis who will be leaving for Afghanistan in August. I talked with the families; my wife was with us. I am President of the Centre de la famille Valcartier foundation, and my wife sits on the board of directors. Reservists are not getting sufficient support. The problem is that, if they're injured, particularly when it is a post-traumatic stress injury, they are scattered throughout the region and it is very difficult to bring them together and ensure treatment. It takes specific resources to treat them and to ensure that reservists, who are absolutely essential to the Canadian armed forces today, receive adequate care.

The Canadian Forces' establishment has been cut so much that we are forced to rely on reservists. Without them, the Canadian armed forces would have no operational capacity. But a double standard still exists. It is more difficult to provide care to reservists because they do not live on the major bases, they are scattered all over. Because this is a more complex problem, we need to find a more complex solution and a solution to ensure that these young people, who give a year of their lives to military service and who then return to the country—sometimes they do it twice—and their families receive exactly the same treatment as regular armed forces members. The blood that flows through the veins of reservists wounded overseas is exactly the same as the blood that flows in the veins of regular soldiers. When shots are being fired, they're not asked whether they are reservists or regular members. We are asking them to serve. The system should reflect equal treatment.

If more resources are needed to solve the problem we have in relation to reservists, then we need to organize our resources accordingly. There is a serious problem with services for reservists throughout the country.

● (0925)

[*English*]

The second point concerns Ste. Anne's Hospital. There have been, over the years, rumours that the hospital is being handed over to the Quebec government, or that we're closing it down or fiddling with it or modifying it, and so on.

The experience of our colleagues in the United States and in the U.K., in particular—and we've seen it in France, Belgium, and Holland—is that you need one place, at a minimum, that has the depth of knowledge and the experience of things military. We need, of course, the specialists who know how to treat a whole variety of ailments, from old age to whatever. Of course, you need that clinical side. But you need an institution that understands the culture and understands the dimensions of the military world. It is a different world. They work under a different premise than society. They follow, of course, the values and ethics of Canadian society, but they live within a context. Their jargon is even different from the normal population's. So you absolutely must ensure that Ste. Anne's remains with VAC.

Second, because of the prevalent nature of injuries that are not from bullets and bombs and mines and so on—the dominant, prevalent injury is operational stress or post-traumatic stress disorder—Ste. Anne's has to start dedicating a significant part of its assets to becoming a military PTSD institute in this country and internationally. We can't just treat. We must do some serious research to prevent the scale of injury to future individuals who are committed. So they have to learn, and they have to do trials, they have to test, they have to do research, and they have to do development. And they have to teach those who are working in the ten clinics the VAC now has, the five National Defence clinics that are out there, and, God knows, every other Tom, Dick, and Harry who is sort of contracted to help us. You must have a core capability that is not just treating today's problem; it is looking at how we reduce the impact of this injury in the future.

We do it on the physical side. I mean, the treatment we do now compared to the treatment for people in the trenches during World War I at Vimy Ridge is like day and night. Those of you who know *M*A*S*H* and watched the MASH 4077 know that was an invention that came in during the Korean War, and it reduced casualties immensely. It was amplified significantly in the Vietnam War. It is now a process by which we don't lose people on the scale we used to, because we took the physical problems and we analyzed them and we asked how to solve them.

Well, ladies and gentlemen, you have to do the same thing with the injuries between the two ears, and you need an institute that does that. Ste. Anne's has to shift a ward, a wing, floors—God knows what—to commit itself to reducing the impact of this injury on future veterans, future members of the forces, who will continue to be committed. That is the mandate.

Third, OSISS, the operational stress injury social support people, are those 400 veterans who are helping other veterans across the country. May I state that they have to be integrated within the process. They have to be inside those ten VAC clinics. They have to be inside those five Defence clinics. They have to be inside the different VAC offices on the bases and so on, because they will provide the depth of knowledge of the jargon and what these people are talking about, first of all, which clinicians don't automatically have. But second, they are an essential tool in the recuperation and stabilization of those veterans who are injured with PTSD.

You need professional therapy. You more often than not need pills. I take nine a day. I've been in therapy for eight years. And you need, between those sessions, a bosom buddy. You need someone who is prepared to sit there for four hours and listen to you talk. Families can't handle it. The impact is too strong. My family has still not read my book. Families can't handle it. Uncles and aunts or something, maybe; a friend, possibly. You need another vet to sit there and listen and be available between the official sessions to continue the process of it.

And you know what? I learned that from the Legion. First of all, it was absolutely essential for my still being alive today that I had a bosom buddy, but I learned it from the Legion. I learned it from the Legion when I was a kid, seven or eight or nine or ten years old, when I used to go there on Saturdays with my father. I watched my father sit around those tables, little arborite tables, chock-a-block full of beer. There would be five or six or seven of them there, and they would either be laughing their heads off or every now and again there would be one crying his heart out. But that evening, after his session with his buddies, the family could live decently without stress.

● (0930)

You absolutely must take that capability that was created by a lieutenant-colonel who served with me, Stéphane Grenier, inside DND and move it into the mainstream of services provided by those institutions.

[*Translation*]

Quickly, if I may, last but not least are the families.

I want to tell you a little story. When I came back from Rwanda, after having spent one year there, nearly four months of which at war, my mother-in-law told me that she could have never survived the Second World War if she had had to go through what my family did. Why? Because during the Second World War, when my father-in-law commanded his regiment in Italy, and later in Holland and Belgium, the family got very little information. Furthermore, information was censured. The entire country was caught up in the war.

Today, the country is at peace. However, the Canadian armed forces have been involved in conflicts since the Gulf war. We have been going to war for nearly 15 years. The plumber who lives on one side of the street and the public servant on the other side of the street are not at war. However, the families of soldiers are subjected to the realities of war. Our families experience our missions with us because of the media. They are always there and want to be the first to report who was injured, killed or taken hostage. The families are stressed and profoundly affected.

A system that takes care only of the individual and does not integrate care for spouses and children—I have two of my children who were affected—is a system that is far from perfect. The individual may receive all the assistance needed, but once back at home, he faces an extremely complex situation.

So, we need to find solutions in cooperation with the provinces to provide services to children and spouses who remain at home. We saw this in Petawawa; it's only a small example of what families are experiencing when soldiers return home.

We can invest a fortune to help individuals, but if we don't help their families, we will not achieve the desired objective. In closing, I want to remind you that the Charter is bringing us into the modern era, because it refers to the individual and the family. We must apply the Charter, and this is where we run into shortcomings.

Ladies and gentlemen, you have been very patient with me. I want to thank you very much for your invitation.

I am prepared to answer any questions.

[*English*]

The Chair: Thank you very much, Mr. Dallaire.

Just to let you know, this is a rarity, 26 minutes and 39 seconds. Even though you said you were going to be brief, you were the longest witness we've had. So congratulations.

Now it's over to Ms. Guarnieri, for seven minutes, for the Liberal Party.

● (0935)

Hon. Albina Guarnieri (Mississauga East—Cooksville, Lib.): I think, Mr. Chair, that what Senator Dallaire shared with us in those crucial minutes was well worth listening to. As always, I'm overwhelmed by his candour, his compassion and humanity, and the insights he gives us.

First, let me thank you, Senator Dallaire, for the unique role you are playing as really the senator who represents 700,000 Canadian veterans and active duty soldiers. And certainly no group of Canadians could be more deserving of the care and dedication that you have offered on their behalf.

