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Chair

Mr. Rob Anders

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● (1535)

[*English*]

The Vice-Chair (Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP)): Good afternoon, everyone.

We have a very special guest with us today, Carl Castro, the director of the military operational medicine research program headquarters.

Sir, we're honoured and delighted that you've taken the time out of your busy schedule to be with us today.

I should let you know, sir, basically who we are. We're the Standing Committee on Veterans Affairs for the Parliament of Canada, and we're represented by the four political parties in the House of Commons. We have members of the Conservative Party, the governing party; the official opposition, the Liberal Party; the third party in the House of Commons, the Bloc Québécois; and ourselves, the NDP. Our chair, I'm sure, will be here at any moment. I'm Peter Stoffer, the vice-chair.

Normally, sir, the way we proceed is to allow our guests to make a 10- or 15-minute submission, and then we open it up to a round of questions. Again, sir, we thank you very much.

We are doing a health services study and a review of issues such as post-traumatic stress disorder and other issues that face soldiers, the men and women of our militaries, when they come back and become veterans, and how we can better advise the government on procedures and policies in the future.

Sir, please go right ahead.

Colonel Carl A. Castro (Director, Military Operational Medicine Research Program, Headquarters, U.S. Army Medical Research and Materiel Command): Vice-chair and members of the committee, thank you for having me. It's my pleasure to be here.

I was asked to say just a couple of brief words about the battlemind training system. Is that correct? Is that what the focus of this—

The Vice-Chair (Mr. Peter Stoffer): That is correct, sir.

Col Carl A. Castro: Okay.

I want to highlight maybe just three key things if I can. One of them is that the U.S. Army has officially adopted the battlemind training system as a mental health training program, and I really should emphasize that the battlemind training system is a mental health training program. It was adopted by Secretary Geren about a year ago. This year it became mandated, and it consists of a variety of training modules that soldiers go through pre-deployment, during deployment, and post-deployment. I just want to highlight that aspect.

And the third aspect I want to highlight, which is probably the most important for your purposes, is that it's the only mental health training program in the world that I am aware of—certainly in all of the NATO countries—that actually has randomized group trial validation studies supporting its use. And I highlight that, because it really is evidence-based. What we've shown conclusively now in three randomized group trials is that soldiers who go through the post-deployment battlemind training system up to nine months after having received the training report fewer post-traumatic stress disorder symptoms, fewer depression symptoms, and overall better transition at home.

I guess those are the things I would like to highlight, and I would just open up the rest of the time for questions from the panel.

The Vice-Chair (Mr. Peter Stoffer): That's fine, sir. Go right ahead, sir.

Sorry, Mr. Castro. Just for the record, what is your current rank, sir?

● (1540)

Col Carl A. Castro: I'm a colonel.

The Vice-Chair (Mr. Peter Stoffer): Thank you very much, sir.

We'll start with ten minutes of questions, sir, by my colleague, Mr. Todd Russell, who comes from the province of Newfoundland and Labrador, representing the area of Labrador in eastern Canada.

Mr. Todd Russell (Labrador, Lib.): Good afternoon, Colonel. I'm so happy you could be with us.

As our vice-chair has already said, we're doing this with a view to providing advice to our government on training programs that will hopefully help our soldiers. Certainly this has been highlighted because of the Afghanistan war and the conflict we're now in, but it's seemingly not a new condition, so to speak. Some of our people used to call it shell shock.

Col Carl A. Castro: Yes, sir.

Mr. Todd Russell: So I guess it's not a new phenomenon, but we're dealing with it now in new ways.

Could you give us a bit more detail on how many of these seminars or these training sessions your soldiers go through, and for what length of time, and maybe just give us a little detail on some of the components that you present to the soldiers?

How receptive are soldiers to this? Because it comes with a presumption sometimes that you're going to have some kind of a mental disorder—maybe that's not the right word, but there's a presumption there that—

Col Carl A. Castro: No, that is the right word. That is the right word, sir.

Mr. Todd Russell: I'll just start there and ask you those particular questions.

Col Carl A. Castro: Okay. At the end of my answers to your questions, if I actually skip one, please remind me.

Let me first say that we started looking at changing the way we do mental health training because the way it went in 2001 and 2002, when the war in Afghanistan started, was that the U.S. military had no standardized mental health training program at all—neither the army nor the air force nor the marine corps nor the navy. So one of the things we thought would be useful was to standardize the training and at the same time to answer a fundamental question: is mental health training effective or useful?