Senator, we have seen over the last year a rise in casualties that have not been seen since the Korean War. Obviously, we need to act now to deal with the new challenges, and the new volume of challenges, that Afghanistan is presenting, and the challenges, as you have so aptly described, of the new era. I ask you what changes we need to make now in terms of programs for injured soldiers and reservists, as you've highlighted the necessity to deal with them, that really can't wait until the review is completed, this review being conducted by this committee, until next year? Certainly you've highlighted the urgency of having more—a PTSD research wing at Ste. Anne's and guaranteeing that its crucial role is continued—but what are the measures that should be taken today, without further delay?

Hon. Roméo Dallaire: I think first, internally in Defence, although it is not the case, we have argued, and I have argued—and they are moving slowly—to change the culture with regard to PTSD as an injury. The macho dimension still has to be cleaned up, and that is ongoing. I think an absolute effort still has to be committed to doing that.

Secondly, the full realization of the scale is dawning on this committee and Veterans Affairs Canada. I've been hearing rumours that maybe there's talk of scaling down some of the demands within Defence at a time when we should be scaling up. The five new veterans clinics are absolutely essential and have to come on-line rapidly, but I'm not sure whether they're structured to handle the volume, and that's the failing so far. The volume is often beyond what people want to accept.

Before Afghanistan, when I was an ADM at the end of the nineties, and then following, we were estimating at least 3,000 casualties. Interestingly enough, in that same militia regiment, I went to the supper for preparing...for saying goodbye to the families. Three reservists were there—two ex-regular force, now reserve, and one reservist; three of them, of the veterans who were there, of about 40 who had served. One was in Ste. Anne's part-time and the other was getting treatment at Ste. Anne's. The other one was being treated at Triquet, but was not....

The scale is just not recognized. You have the backlog, where a dedicated effort has to made, not just

[*Translation*]

for the 26 individuals in Montreal and Quebec City.

[*English*]

and so on. A whole backlog is sitting out there that hasn't come to the fore, starting with the Gulf War veterans all the way through. You can even include Agent Orange in that. The backlog gang has to get a dedicated task force committed to solving that. That's off-line.

Then on-line is recognizing the scale of the casualties. Although Afghanistan will bring PTSD casualties, I think if we found ourselves in Darfur, we'd probably end up with a higher scale, because the humanitarian side of that will blow a lot of the circuitry apart.

It is the realization that the ten clinics have to come on-line. Those ten clinics need dedicated beds in different hospitals across the country. They simply can't keep sending the guy home because there's no place, and so on. They had another suicide at Ste. Anne's last week. The guy ended up killing himself.

There has to be an escalation of availability of committed resources across the country. That doesn't need another study. That needs cash. Just throw it at it. The solutions are there. It's just that the availability of the funds to implement them seems difficult.

I think that's the primary one, the full realization that you have to take all the backlog gang, set up a separate task force, and launch into it. The ones who are still serving and are coming off-line now have enhanced those clinics to become full-fledged. Give them the capabilities. They are there. I went to brief them two years ago on the first five clinics. They already had a whole bunch there. They just needed somebody to give them some cash to open up some beds and some capabilities in Winnipeg and all over.

That's my short answer on that one.

● (0940)

Hon. Albina Guarnieri: Well said, Senator Dallaire. They need cash.

As a final note, I would like your assessment of the implementation of the new Veterans Charter in the context of the Afghanistan mission, which you refer to as a complex and ambiguous mission, to a certain degree.

We always refer to the new Veterans Charter as a living charter. You were certainly instrumental in the launch of the charter. I'm hoping you will, with the candour that you're equally known for, highlight some of the areas or the sins of omission that we need to address.

Hon. Roméo Dallaire: The charter is a living document, and one of the greatest things about it is that it gives the minister so much more power. It is not a charter that's in the hands of the technocrats within the department; it's in the interpretation and the philosophy of the minister. That has to be the cat's meow of it. He or she can move the processes, adjust them rapidly, and get on with things. Over the last year or so we have watched the department work on the implementation. They're into whole new areas in assisting people finding work, retraining. They're with a whole new generation of veterans and so on.

There are growing pains. I think the first thing I would say is that, again, the scale is not recognized. Those who are trying to implement it are overwhelmed. They are overwhelmed. You see what the Americans were talking about with the impact of Iraq; well, divide it by ten and that's here. It is still a hidden statistic. When you go out there and talk with them—and I had the opportunity last week at a big conference in Montreal—they're overwhelmed by the volume. There has to be an immediate attempt at escalating the capability.

The second dimension is on the family side. The family side is still in this provincial-federal fight. I think there is room—at least when I was an ADM we were trying to move on it—for an arrangement that could be worked out with the provinces. As an example, we were talking with the provincial staff in Quebec and they were saying they could barely meet 25% to 30% of the general population's needs for psychiatric and psychological support, let alone an increase that we would impose. However, because we are deliberately putting people and their families into trauma arenas, we have a deliberate responsibility to meet it, and that criteria is different from the general population.

It's breaking that log-jam: one, on volume, and the other on implementing the family side.

Hon. Albina Guarnieri: Thank you, Senator.

My time is up. If I had my way, I'd extend the sitting for another hour.

Thank you.

The Chair: Well, Senator Dallaire only has until 10:30 a.m.

Now to Monsieur Perron, for seven minutes.

[*Translation*]

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): Ms. Guarnieri, you will have an opportunity to continue this discussion, because I will be appearing after the senator.

Senator, I was elected on June 2, 1997.

Hon. Roméo Dallaire: In what riding?

Mr. Gilles-A. Perron: I am the member for Rivière-des-Mille-Îles, a riding on Montreal's north shore.

I became aware of a first case in my riding near the end of June 1997. We hadn't yet finished painting the inside of my office to make it nice. One of my sons, or someone my son's age—I consider them as my children—came in. No doubt, you will recognize the name François Gignac. He was suffering from post-traumatic stress disorder. The horror story he told me floored me. It was so horrible that I couldn't believe it. I secretly arranged to meet with his wife, and she confirmed that this young man was really going through what he had told me. It was at that moment that I swore to myself that I would do everything for these young people.

I can tell you that what I saw and experienced in 1997, 1998 and 1999, was a horror story. No one knew you back then. As you said, in 2006, the door was finally opened and recognition given to mental injuries, as you said so well.

I must admit, since 2006, we have made progress, but we have just scratched the surface. We still have a very long way to go. I am even at another stage, that of beginning to try to take care of future young veterans, those in the Canadian Forces in Afghanistan today. We must consider how we're going to treat them when they come back and how they are being treated within the framework of the current mission.

I was shocked when you said that a mental injury was the same as losing an arm. Do you believe that the Canadian Forces should include more psychologists and psychiatrists on missions, just as there are doctors on hand to treat shoulder wounds? Are the Canadian Forces open to including more individuals on missions to care for mental injuries?

● (0945)

Hon. Roméo Dallaire: When I was commanding the brigade in Valcartier in 1992, there were soldiers in Yugoslavia. So we wanted to send people, specialists, to assess the nature of the conflict, see what the operations were and the work that needed to be done. At that time, we limited the number of individuals we could send. So if we were entitled to send 1,200 people, it wasn't 1,201 or 1,202. These restrictions were set by the political authorities, necessarily. They wanted bayonets and not specialists. It's the same thing today. There are 2,500 men in Afghanistan. If we try to add another dozen to meet psychological needs, we are going beyond the limits set by the politicians. We are only authorized to have 2,500 troops in the field. Adding 10 guys means taking away 10 bayonets. If we continue to take away bayonets, there will no longer be any point to having anyone there, because there'll no longer be anyone left at the front.