So we took a step back and asked, what is it that soldiers need to know, and when do they need to know it? So if a soldier is getting ready to deploy to combat for six months or a year or longer, what should you tell them? What does a soldier, a marine, an airman, or a sailor need to know? And when they're in the combat environment, what do we need to tell them and how do we support them to sustain them for the period of the combat deployment? Then when they come home, what do we tell them? What are the things we should tell them?

In the U.S. Army, when soldiers come back they're basically in garrison for two weeks, and then they're kicked loose for a month of leave. So what do you tell a soldier who you're not going to see for a month about mental health?

One of the things we decided right up front is that we needed to take a strength-based approach. That is, we did not want to go in assuming that a soldier or a service member was going to have problems. In fact, what we tell them is that being in military service, they have lots of strengths, and what we want them to do is to use those skills, to use those strengths, to facilitate their transition home and to prepare themselves to go into combat and to sustain themselves there. So it focuses on skills and strengths, not on weaknesses and disorders.

As part of our ongoing assessment, what we always do is that we ask our soldiers, what did you think of the training? Was the training useful? Did you learn something? Was the instructor good?

So we go through a training evaluation, if you will. And across the board, anywhere from the high eighties to middle nineties, in terms of percentage, of soldiers rated the training as either good or excellent. If you can get junior enlisted soldiers to say mental health training is good to excellent at those rates, you've really hit a home run.

I should say also, and I'm sure you're aware of this, that the Canadian Forces actually employs the post-deployment battlemind training in their third location decompression site, and they're getting equally positive responses from those service members who attend that training.

Now, the training itself is unique in a couple of ways. One is that in the U.S. military before the introduction of battlemind training, we would bring soldiers in a battalion at a time. So there would be 700 to 800 soldiers in a noisy auditorium, and a mental health person would come in and talk for ten minutes and then leave. What we've done with this training is that it's designed to be done in small, platoon-sized groups of 25 to 30 service members per group. There is an instructor, a facilitator, but the facilitation is also interactive. While it's didactic in the sense that soldiers get a powerpoint presentation, they're also encouraged to interact and share their experiences.

So the veterans who deployed before can share their experiences of what they went through, how they transitioned and how they adjusted. And that serves to normalize the symptoms and reactions that other soldiers may have, because one of the things we really focus on, for example, in post-deployment is three elements. We focus on normalizing symptoms and reactions; we focus on safety, that is, soldier safety and the safety of families, because we don't want service members coming back and getting into trouble, through violence and stuff; and then we focus on taking care of each other.

So you may be fine, but look at your buddy; take care of your buddy. As a leader, look after your subordinates. So there's a self-aid component to it, and there's what we call in the military your “buddy aide”, or your “mate”, which I think is the word used in Canada. Then we also have the leadership, that junior leader responsibility of looking out for their subordinates as well.

● (1545)

We try to have all of those elements at every one of the training modules, to tell them things to focus on differently, whether it's pre-deployment, during deployment, or post-deployment.

I'm giving it to you in a nutshell, but that's sort of what the program consists of.

Did I answer all your questions? If not, I apologize for that.

Mr. Todd Russell: Yes, you did.

How much time do I have left, Mr. Chair?

The Chair (Mr. Rob Anders (Calgary West, CPC)): You're right at seven minutes, but the clerk has just mentioned something about ten minutes.

Mr. Todd Russell: I have a follow-up.

Let's not waste time talking about it. They gave me ten minutes.

The Chair: I just want to revisit this.

Mr. Stoffer, what were you up to?

Mr. Peter Stoffer: I made an error. I said ten minutes.

Mr. Todd Russell: I'll just ask a very quick question.

The Chair: Sir, according to the predetermined times for all the parties, you are at your seven minutes. I'm sorry.

By the way, I just want to extend a deep thank you to Mr. Stoffer for having begun the chairing of the committee. I mistakenly went to the usual committee room, even though I announced last week that it was indeed going to be here. I'm the one who got messed up by it more than anybody.

Now it is over to Monsieur Perron with the Bloc, for seven minutes.

[*Translation*]

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): Good afternoon, Colonel. It is wonderful to hear that you provide a new form of training to help your young soldiers better understand what I call psychological wounds rather than operational stress. I consider these wounds to be the same as wounds to arms or legs, for example. If I use the words psychological wounds, I am sure that you will know what I mean.

Since this committee started its work, I have been fighting—my colleagues here can confirm that—for the Canadian army to prepare our young people as they depart for Afghanistan or some other theatre of operations. The system has only been in operation for a year and I know that that is not long enough for the statistics to be really meaningful. But I would like you to give me a rough idea.

For example, if 10% or 15% of the soldiers coming back had psychological wounds before your program was established, the program surely produced an improvement, as you said earlier. Could you give me a rough estimate, please?

● (1550)

[*English*]

Col Carl A. Castro: Let me give you some data that we collected about six months ago looking at our pre-deployment training.

By the time the program came out a year ago, obviously a lot of soldiers had deployed to Iraq and didn't get the battlemind pre-deployment training, and some soldiers did get the pre-deployment training before they deployed to Iraq. While the soldiers were deployed—this was during the deployment—we did a survey and evaluation of the mental health status of the deployed force in Iraq. Of those soldiers who did not receive the battlemind training, about 20% to 22% screened positive for post-traumatic stress disorder. For those who did receive the battlemind training, only about 12% screened positive for post-traumatic stress disorder.

The number is still not zero, so it's not the silver bullet. It's not that you do this training and you are not going to have any mental health problems, but it does significantly reduce the symptoms for post-traumatic stress disorder.

Sir, I would just like to say that I completely agree with you that post-traumatic stress disorder is an injury, and it should be viewed as an injury. I don't know if you're following it at all, but within the U. S. military there's a very big debate going on concerning whether or not the Purple Heart should be awarded for psychological injuries just as it is for physical injuries. As you can imagine, those veterans who were physically wounded are not terribly supportive of that proposition, but it is being discussed.

[*Translation*]

Mr. Gilles-A. Perron: What is your relationship with the Department of Veterans Affairs in the United States? Is there a link between what you are doing and what those who are no longer with us went through?

[*English*]

Col Carl A. Castro: That's a very good question. I probably should have started with this, given that your committee is focused on the veterans affairs.

We have been working very, very closely with the Department of Veterans Affairs. They have actually taken the battlemind training system, which we developed for active duty, and modified it for use for veterans who come to the Department of Veterans Affairs for psychological help. They have not done any systematic studies or evaluations, but they say that the soldiers....

They've used it for all the services. We developed it specifically for the army, because the army was my focus, but they have used it for marines, airmen, sailors, and of course soldiers. They all like it. It gets very high evaluations in terms of being relevant and hitting on the key issues.

One of the things we did not anticipate when we put together the battlemind training system is that it gave our service members a vocabulary to talk about mental health issues, which they were lacking. It didn't really occur to me that our soldiers didn't know how to talk about mental health issues because they lacked the proper vocabulary. So that was very, very important.

[*Translation*]

Mr. Gilles-A. Perron: I took part in a forum on post-traumatic stress attended by American experts. Everyone agreed that, in an operational theatre, a soldier undergoing severe emotional trauma must receive care as quickly as possible in order for him to get back on his feet. We are talking 24 to 48 hours.

In operational theatres, does the American army have psychologists and psychiatrists who can look after and listen to young people suffering from psychological wounds?

[*English*]

Col Carl A. Castro: A very good question. We've taken two approaches to that. One approach is that we still employ the platoon level of battlemind psychological debriefings, so one mental health care provider can interact and support 30 soldiers at a time. In addition, we have resources for those who need individualized care. That isn't everybody. As was pointed out, many soldiers are okay; they don't need a one-on-one counselling or therapy session. But for those who do, those resources are also available.

We try to get them to support each other, one of the key findings in terms of leadership. It was also shown in our studies that subordinates of junior leaders, sergeants and corporals, who are supportive of their subordinates, report far fewer psychological problems than those who have leaders who are not supportive. That's controlling for combat experiences and demographic variables, etc. It really highlights the role that the junior leader plays.

● (1555)

The Chair: Okay. Thank you very much, Monsieur Perron.

Once again, thank you, sir, for starting off the meeting.

Now we're over to Mr. Stoffer, with the NDP.

Mr. Peter Stoffer: Thank you, Mr. Chair

Colonel, thank you very much for appearing before us today and helping us in our deliberations.