Over the years, changes have been made, and we are somewhat more optimistic than you. As I indicated, a number of soldiers have fallen through the cracks, many of whom are in direct contact with me. When I was deputy minister, in 1997, I started to do research on this because a report claimed that suicides were not related to stress. I said to myself, no more lies. There was a small clinic in Ottawa, that was barely being used. No one wanted to go there, so as not to be stigmatized. You know people are afraid of being labelled as mentally ill, even civilians. Compare the number of civilian psychiatrists and psychologists to the number of surgeons, and you'll see there's a huge gap. It's the same thing in the military. We set up five clinics in the Canadian armed forces. They were overwhelmed and, finally, the Department of Veterans Affairs opened some clinics. Now there are 15 of them.

We started taking care of people and acknowledging their problems, but it is clear that we need to be able to prepare people for this kind of stress before they leave, through training and information, and by having specialists on the ground. We have a psychiatrist, a psychologist and a social worker in Kandahar. Five years ago, if you'd said that, you would have been kicked out of the army. They're there now. Do we need more of them?

● (0950)

Mr. Gilles-A. Perron: I know, I mentioned this five years ago to the Standing Committee on National Defence and Veterans Affairs.

Hon. Roméo Dallaire: People said it was ridiculous, that we needed guys with bayonets, that's it. However, we realized that these people have increased operational capacity because soldiers have access to counseling services. I want to give an example.

In Rwanda, in the midst of the conflict, some soldiers would suddenly "blow a fuse" as they say. They would get up in the morning and no longer be able to function. For 24 hours, we put them in bed, we isolated them, we fed them and kept them safe. When we were able to get out, we sent some guys to Nairobi for three days, they were treated, they were able to wash, to talk to someone and then come back. Usually, they came back and were able to continue to serve, but in the past, this type of thing wasn't done. Now, we do this, but increasingly, professionals are helping us do it.

Mr. Gilles-A. Perron: General, I would like you to give us an example. You know, Valcartier is preparing young soldiers to go and take over in August. We are spending millions—and I have nothing against that—to send them to the United States, to Arizona, because the terrain is similar to that found in Afghanistan. When the Chief Medical Officer, Major Chantal Descôteaux, told us that to mentally prepare them, they receive three and a half hours—

[*English*]

The Chair: Monsieur Perron—

[*Translation*]

Mr. Gilles-A. Perron: Is that normal?

Hon. Roméo Dallaire: Let me quickly reply to that. We mustn't forget, Mr. Perron, that the training they receive is one of the main tools to ensure that they do not suffer from post-traumatic stress disorder. A well-trained, well-equipped, properly motivated solider under good leadership is much less at risk of suffering from post-traumatic stress disorder, because he feels confident. It can happen, but the chances of it not happening are much better. It requires a holistic approach. Have we achieved this balance? I don't think so. That is why I think that Ste. Anne's Hospital should be a research centre,. We must be proactive, instead of dealing with dead bodies.

[*English*]

The Chair: Thank you.

We'll move on to the NDP and Mr. Stoffer, for five minutes.

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

Senator Dallaire, again, it's an honour to be in the presence of a fellow Dutchman. Thank you very much.

You mentioned the Legion. The Legion in Richmond, B.C., had a round table. Some people called it the liar's table. In order to be at that round table you had to have been a serving veteran in World War I, World War II, or Korea, but you had to be of a certain type. Not everyone was invited to sit at the table. In order to be at that table you had to be invited. There were only eight chairs. I remember one day I brought my dad in there; he was invited because he was liberated by the Canadians. I'll never forget the honour of that day.

You're right about the laughter, the joy. They would complain about politics, sports, and everything, but on Remembrance Day it was a different story; then the tears started to fall.

I think that's what the Legion was able to do. In the absence of government assistance, either provincially or federally, they went to their mates. They went to their friends. When they went home that night, they could have a peaceful Sunday. I thank you for bringing that up, because it's so important for veterans and their families to have someone they can relate to.

My question, first of all, is on the reservists. We have discussed here before that reservists, when they get back, go to their normal workplace, and people in their workplace may not or cannot have an understanding of what they went through. What should we do as a government, or anybody, to ensure that those employers understand what the reservists have gone through, and how can we assist the employer in recognizing changes in mood or temperament of that particular employee, so that they in turn can get the assistance they require to assist their employees?

Hon. Roméo Dallaire: It's incredible. I'll use Valcartier as an example, which is seen as one of the more progressive arenas in which they are doing work to help both VAC and DND, and so on. They have one guy who's handling the reservists at the family support centre—nice guy, works hard, but he's totally overwhelmed.

There's no one who is going to the school where this kid came from, the university, to talk to the teachers. There's no one going to his boss, wherever this guy is, to talk to him. In fact, even in the militia regiments, some regiments have organized themselves to take care of these kids themselves. They do it out of their own very limited training resources. So they take training days, and instead of doing training to prepare others, they'll take some of that to help the local kids. They are not specifically supported to do that, the local militia regiment, let alone the regular force that does the follow-through all the way.

There's where the failing happens. Once they are committed to the mission, they are the same, but when they come back, we have the two systems.

So what is required is for both Veterans Affairs and DND to work out the process so that every soldier counts, not the regular force counting more than the reservists, or the regular force getting more than the reservists after the fact, but that they still count the same way after they've served.

It's more complex, but it's resolvable. The militia units that these kids come from could be given extra resources so they could put in an NCO and an officer, and they all have veterans now who could specifically follow each one of these kids in the local area. Going from Valcartier to Matane is one hell of a drive, or from Saskatoon to North Battleford. It's a big drive for a militia regiment. However, it can be done, if they have some resources to do it. Right now, there's nothing on that side.

The incredible thing is that the regulars know you will not have the Canadian Forces sustain operations without those reservists, until that 23,000 that has been promised starts to show its face in the field. So until then, and even then, the reservist system has to have a dedicated new capability. We've been reticent, and it has been mostly resources—again, cash committed to that need.

● (0955)

Mr. Peter Stoffer: On the resources, as you know, there was a story out of Petawawa the other day. There was quite a picture in the *Globe and Mail*, where they had a soldier in the background and his kid in the front. It said, "If you die, I'll never forgive you." And this is before he goes on the mission. I just can't imagine, as a soldier, preparing to leave on a mission and your child saying that to you. The strain and the mental anguish, before you even go, must be absolutely tremendous.

Of course, there was a discussion as to who should be responsible for the mental health of these children. Should it be the provincial government, which has the responsibility for the delivery of mental health services, or, because it's a military base, should not the federal government assist? I'm glad to see there was some arrangement made.

In your mind, who should take sole responsibility, instead of this political...?

The second question is around the media. Because we're embedded now over in Afghanistan, we're getting different media reports about what's happening over there. So it's conflicting, not only for politicians but for family members and friends, about what's happening.

What role can the government play in...I don't want to say influencing the media, but encouraging the media to understand that what they write and what they say has a direct influence on families and can have a direct influence on the men and women who serve?