Sir, what is the timeline on some of this battlemind training before and after they are deployed? Are we talking 30 days before and 30 days after, that kind of thing?

Col Carl A. Castro: Good question, sir.

We try to do the pre-deployment battlemind training within 30 days of soldiers deploying. There are two post-deployment battlemind training modules. One of the modules is intended to be given to soldiers within the first week of returning home, prior to them going on this 30 days of block leave. The second post-deployment training is given at the three- to six-month post-deployment point.

We find that when soldiers come home right away, they tend to minimize any mental health or psychological health issue they have. But at the three- to six-month time point it starts re-emerging, so we do the training at that point as well.

Mr. Peter Stoffer: As you know, sir, what is now known as post-traumatic stress disorder does not necessarily show its ugly face, as we say, right away. It could happen four or five years after the incident.

Col Carl A. Castro: That's right.

Mr. Peter Stoffer: Do you have any records or advice on that particular issue as well?

Col Carl A. Castro: That issue is being discussed.

Right now there is a plan in place to start doing periodic health assessments, and part of that would be a psychological screen for post-traumatic stress disorder.

Mr. Peter Stoffer: How does that work?

In our country, of course, we have the reservists, and when they come back from deployment, they go back to their regular civilian jobs, just like your National Guard does. How do you keep track of those folks?

My last question for you is how are the families involved in this training as well? We have heard that post-traumatic stress disorder can actually be transferred to a spouse or to children, if the individual who comes home is having a very, very difficult time dealing with their personal demons in that regard.

Col Carl A. Castro: The reservists and the National Guard in the United States also have to go through this three- to six-month post-deployment health evaluation, including the mental health screen, and they are also required to go through the second battlemind training.

Where we really stumble is with those service members who actually leave the military, because we lose track of them completely. So we don't do a really good job of following our veterans who leave military service, and we're trying to figure out a way to do that in a way that's not considered an invasion of privacy.

In terms of spouses, we do have what we call spouse and couples battlemind training, as well. We have a pre-deployment module for spouses and couples, and a module for post-deployment. Again, it follows the same principles. It's based on the strengths of the spouse, the strengths of the family, and also on the things to look out for when things aren't going well, and on knowing when to get help, either for yourself or the service member. But we don't follow their children at all.

Mr. Peter Stoffer: Thank you.

The Chair: Are those all of your questions, Mr. Stoffer?

Mr. Peter Stoffer: Yes, sir.

● (1600)

The Chair: Now we go to Mrs. Hinton, from the Conservative Party, for seven minutes.

Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC): Good afternoon, Colonel Castro, and thank you for being here today.

I read the brief, and I find your terms used in there to be very appropriate, that “Battlemind describes the soldier's inner strength to face fear and adversity with courage.” I think it's a very positive message that you're trying to be very supportive. Listening to some of your answers to the questions my colleagues have asked, I find them to have been very informative.

In Canada, we do follow our members who leave the military service; it's part and parcel of what the Department of Veterans Affairs does.

I also found it very interesting that you said that since you began this program, you've managed to cut the mental health problems in half, but you weren't satisfied with that achievement. I'm glad to hear you're not, because the numbers should be far better than that. But that's a pretty significant achievement, when you consider how long you've had this particular program in place. I think you're doing something right, and you should be quite proud of it.

What we're doing right now as a committee is a comparison study of veterans services offered by members of the Commonwealth and the G-8. We've just gone through a very extensive health care review, part and parcel of which was the issue of post-traumatic stress. So all of us are very interested in that.

I was also reading here that you have pamphlets and video presentations to help individual soldiers prepare to return home—which is really good—and that you even address the issue of soldiers who are jumping at loud noises, because that's also part of battle fatigue, or whatever you want to call it.

I want to ask you, is the participation of soldiers in battlemind training mandatory or optional? That's the first question.

Second, I went online to the battlemind program website, where there are links to various websites providing information for families. There are even links to children's websites. So how important is it to provide support for the families?

Col Carl A. Castro: Well, on the first question, I think it really is important to understand that a lot of the symptoms and reactions service members have when they are in a combat environment are actually quite adaptive. Being hyper-alert or hyper-vigilant when you're in a combat environment where someone is trying to kill you is actually, I would say, advantageous. But if you're coming home and jumping on the floor or startling at doors slamming, people can think you're a bit wacko—no pun intended—but it's completely understandable and usually goes away with time. So we really do think that normalizing those symptoms and reactions with the expectation of full recovery is key.

As for the video links for children, and stuff, we think that the more information people can get the better. There is a very vocal minority, I would say, who think that if you tell soldiers and family members what post-traumatic stress disorder is, they'll fake the injuries just to get compensation. I categorically reject that notion out of hand. My experience with soldiers has been that our soldiers are patriotic and hard-working, and they're not trying to get something for free—not that there aren't people who do that. But you don't build programs trying to ferret out the few people who are trying to take advantage of them at the expense of those who need help. So that's the approach we've propagated, not only throughout the army, but also throughout all of the services. We're trying to do this.

You had one other question. Did I answer your first question?

Mrs. Betty Hinton: I think I made a lot of statements, rather than asking questions, but I did ask you if the participation of soldiers was mandatory or optional.

Col Carl A. Castro: Yes, participation is mandatory now, which makes doing any further studies and evaluations problematic, obviously. What we're trying to do is to see whether or not we can add elements to the battlemind training to even further improve its effectiveness. We're doing that now.

I should say that we're also working with the United Kingdom, the Brits, because they don't have any mandated mental health training programs, but are actually in the process of designing a study to look at whether or not the program would be successful with British troops coming back from Afghanistan and Iraq.

Mrs. Betty Hinton: Well, the chairman will not cut you off, sir, so you can take as long as you want to answer my questions, but he will cut me off.

I'm going to fire two quick ones at you. I heard you say in your earlier presentation that psychologists, etc., are handling 30 people at a time, which you say works really well in some cases. We haven't actually looked at doing that; we've been doing it one on one. But having 30 people at a time, if they all have the same symptoms, makes sense. It probably would be a very good way to do it.

You also mentioned that Canada was employing some of the aspects of this battlemind program after soldiers have come off the battlefield and have gone in for R and R. Could you give us a little bit of background on that, please?

● (1605)

Col Carl A. Castro: I'm sure the committee is aware of this, but I have probably been to Canada three or four times to conduct training of Canadian mental health professionals on the battlemind training system. Where it's currently being used is in the third location decompression site in Cyprus. I think Dr. Brian Garber and Dr. Mark Zamorski are the ones who are running that program and doing the evaluations of what the Canadians think of it, etc. In fact, the video that you referred to that we have for the post-deployment period has actually been translated into French for the French-speaking soldiers who are redeployed; they actually see it in French.

They're not doing a research study with it; they're just accepting our findings and have the program for use with Canadian Forces.

Mrs. Betty Hinton: That's really good to hear, and it may surprise you to know that as the parliamentary secretary to the Minister of Veterans Affairs, I wasn't aware they were using that particular program in Cyprus. So you've informed me very well.

Thank you very much for your time.

Col Carl A. Castro: You're welcome. Thank you, Ma'am.

The Chair: Thank you, Mrs. Hinton.

Now we're over to the Liberal Party of Canada and Mr. Russell for five minutes.

Mr. Todd Russell: Thank you.

I want to follow up on a question from my colleague, Mr. Perron.

Is there a lot of collaboration between your particular department, or the army and the U.S. military generally, and Veterans Affairs? Is there much collaboration between the two in terms of the development and delivery of this program? Do you share results back and forth? I'd like to know how much collaboration there is between the two different departments.

Col Carl A. Castro: Within the Department of the Army and Department of Veterans Affairs there is a tremendous amount of collaboration. Of course I make all of our findings and reports available to everyone, including Canada. As you know, all of this has been presented and given to the technical cooperation panel, which is the five English-speaking members of NATO and Australia and New Zealand. In fact, that's how Canada learned about the battlemind training, because we were sharing these findings well before we started presenting them at scientific meetings and started writing papers on them.

Our goal is to get it out as quickly as possible to as many people as we possibly can, so there is a very close working relationship.

Mr. Todd Russell: While this training is mandatory now for the military, what approach does Veterans Affairs take to the component of the training that they have some uptake on?

Col Carl A. Castro: Within the Department of Veterans Affairs, the veterans centres, the folks who are doing the outreach for the Department of Veterans Affairs, have adopted the battlemind training framework as a way of de-stigmatizing mental health and a way to get service members who need help to come in and sort of feel comfortable that the Department of Veterans Affairs knows how to talk to service members about mental health issues.