Hon. Roméo Dallaire: On the first one, rapidly, we used to be called dependants. My wife used to be called a dependant wife when we served in Germany. That was the term.

When we served in Germany, everything was handled by National Defence—the medical; the legal, when we went in front of a judge advocate, because of the SOFAs we signed with Germany, and so on. So when we were committed in that operational theatre, all of the civilians fell under the National Defence structure.

We are now committed to real operations in a foreign land, but because we're back home, all of a sudden, all those bets are off. Well, it doesn't work like that, in my opinion, and that's what we were trying.... If you are dependants of National Defence...and I would contend that the RCMP gang going over are the same thing. I even went in front of Madame Boucher in Quebec City, who was wondering whether or not she should still send policemen to Haiti and so on. I said, "Once they go to these missions, we should take care of them—not the city, not the RCMP." So they belong—if I can use the term—to National Defence or Veterans Affairs Canada, and we do that and we acquire those capabilities.

Now, people will say that's a two-tier system. That's crap. That is a red herring. It is not two tier. It is responsible government to its citizens who are being committed to scenarios that the government specifically wants them to do, and the price of that is those sacrifices and those injuries, and you are then held accountable for that—the whole length. The new charter, in fact, essentially says that.

So no. The provincial government has its capabilities, but those who are linked to the military commitment and so on should be brought into the same or a similar process we had when we served in Germany. We ran everything and provided that capability. That's the cost of doing business.

On the media side, you never lie to the media, you never play coy with them, and you open up your doors to them. I think those are the three things the commanders in the field are doing now. The interpretation of the media, meeting locally and taking every Tom, Dick, and Harry pseudo-expert and NGO commentary and making that as fact...that is not particularly credible.

However, the only way the real story gets to you, ladies and gentlemen, is that you get your bodies over there—often. That's how you do it. You have to go and smell it, taste it, touch it, feel it, and sense it. Look into the eyes of those soldiers and look into the eyes of all those Afghans and Taliban; that's how you get the answer. The media is there floating around, and we should not even try to play with them, except the three principles I indicated.

But, ladies and gentlemen, we are apprentices compared—and I'll say it—to the Americans in regard to our politicians going into the field. You have to get out there. You're committing the reputation of this nation; you're committing Canadian blood in these foreign lands. There is nothing that should restrain you from going over.

And generals are essentially willing to do that. It's often a lot of the intermediate gang that tends to throw up roadblocks rather than the general officer corps. We want to know our politicians. We want politicians to hear from the general what's going on and from the corporal what's going on. And these people are eloquent. They know what the hell they're talking about. They'll tell you the real story and they won't bullshit you, and you can come back and you can bank on that. I think that is the way to go about it. Go get your boots dirty out there and bring that back home to your colleagues in caucus.

● (1000)

The Chair: All right. Thank you very much.

Now on to Mrs. Hinton, for seven minutes, for the Conservative Party.

Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC): Thank you.

One of the problems with asking questions at this point in the thing is that you've heard so many comments, you want to ask questions on all of the comments, but that's not possible.

On getting your bodies over there, all of us getting over there, I guess we have a slightly different point of view, because I think when civilians end up in an area of conflict, all we do is cause more grief for our troops. But that's my opinion.

Anyway, I have some questions. I agree with you wholeheartedly that there is a backlog of names that have been overlooked, underestimated, and misunderstood for too many years. We are in the process of trying to correct those.

We've implemented the charter, as you mentioned earlier. We did that last May. We've put the ombudsman in place. It's not ready yet, but it's getting there. There's the bill of rights. We're now going through the process of improving the health care. We've improved the equipment and the intelligence. It's improved dramatically. We've opened up the clinics, as you've already mentioned as well, so we're moving in the right direction. But I suppose it's never fast enough, although you don't want to have any holes appear.

I was very surprised to hear you say today that there are shortcomings in the charter. I think that's probably the first time I have ever heard anyone say that there are shortcomings in the charter. Sorry, I'm talking politically now, but I agree with you. I think there are things that need to be plugged, and it is a living document, so we can do that.

I want to go back to what you mentioned, and I thought you were extremely candid. You said you believed that PTSD is an injury, not an illness, and I would agree in quite a few ways that it is. But you were also candid enough to say that you take nine pills a day. That was part of what you said.

If it's not intrusive, are you prepared to share what those pills help you with on a day-to-day basis? Is it essential that you take these pills to keep on an even keel? If you could just share some of that, it would be very helpful, but I don't want to intrude into your privacy.

● (1005)

Hon. Roméo Dallaire: No, I learned that lesson in 1997, when I went public to change things.

First of all, if I may just clarify, it is not the charter that has failings; it is the apprenticeship of implementing it. So it's the process of implementing, and it's whether or not the cash is going to the right places in implementing, whether or not it is the right number of staff in the right places, and if they have the experience. We're into a whole new world, so it's part of the process.

I spoke with the deputy minister last week, and I recommended that an advisory body like we were before, when we brought in the changes for VAC that ultimately led to the charter, be recreated with a variety of people to look at how the implementation is going and to provide advice to as high as the deputy minister.

The minister at the time used to listen in, but we used to advise directly to the deputy minister. I think that might be a very effective tool. When I had it approved through the Senate at the Senate committee, I had the minister agree that an advisory body would be created. We didn't squeeze them too much over the last year and a half because they were so busy trying to put it...but it's time now. It's time to have that independent body to advise and sniff it out.

In regard to the implementation, of course, it's never fast enough. I think maybe I would like to speak to you for a moment as a general and say that you will never have a general say he has enough. The aim of the general is to achieve the mission with the least possible casualties, so if he can get more to reduce casualties, he will do it. And that is in his mandate as a general. He must pursue every venue he can to reduce casualties to achieve the mission. So they will always come with a list. It's not because they're unsatisfied; it's because “I'm the guy who is court-martialled when those kids die unnecessarily”.

Mrs. Betty Hinton: I understand.

Excuse me, Senator, but he's going to cut off your time.

Hon. Roméo Dallaire: Okay. I was going to give you a bit more on Perrin Beatty and the 1987 white paper under the Conservatives and how that crashed, but I won't do that.

Voices: Oh, oh!

Hon. Roméo Dallaire: I was personally involved with it in army equipment, but that could be another time.

I take uppers and downers during the day and I take pills to sleep at night. If I don't take them, I am not human...literally. I become an impossible entity because I'm either way up there or I'm way down there, and I become suicidal. So just like someone who has diabetes and has to take things every day, I take pills. And it took years for me to accept that. That keeps me reasonable. And PTSD never goes away.

Mrs. Betty Hinton: This is lifelong.

Hon. Roméo Dallaire: Those traumas are there forever; it's just how you manage them so that they're not invading you every now and again. It's how to build a prosthesis for it.

Mrs. Betty Hinton: You mentioned a buddy system. I think that's an invaluable tool or support.

Hon. Roméo Dallaire: May I just add to that? Unofficial statistics say that OSISS—this volunteer, informal thing that was created—has saved a suicide a day a year.

Mrs. Betty Hinton: I don't doubt that for an instant. I don't doubt that.

Hon. Roméo Dallaire: That's a lot of people.

Mrs. Betty Hinton: It may be harder for non-military people to understand this. The buddy system is a terrific idea, but most people listening out there who've never had military experience would say that's what friends are for. Is it a different situation? Is there some sort of stigma attached, because basically your friends would also be military people? Do you see that improving? I think you sort of alluded to it earlier, but is it getting easier for someone who's gone through this to talk to someone who's in the military who isn't going through it and not feel inferior in any way?

● (1010)

Hon. Roméo Dallaire: I wish I could say that it's now resolved, but it's not, as I indicated earlier on the culture. Those who are the buddies are ex-military, so that link is there. Those who are still serving are going so flat out that they just don't have four hours to sit with a buddy and do it. They barely have enough time to be with their families, and so on, so it is very difficult.

We should try to make OSISS more mandatory as an instrument, and not just as a volunteer capability. We should create it as a living entity within the structure of support, instead of having it as an *appendage*, as it is now. Getting it into the clinics and having it formally recognized is I think most important.

In regard to culture, commanding officers now take classes. Officers and NCOs take programs on recognizing PTSD and trying to understand it.

You are living something here that we lived in the 1950s. In the 1950s we had a whole bunch of veterans and we had a whole bunch of non-veterans, and there were clashes between the two. The non-veterans essentially looked up to the veterans because they had done the real thing. These guys had gone to war; they'd had bullets shot at them and so on, had been injured, so there was a bit of awe towards them, and there was this respect. However, those who suffered PTSD in those days were shunned. You'd see them drinking in the corner. They ended up as drunks and so on; the street people of the 1950s were veterans. The rubbydubs were veterans whom we all abandoned. Those were the street people.

Today they're not treated in the same fashion, but there is still this friction between the veteran and the non-veteran, who says he's not going to be injured by this stuff and is stronger than they are and so on. Among the veterans you have those who are very vociferous. They create clashes and get thrown out because of the problem. You get those who are able to handle it and whom we send back, as we did with a couple who are now in Afghanistan, to help them recuperate, because if they get a light case, sending them back often helps—but it's not necessarily in the same job.

Then you get the other one, the really dangerous one. That's the guy who sits there in the corner and is trying to hide between the paint and the wall and is literally killing himself, either by work, by drinking, by drugs, or by something else. We still don't have the solution culturally to handle those.

Mrs. Betty Hinton: Thank you.

The Chair: Thank you.

We will go on to Mr. Valley.

Mr. Roger Valley (Kenora, Lib.): Thank you, Senator. You used the term “overwhelmed” a number of times. I think you've overwhelmed us this morning with some of your information.

I'm going to go to the last thing I wrote down following Ms. Hinton's comments. The veterans need a bosom buddy and they need another veteran. It goes to some of the other comments you made earlier about the legions, and I understand that. I spent nine years in municipal government trying to make sure my Legion survived in my home town. After becoming an MP...I have eight of them now that need help and support. As you mentioned, veterans need veterans, but when you get out into areas like ours, there's no one out there. We have a very sparse population. My riding is a thousand miles top to bottom, 600 miles across, so it's a long way between anything, and if we can't support the local organizations that really support the veterans and the reservists, we're really going to have a problem.

So we have that issue where there is no support out in those far-flung regions, and how do we reach out? You've given us a couple of ideas on that.

You did mention one other person who I've had a chance to work with, Dennis Wallace. I was very surprised when I actually met the individual, because he had the ability to bring everybody together in the room, and I was amazed at that. No matter how controversial the issue was, he could bring everyone together, and that's the kind of advice we need.

But my question goes to the point, which you've mentioned and which we've seen here in this committee already, about the silos that are built up. You mentioned that we should be out in the field talking to the people who are serving now because they're going to be our clients. But when we try to do that the walls come up right away. We're here as the veterans affairs committee to deal with veterans, and when we see an issue that's going to affect our people in the field, we want to address it, because everyone who is in the field now is going to be our client eventually, yet we're not allowed to pursue that or to talk about it.

So that's the challenge we have. There are the silos that are here. We can only devise policy and everything else that will deal with veterans, yet we've got how many thousands or hundreds of thousands coming towards us in the future. We need to be talking about how we protect them now so that when they are our clients in the future, we can have some protection for them then.

● (1015)

Hon. Roméo Dallaire: That's an interesting point. Maybe you've got to go back to the definition of veteran. We modified it when we were working to include all those who have completed their training and are qualified for one year. So even though they're in uniform, they're veterans, and even when they're serving, if they've got an injury they can get a dossier with Veterans Affairs, of course, and they could already be getting a Veterans Affairs pension even though they're still serving.

You've got a whole bunch your clients out in the field, so not being able to go to the field because you're from Veterans Affairs is not logical. It doesn't make any sense at all.

Secondly, and going back to Madame, who is not here, if I had had more civilian visitors in Rwanda, I might not have ended up with nothing in the field. So yes, it's a pain in the neck, getting them, but I'll tell you the smart generals know how to ensure that you get all the information you need to improve on the mission.

So there's nothing to be hidden in the field. The real danger is when politicians back here make decisions based on pseudo-strategists and great intellectuals, who really are talking often a lot of bullshit and preconceived ideas. When the generals tell me, when the humanitarians and the diplomats in the field tell me that we can't win Afghanistan, then I'll think about Afghanistan as a problem. Until then, no one in the periphery is ever going to come close to influencing me.

In regard to helping the troops, and this might relate to veterans, the Legion handles about 15% to 20% of the dossiers. When I was injured, I put my dossier through the Legion. I wanted to see how the Legion did it. I think there might be something that might be done between Veterans Affairs Canada and the Legion, to bring the Legion into the modern era. The Legion is not attracting the new generation of veterans enough, and they are crucial. It's not just because it's a drinking hole. It's because it's a therapeutic institution for the betterment of the people, and it's a sense that when you come back there is a place where you can go and talk to people, and not just the bar. Just like that guy in London who went to the bar and got beaten up, for Christ's sake. He wouldn't have gotten beat up in the Legion. They would have carried him on their shoulders, and they'd pay his beer for the rest of his life in that place.

So maybe there's work to be done on how we bring the Legion into the era of getting those new veterans joining them and assisting you in that capacity.

Mr. Roger Valley: We have to find a way to make sure the Legions stay a part of Canadian society. That would be my last point. I thank you for that.

Hon. Roméo Dallaire: It's not because the gang from World War I, World War II, and Korea are dying that the Legion ends. On the contrary, it has a new mandate. VAC picked up a new charter. The Legion should write itself a new charter to meet the new era.

The Chair: Thank you.

Now we'll go on to Monsieur Gaudet, from the Bloc, for five minutes.

[*Translation*]

Mr. Roger Gaudet (Montcalm, BQ): Thank you, Mr. Chairman.

Personally, senator, I am somewhat skeptical. I am listening to you and I don't understand how we can be spending billions of dollars. I don't want to attack any particular government. Nonetheless, all the previous governments have spent millions of dollars on equipment, but have not taught our soldiers anything. We are not managing to teach them how to go to war. Yet, 23,000 reservists may be called upon to go to war. Explain that to me.

At the beginning of your presentation, you said something that struck me. I was once mayor of a municipality and at the time, I would never have purchased something that no one knew how to use. However, I realize that here we are purchasing equipment without knowing whether the soldiers will be able to use it. I have a problem with this. You were in the army and you can give me an answer. You're talking about the political world, but I'm convinced that they're not solely responsible for all this.

Hon. Roméo Dallaire: Where are you from, sir?