One of the really big obstacles is that service members don't want to talk to somebody who can't relate to their military experience. One of the things that mental health professionals find useful themselves about battlemind training is that it talks about mental health in a way that service members, soldiers, can understand.

Mr. Todd Russell: Thank you.

Those are the questions that I have, Mr. Chair.

The Chair: Thank you, Mr. Russell.

There are still a couple of minutes left on your time. I have two questions of my own I'd like to ask, if you are willing.

● (1610)

Mr. Todd Russell: Absolutely.

The Chair: You're very kind, Mr. Russell.

Let's talk about these videos. I realize that some of the committee members have actually had a chance to see them, to Google them, or maybe they're on YouTube or something. I'm not sure. I would be very intrigued to actually see some of this stuff. I am wondering if it can be purchased. Can we purchase them for committee members, that type of thing?

Col Carl A. Castro: Sir, you can have them for free. You can download them for free. There is no cost. They are for everyone.

The Chair: They're on the Battlemind website, I take it?

Col Carl A. Castro: Yes. It's on a new website also. The original website was www.battlemind.org, and if you type that in it will take you to our new website, which is www.battlemind.army.mil. Either one of those will take you right to it, and you can download all of the stuff. It's free of charge. It's intended for everybody to use.

The Chair: I'm just making sure I have that correct. Was it www.battlemind.org, and then it became www.battlemind.army.mil?

Col Carl A. Castro: Yes, sir. That's correct.

The Chair: That is much appreciated. I will check that out.

Now we're over to the Bloc Québécois.

[*Translation*]

Ms. Demers, you have five minutes.

Ms. Nicole Demers (Laval, BQ): Thank you very much, Mr. Chair.

Colonel Castro, thank you very much for being with us today. I should tell you at the outset that I am the daughter of a soldier who was in the front lines for six years. When my father came back, he had to be hospitalized for several months because people thought that he had gone mad. He died fighting for his rights. So I am very pleased to see that more effort is devoted to our soldiers coming back from active duty now than was the case in the 1950s.

You said that, instead of decompression, Canadian soldiers in Cyprus could benefit from the same training as is provided to Americans. You provide it before, during and after combat. Our soldiers, on the other hand, just receive training post-combat.

Do you think that the two other parts of the training are critical? I feel that the third part is not enough. A good number of young men and women coming back from Afghanistan suffer from post-traumatic stress disorder even though they have been through Cyprus.

Could they be helped by getting the other two parts of the training? Would it be easy to adapt the training so that we could provide it for our soldiers here?

[*English*]

Col Carl A. Castro: That's a very good question. Thank you, Ma'am.

Obviously, we think that we need to take a systems approach, so we now have data showing that the pre-deployment training is effective when assessed during the deployment. We do not have good outcome data from the battlemind psychological debriefings that occur during deployment, but we have anecdotal evidence that soldiers and care providers like them, and we certainly know that the post-deployment training is effective.

So we think that we need to take a systematic approach, where we get them at every phase, because, as I pointed out, just doing one by itself doesn't reduce the rates to zero. So our goal is to get the rates as low as we can. We will probably never get to zero, but it certainly is our goal still to make them as low as possible.

I think it can be transported to Canadian Forces, because the post-deployment has been transcribed and translated to, if you will, Canadian English as opposed to American English.

[*Translation*]

Ms. Nicole Demers: Colonel, do you also feel that the last part could be used to help our older soldiers, those who came back from combat several years ago, those whom we often see on Remembrance Day, still in a great deal of distress?

They were never told that they suffered from post-traumatic stress. They always believed that they are as they are because they had been broken, that they were not tough enough, not masculine enough, not men. They are ashamed to show the distress that still affects them.

Do you believe that the third part of the program could help them to combat those old stereotypes?

[*English*]

Col Carl A. Castro: Ma'am, that's a very good question. We just have no idea; we have no data looking at its effectiveness two or three years, or ten or twenty years, or decades later in terms of service members still suffering from mental health issues.

My sense is that you would probably need to get them into a one-on-one discussion with a counsellor and work through the stigmatization and self-blame and the view that it's a character flaw, a weakness that you have. That's clearly not the case, but they're probably going to need more support than a simple one-hour discussion of their perceptions and their experiences.

● (1615)

[*Translation*]

Ms. Nicole Demers: Thank you, Colonel.

[*English*]

The Chair: Thank you very much.

I'm sorry, but was there a question for me?

[*Translation*]

Ms. Nicole Demers: Mr. Chair, if I still have time left, can Mr. Perron use it?

[*English*]

The Chair: It's ten seconds.

Mr. Gilles-A. Perron: Ten seconds, but I need an hour.

The Chair: Yes, I know.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chair.

[*English*]

The Chair: He is up, and there are opportunities to follow.

Now we go to the Conservative Party, and Mr. Shipley, for five minutes.

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

Thank you, Colonel, for being with us. It's a pretty interesting and intriguing program that you've developed.

Is it the same program that's used for the air force and the navy? Are all components of it the same?

Col Carl A. Castro: The air force is translating the battlemind training program into a program they're calling "Wheels Down", using an air force slogan; and the navy Seabees do use the battlemind training during post-deployment at their third location decompression site. The marines do not use it; I should be very clear about that. The marines have not adopted the battlemind training system.

Mr. Bev Shipley: Now, is that pre- and post-deployment for the marines?

Col Carl A. Castro: No, the marines do not use it at all. They don't use any component of it.

Mr. Bev Shipley: Oh, not at all.

So are you telling us that the battlemind program is the umbrella component that is then designed specifically for each part of the military, such as the air force?

Col Carl A. Castro: Yes, but each service is doing its own adaptation of it based on what was first developed in the army.

Mr. Bev Shipley: We were talking a little earlier about using psychologists and psychiatrists, the professional health care people, in a variety of ways, from looking after 30 people, down to one-on-one. Do you train those people specifically to deal with military life, for the issues that a psychiatrist, psychologist, or professional people in the general public would not know how to treat correctly in the military?

Col Carl A. Castro: Yes, sir, we do. In fact we have several courses in which we do that. The main course is the combat operational stress control course, which is taught in San Antonio, Texas. Every behavioural health care provider deploying to Iraq or Afghanistan has to attend this four-day course. They are taught about the battlemind training system, the psychological groupings, the symptoms, the effective therapies that are known to be useful, etc. That's our flagship course to train our behavioural health care providers. I should say that chaplains also have a critical role in all of this; I guess you call them padres. They're also a very integral part of the battlemind training system.

Mr. Bev Shipley: How did the transition go, the adaptation of both the military side and your veterans side, to integrating this program into their system? We still have a transitional issue from time to time, between military and—

Col Carl A. Castro: It's ongoing. I don't know if I could ever say it has been fully transitioned. As people turn over and as people change, you have to train more people. We now have a train-the-trainer course in the battlemind training system, and that's being pushed out. Not only do you have to train the soldiers, you have to train the trainers who are training the soldiers. All of these systems are coming online simultaneously.

● (1620)

Mr. Bev Shipley: Okay. Is that the training that happens for the Department of National Defence and veterans at the same time, so they have the same type of training?

Col Carl A. Castro: No, it's different. The Department of Veterans Affairs has unique requirements and different approaches in how mental health care is provided. That training is separate.

Mr. Bev Shipley: Okay.

What about a parent who has been deployed coming back? Does a family get integrated into that battlemind program?

Col Carl A. Castro: As I mentioned, we do have the training for spouses, but for parents, we do not. We're in the process of developing what we're calling "community battlemind training". That would be for parents, uncles, grandparents, members of the community on what they should know about how combat impacts the mental health and well-being of service members. We want to help—

Mr. Bev Shipley: It's the children I was really talking about.

Col Carl A. Castro: Oh, the children. We have deliberately not attached the label of "battlemind" to children. We think it's inappropriate to do that. Instead, we have training. There is *Sesame Street*, which I'm sure you're familiar with, with the puppets. We have developed *Sesame Street* videos and *Mr. Poe* cartoon videos for children to watch. We think that is more suitable, and in the language of children, as opposed to "battlemind", which is really not a language that would be appropriate for young children.

Mr. Bev Shipley: Thank you.

The Chair: Thank you, Mr. Shipley.

This normally would be an opportunity for the Liberal Party, but I believe that has been conceded to the Bloc Québécois, Monsieur Perron, if he wishes to use it.

Mr. Gilles-A. Perron: Mr. Russell made a deal with me. He'll give me his five minutes, and I'll take my five, so I have ten minutes.