Mr. Roger Gaudet: I represent the riding of Montcalm north of Montreal.

Hon. Roméo Dallaire: Of course, Saint-Émile-de-Montcalm is in your riding.

Mr. Roger Gaudet: It's not far; it used to be part of my riding.

Hon. Roméo Dallaire: My father has a cottage there.

To come back to your comment, it's not that the men aren't trained. The men I sent to Yugoslavia, among others, were trained. They knew how to use their equipment. Nevertheless, generally, we didn't have enough equipment to do the job. Furthermore, the equipment wasn't modern enough to allow us to do the job that needed to be done. In any case, the Canadian Forces have always operated on a wing and a prayer. However, equipment has greatly improved.

With regard to combat training, conducting operations under difficult conditions, peacekeeping, conflict resolution and so forth, training techniques have been updated a great deal, whether it be through the use of simulators or real equipment. The time factor also plays a role. Soldiers are in training for three months. They are currently in Wainwright, Texas. Before they leave for the front, they are subjected to harsh living conditions, and everything is taken much more seriously than before. We must remember that, during the Second World War, soldiers spent three years in England before seeing their first German, in Italy. After three years, they were no longer rookies. We don't have three years; however, we now take the time to train them, whereas we did not before.

There are still shortcomings where combat experience is concerned. I'm talking here about the way we take care of veterans, to start, then, once they have acquired their combat or conflict experience, the way we deal with that. There are not hundreds of thousands of us and we don't live in a country that, in the post-war period, created the first charter and education programs involving the purchase of land or farms. There are just a few of us. Our world is much more independent in this regard. I am not allowed to go into the soldiers' files: the Charter prohibits me from looking at confidential information. So, it's much more complicated. Nonetheless, soldiers are changed by the combat experience they acquire. But at the same time, many of the men are getting the short end of the stick.

● (1020)

Mr. Roger Gaudet: I agree with you, but one thing bothers me somewhat. You said that, in a political arena, people preferred to purchase bayonets than to provide psychiatric or psychological care.

Hon. Roméo Dallaire: Yes, back when—

Mr. Roger Gaudet: But is it better today? I am not saying that there are no doctors, but there don't seem to be very many. Two or three of them came to testify before this committee. Be that as it may, the list is not long. Piles of money are being spent to purchase equipment, but if we aren't able to take care of the establishment, there's a serious problem.

Hon. Roméo Dallaire: Mr. Gaudet, there aren't civilian doctors. In Quebec, barely 30% of the needs are being met. Even if we were to ask a psychiatrist to come and work on contract for us and we're able to pay that person a great deal more, nothing would change, since that doctor is already overwhelmed. In our society, there is an urgent need in this field, and this is especially true in the military world.

There were contracts and methodologies, now there is recruiting. We are even paying for students to attend university so that they'll come and work for us when they graduate. What we have today is 50 times better than what we had in 1997. We have clinics and people on the ground, but I have to tell you that it's not enough.

Mr. Roger Gaudet: True, because 50 times nothing is still nothing.

Hon. Roméo Dallaire: You're not going to tell me that you're a mathematician as well. I said 50 times better because previously there wasn't very much.

Mr. Roger Gaudet: Like I said, I agree with you, but we need to do what needs to be done. Perhaps the government should invest in education by giving the provinces funding. In any case, we need psychiatrists. It's simple.

The Chair: Mr. Gaudet.

Mr. Roger Gaudet: Thank you, Mr. Chairman. I apologize. I rarely get carried away.

Hon. Roméo Dallaire: Congratulations.

[*English*]

The Chair: Does anyone from the Conservative side want five minutes?

Mr. Shipley.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Thank you.

Senator Dallaire, as I mentioned, I think we met briefly about two or three years ago, when you spoke in London at an event and told your story. I can tell you that it was moving for everyone. You wonder how one individual can deal with the kind of trauma you went through.

We're talking about bringing in and initiating the clinics that you've indicated are essential and that the government now wants to bring on-line. We also had discussions with other people.

I think about the capabilities for getting professional people to staff, operate, and do the necessary treatment, as we have a backlog, but it's only for those who are here, when our health care system is stretched in the public sector. All of our towns can't get doctors. We have an issue pretty much across Canada in terms of that.

I know you'd mentioned in your opening talk that the military needs to require those, because we as a government are saying to individuals that they are going to serve their country. But we're still going to have a numbers issue on the capabilities of opening more of these. Is there a scenario you may have thought about that would help us in terms of some recommendations on how we could meet those capabilities?

● (1025)

Hon. Roméo Dallaire: It would really be something if we couldn't send troops overseas because we don't have the medical capabilities to take care of them. It would be an enormous irresponsibility.

We are having enormous problems trying to acquire and keep that capability. The traumatic stress dimension of it has been catching up with that. For the same reasons as in civilian life, it's also the stigmas, and so on.

If I may, the solution I would offer in regard to trying to meet the criteria is in fact informing the profession of the nature of the beast and opening them up to the possibility of this realm of research, teaching, and the production of therapists to meet this requirement.

Historically, we were nothing numbers-wise, and we had very few internally. It was really a mental health problem, with depression, and so on. In Germany, we even had therapists helping our families, wives, and so on, when we were overseas and far from family.

But we have moved into a new era, and the scale is now one that needs a realignment. As an example, for the Canadian Psychological Association, the Canadian Psychiatric Association, and so on, those organizations have to be brought into the process, informed of the scale and the need, and we need to work out a deal with them. We haven't done it that way.

We've done the contracting. There have been all kinds of contracts, but I'm talking about the actual professions. The professions need to see there is now a scale that warrants specializing in this area, which was not there before.

Mr. Bev Shipley: You made a comment at the end, and I know Ms. Hinton touched on it, that we need to go to the field to witness the effects. Help me to understand a little about what it means. What is the value of having Veterans Affairs in the field to witness the effects? What would we be able to do with that, if it were to happen?

Hon. Roméo Dallaire: I think that going into the area and seeing how they're set up, how they live, the rhythm of work, and the nature of the dilemmas and decisions they have to take on a daily basis.... It doesn't necessarily mean going on patrol with them, although for some missions you could do that. When I was in Darfur recently for Prime Minister Martin, I went on patrol with them. It's a different scenario, but still.

However, I would like to offer the following. Why not go to Wainwright, where they're training? Why not go to Texas, where they're training? Why not go to Valcartier, where they're training and see them in preparations and training. Spend two or three days in the field with the platoon and actually live it.

National Defence has created a program where...you as a committee go with your specific look at what will this be an impact on. When I was in the ADM, we started to bring adjudicators from Veterans Canada—people from all walks of life—into the field. Holy smoke, when they started to realize what they have to do in a day.... There's no eight hours on and then you sleep; you're 24/7.

I think living the experience gives you the depth.

● (1030)

Mr. Bev Shipley: Our time is up.

Thank you.

Hon. Roméo Dallaire: I haThank you, sir.

The Chair: Mr. St. Denis, for whatever time we may have left.

Senator Dallaire, it's your call.

Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.): I'll take a minute.

Hon. Roméo Dallaire: I'll give you a fast answer.

Mr. Brent St. Denis: I'll make it a fast question.

Thank you.

It occurs to me that we treat soldiers who die in action quite a bit differently than those who are hurt in action. In that group, those who suffer “between the two ears”, to use your expression, versus those who lose a limb or what have you are subgrouped again.

When a young man or woman enters the military, is he or she told ahead of time what the odds are that you could end up in action, here's what could happen, and here's what we'll do for you?

Hon. Roméo Dallaire: Fascinating. Remember, we're an army that came out of 40 years of peacetime soldiering. We were in Germany, but I mean....

Over the last 15 years there's been an incredible learning curve, actually telling the young kid at the recruiting centre, "You know what? You might be going off to fight. That's a possibility. You could go into combat arms." We never used to say that. We used to say, "Do you want a job for life? Do you want a trade?" So that has been shifting very rapidly.

I was commanding the military college during the Oka crisis, where we deployed five brigades with 3,000 troops at Oka. We were sure that seeing the troops in the field, helping sort out an insurrection, and doing it the way we did would enhance recruitment. At that time, people starting pulling their 17-year-olds away from the military college because they said, "Geez, they might be in operations where people actually hurt them."

However, today the nature of this country has changed. Those under 30 see a responsibility well beyond our borders and our regional hassles. So there is a sense that they could sacrifice for something other than local needs. There is a re-education that's going on now.

They are now recruited with the idea that, yes, they are going to be committed to operations. How much they give in a detailed response, I really don't know.

Mr. Brent St. Denis: Thank you, Senator.

The Chair: Thank you very much, Senator Dallaire.

I'm glad you took us up on the offer. I realize it didn't work out before, but it works very well now with the study we're doing on health care.

I know I have every intention to hopefully read your book.

Hon. Roméo Dallaire: The film is coming out at the end of September.

Some hon. members: Oh, oh!

The Chair: I'd like to thank you and your assistants for making yourselves available today.

Hon. Roméo Dallaire: Well done to all of you.

Thank you very much.

The Chair: We're going to suspend briefly, and then we're going to come back for Monsieur Perron.

● (1030)

(Pause)

● (1035)

The Chair: We're back.

Monsieur Perron, you have some great experience, related at one of the previous committee meetings, in attending a PTSD conference. I think Senator Dallaire may even have dropped a reference to some involvement with that; I'm not sure. But we would love to hear what you have to present on PTSD.

[*Translation*]

Mr. Gilles-A. Perron: Mr. Chairman, I'm not going to provide any biographical information. You all know me.

It feels strange to be facing you, but this is doing wonders for my ego. When my peers recognized all the work that I've done with regard to post-traumatic stress since I was elected, they are paying tribute to me and I am truly gratified.

Let's talk about the symposium I attended last week. My only problem is that I wasn't able to split myself into three or four. There were too many simultaneous workshops, and I wanted to attend them all. Unfortunately, this was not possible, but I tried to pick my workshops so as to best inform myself and you.

General Dallaire opened my eyes this morning when he said that a mental or intellectual injury, a war injury, was the same as a physical injury. This makes a lot of sense. However, I noted that General Dallaire still has a military culture. I am saying this because, last week at the conference, we were told that to effectively treat post-traumatic stress, some things were essential. First, the individual, like an alcoholic, must recognize that he or she has a problem. Second, the individual must be able to go somewhere to consult someone. Third, treatment must be available.

I believe that we should recommend that the Canadian Forces provide better training. When young people are in training, start to learn to fire an AK-47 and drive a tank, they should get some psychological training as well. We need to tell them how to recognize the symptoms of post-traumatic stress and recommend that they consult someone if they feel sick, because post-traumatic stress has a direct impact on physical health.

This morning, General Dallaire told us that these people need care and that it was urgent. Everyone who came to testify before the committee, including the experts, told us that the sooner this condition was diagnosed and individuals received treatment, the better their chances of healing. And there's more. I won't mention the names of the two or three individuals who talked to me about it because it's difficult, but I will say it anyway: we are wasting money trying to treat the mental injuries of soldiers and normal veterans, individuals aged 80 and over who fought in the Korean war and the Second World War and who are suffering from post-traumatic stress; instead, that money should be spent to improve their comfort level, so that they live out their remaining years in relative comfort. These individuals suffered their mental injuries 45 or 50 years ago or more, and they will not recover.

Therapists say that these individuals cannot recover. These people are marked for life. It's difficult to hear this and it's also difficult to say it. So let's spend the money making these people as comfortable as possible at home or wherever, instead of spending the money trying to fix something that they will never be able to recover from.

● (1040)

So we need to change the army mentality so that young macho men can recognize one day, during a mission, that they may be experiencing psychological problems and be injured. It's difficult to admit, but as soon as the individual recognizes what is happening, they need to seek treatment almost immediately.

I know of one case, and I provided the name to Alexander Roger. It concerns a young woman, Danielle, whom I met in Montreal. This young woman in her thirties suffered post-traumatic stress in Bosnia. She thought she was having a heart attack, and that is how her post-traumatic stress was diagnosed. Fortunately, a doctor told her that she wasn't having a heart attack but was rather suffering from a mental injury. She was brought here to Canada and treated immediately. She now works for the Department of Veterans Affairs in Kingston. She has completely recovered. It's interesting.

Something else that is somewhat unfortunate. To date, only 67% of young people suffering from mental injuries can recover, based on the statistics provided. So we have to treat them quickly.

What problems are we facing? I believe that the first is a shortage of professionals, psychiatrists and psychologists. When Mr. Dallaire says that Quebec psychologists can only treat 30% of all cases, he's right. I called the Quebec Federation of Psychologists. We need to attract more young people, among other things, and I have no idea how we're going to do it. Perhaps the universities need to train more experts in this field and teach them to treat serious post-traumatic stress. There are only 12 different stressful events that potentially require lifelong treatment: these include the accidental death of a best friend, rape, in the case of a young woman, incest, and a fire. In most cases, a serious trauma is related to a death or to an actual event. As a group, we must work to ensure that the society trains the greatest possible number of psychiatrists and psychologists.

Second, we must reduce the time that elapses between the moment when a young soldier on deployment recognizes that he may have post-traumatic stress and the time when he is assessed by specialists on the ground and brought back to the country to be treated as quickly as possible.

When General Dallaire talked to us about research at Ste. Anne's Hospital, I agreed. However, there is one thing we need to remember. We mustn't try to reinvent the wheel, since our American friends have been doing research on post-traumatic stress for 25 years already. The hair on my arms is almost standing on end when I think about how behind we are. I was pleasantly surprised when I learned that research centres such as those at McGill University, in Montreal, and the universities of Alberta or Manitoba were already doing research and had already identified solutions that they had shared with the Americans, who in turn were including in research done in Canada. This research must be continued, but as for making Ste. Anne's Hospital a specialized research facility... It could have a research department, but it is, first and foremost, a facility where mental injuries are healed. I use the term "injuries", because I liked my friend's choice of words.

● (1045)

One problem is that, currently, there is no way to determine how severe a mental injury is. We cannot say whether, percentage-wise, it is 50%, 75% or 80%. It almost depends on the technology or the caregiver's assessment. It's not like in other cases where we can rely on a chart or a blood analysis where, if various microbes are detected, a diagnosis of cancer is made. We are talking here about a little known illness. Twenty-five years is not a lot of time when it comes to medical research. So it is up to the doctor to say to what extent the brain has been damaged, and all the doctor has to go on is his or her instinct.

The problem is when the Department of Veterans Affairs decides to give a young CF member suffering from a mental injury 20% compensation because that is the rate of compensation at which the injury has been assessed. It's unfair. That approach is unfair because we don't really know to what extent the brain has been damaged. We don't know whether it is 10%, 15%, 50% or 92%.

Another major problem is the funding, both in the military, which is not allocating sufficient funds to the mental training of its recruits, and in civil society, where veterans are not receiving adequate treatment. For example, in Valcartier, Quebec, only 3.8% of the health care budget goes to mental health. Perhaps we also need to change the macho mentality of the young people joining the military. We need to tell them that they are strong, but they should also be told to be on the lookout for stress that can lead to mental problems.

That's essentially what I wanted to say. I'd be happy to have a discussion. I would prefer not to have any time limits imposed, but rather to operate on a principle of first come first served. This is a discussion among friends. I'm not going to pretend that I know everything and that I've seen everything; I simply want to share with you what I have learned.

Thank you.

[*English*]

The Chair: We're asking you questions based on your taking in the symposium, which we didn't. How does that sound? So you're an expert, relative to everybody here.

Ms. Hinton.

Mrs. Betty Hinton: Thanks, Gilles.

I appreciate what you're saying there. I was also made aware at the back of the room just a few minutes ago that apparently both symposiums were taped. You told us yourself very candidly that there were too many workshops to go to and you were unable to choose. If this is correct and these are taped, we might, as a committee, want to consider having a look at these.

● (1050)

[*Translation*]

Mr. Gilles-A. Perron: Madam, I have already asked the people at Ste. Anne's Hospital to send me the bilingual tapes of all the workshops. As soon as I get them, I would be pleased to provide a copy to the committee.

[*English*]

Mrs. Betty Hinton: We don't want to infringe on anyone's copyright. Maybe we should just order a set as a committee.

[*Translation*]

Mr. Gilles-A. Perron: No, it will be almost entirely in English. In fact, 98% of the conference was in English, and there was no interpretation.

[*English*]

Mrs. Betty Hinton: I'm not worried about that, but I don't want to infringe on the copyright.

[*Translation*]

Mr. Gilles-A. Perron: No, no, that's for publication purposes. Ste. Anne's Hospital has given me its permission.

[*English*]

Mrs. Betty Hinton: Apparently, the taping materials are about an hour each.

Mr. Gilles-A. Perron: There were 26 meetings.

[*Translation*]

So there are at least 26 hours of taped material.

[*English*]

Mrs. Betty Hinton: One of them was on PTSD, though, so that would be something to watch, for sure. We'd probably have to do that in the evening, because time is slipping past us here and we have to move forward with the rest of this health care review. But I think this is important to everybody at this table, so perhaps we could make some kind of an arrangement, once we get these tapes, to have a viewing in the evening sometime. Or maybe it would have to be two or three different evenings, given our collective schedules. We'd probably be hard pressed to get everybody together on one night.

You made it pretty clear that you found this was very educational for you. If you could name me one thing you came out of there with, what would be the highlight of your experience watching this? What did you walk out of there knowing now that you didn't know before?

[*Translation*]

Mr. Gilles-A. Perron: We need to help these young people and ensure that staff is deployed to remote regions. This will be extremely difficult because there is a shortage of medical personnel, but at the very least we need to identify which young people have problems and advise them of where they can get a diagnosis and learn whether they will need treatment. This must be done as quickly as possible. We cannot wait two, three or five years to take care of these young people, because the longer we wait the more difficult it will be to treat them.

[*English*]

Mrs. Betty Hinton: Okay. So you think informing the current group of young people is the most important.

[*Translation*]

Mr. Gilles-A. Perron: And this applies even to those who have decided not to go on. I learned, and the specialists who came here repeated it, that, in cases where young people tried to fake a problem in order to get financial compensation, the specialists were able to say, after talking with them for approximately half an hour, that they were not suffering from post-traumatic stress but were simply trying to get money. The world being what it is, this kind of thing does happen.

[*English*]

Mrs. Betty Hinton: Thanks, Gilles.

The Chair: Now we're at Mr. St. Denis.

Mr. Brent St. Denis: I'll be very brief because of the time.

Thank you, Gilles, for going to that session, not only for your interest but to benefit all of us.

Senator Dallaire earlier today mentioned the importance of the Legions and somehow helping the Legions evolve to the new era. He talked about the bosom buddy, or the buddy system, and the support in the community. Was there anything that came out of this conference that talked about the external support network, whether Legions or family, to help the veterans?

[*Translation*]

Mr. Gilles-A. Perron: I wasn't at that workshop; however, I attended another workshop—for Peter—on the relationship between the military and the family. The family needs support, but it can also learn to support the young person who is suffering. The family aspect is extremely important. Does the Royal Canadian Legion have the means to promote this? I have nothing against the legion: it's a good socio-medical and service club. It's a way of supporting young people, but the fact that they do not see themselves as part of a traditional legion is a major problem. Is there a way to ensure that they can integrate? The legion will have to do its homework, to learn.

I appreciated the fact that Pierre, who is here now, also attended this symposium. He went to learn more, as I did and as we are all doing, in order to better train these young people. During therapy, it's essential for the young person to have support. On the subject of families, I must admit that I was truly surprised when I learned that the family can be just as much a hindrance as a help for the young person. In fact, when families don't recognize post-traumatic stress, they become a problem when they blame the young person for taking drugs or constantly drinking. Family members may not find the right kind of help because they don't know what the problem is. It's not because they don't want to help.

Sometimes, when soldiers come back from a mission, they seem to be the same as they were before they left, but in fact they may be drinking, taking drugs, feeling ill, feeling nauseous, vomiting when they haven't eaten anything and suffering from all kinds of medical problems. The problem isn't just in their heads: it affects their bodies too. I apologize for using a popular expression among Bloc Québécois members, but in such cases, the family members tend to give them a good kick in the behind and to tell them to get a hold of themselves. They don't know that the individual is suffering from a mental injury. It is a good idea, before deployment, to inform the family, particularly the spouse, of problems that may occur upon the soldier's return. Spouses can be warned of the possibility that their husband may suffer from a mental injury upon his return. It's a matter of preparing her for this eventuality. If it does occur and the spouse recognizes the symptoms, she will immediately see what is happening and try to convince her husband to go and see a specialist.

● (1055)

[*English*]

Mr. Brent St. Denis: Thank you.

The Chair: Mr. Stoffer.

Mr. Peter Stoffer: Thanks, Mr. Perron.

Were any PTSD people there?

Mr. Gilles-A. Perron: Yes.

[*Translation*]

Yes. Some have recovered. I saw four or five of them. Jeannine, who is sitting behind us, is living proof, as is Louise Richard. No doubt, they still have problems, but they can live their lives because they have had the opportunity to receive treatment. In fact, treatment shouldn't be an opportunity, but rather an obligation that is being honoured.

Mr. Peter Stoffer: Thank you.

[*English*]

The Chair: I will just let everybody know we're having all sorts of other people from the next committee descend upon us. I just wanted to make sure that we get on record here....

Mr. Valley has a notice of motion for this Thursday, which reads:

> That the Committee on Veterans Affairs work with the Department of National Defence and Veterans Affairs Canada to arrange a study tour of Afghanistan operations with regards to the ongoing study on Health Care Review, including Post-Traumatic Stress Disorder (PTSD).

Thank you very much. The meeting is adjourned.

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