The Chair: Not all together, though.

[*Translation*]

Mr. Gilles-A. Perron: Thank you, Mr. Chair.

This is the civilized way to go about it. You have to do it like that, otherwise your head spins.

I go back to the question that my colleague, Ms. Demers, asked. I am 67 years old and I go to the Remembrance Day ceremonies on November 11. I see men of 80 or 85 standing, trembling and crying, and when the ceremonial guns go off, they cover their ears because they just cannot stand it.

I am no doctor or psychologist, but I try to be as informed as I can. Their wives tell me that these men drown their troubles in Beefeater gin. That is a psychological wound to me. I am not here to lecture people. Americans, Canadians, everyone in the capitalist world, the free world, must make some effort to take care of the psychological wounds from which these 80-year-old veterans are suffering.

Those are my comments. So can you comment on that order I have given to take care of elderly veterans?

[*English*]

Col Carl A. Castro: No.

Sir, you're absolutely correct. There are a lot of veterans from World War II on who have mental health issues, and are actually what we describe as high-functioning. They're able to do their job. They're able to raise a family. They're able to have a spouse who still stays with them and still have symptoms that, if they came in to mental health, could actually get help and feel better.

We try to tell all of the soldiers who are coming back that one of the things with having served your country in a combat environment is you deserve to enjoy life to its fullest without any remorse, and without any pain. You need to come in and get help if you have any of these things. If you're not enjoying life, come in and get help, because you're entitled to enjoy life. Soldiers sort of connect with that sense of they've sacrificed, and now we need to take care of them. The psychological stigma of admitting to a mental health problem is very real; it's large. Many soldiers consider it a character flaw, or character weakness.

One of the things that we do know for certain is when our veterans get older and start going to the Department of Veterans Affairs, one of the key things that they have to treat is post-traumatic stress in the veterans who never got help before, but they are there for other types of physical ailments that our Department of Veterans Affairs takes care of. Now it has really sort of launched this whole training effort within the Department of Veterans Affairs on how do you treat the elderly who have mental health problems. Before, it was always sort of the young to middle age veterans who came in, but as the population starts aging, now all of a sudden we have this very large elderly population with mental health issues, and we have to ask, you know, do the same treatments that work in 20-year-olds work in 80-year-olds? We don't know the answer, but it is being looked at. We need to do a better job. I completely agree with you.

● (1625)

[*Translation*]

Mr. Gilles-A. Perron: Colonel, I am more than pleasantly surprised by your testimony. I see a light at the end of the tunnel.

My comments are for my colleagues. I hope that we will continue to insist that when we recruit young soldiers, they will receive training on psychological wounds before they are sent to combat operations.

Colonel, I thank you on behalf of the future soldiers from Canada and Quebec who will benefit from a program like this.

[*English*]

The Chair: Thank you, Monsieur Perron.

So that is the five-minute round you've taken on behalf of our friend, our Liberal colleague—

Mr. Gilles-A. Perron: Now mine.

The Chair: No, no, yours will come shortly.

Now we will go to Mr. Albrecht of the Conservative Party, for five minutes.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Thank you, Mr. Chair.

Thank you, Colonel Castro, for taking this time to be with us today.

During your opening statement you indicated a three-pronged approach to caring for returning service people. I think I got the last two—safety and taking care of each other in the buddy system—but perhaps you could reiterate all three for me just so I'm clear on them.

Col Carl A Castro: These are in no particular order, but you did, I think, get two—first, normalizing symptoms and reactions; and second, safety, personal safety for themselves and for their families. The third approach is relationships, as in relationships with buddies and relationships with spouses.

I might have left off that third one, and if so, I apologize for that.

Mr. Harold Albrecht: No, no, that was the one I got most clearly. It's where I want to go in my question.

I think we all understand the importance of the buddy system, of having buddies while you're actually in service. I'm just wondering how you ensure that this kind of buddy system, where you care for each other, actually occurs when you return. It would seem logical that most of those people who may have served together for six months or a year—or longer—when they return home will no longer be in close geographic proximity to each other.

How do you reduce the effect of that geographic separation and ensure that these people are in fact still in contact with each other in some meaningful way?

Col Carl A Castro: That's a great question. This is an issue we're grappling with right now.

The buddy system, of course, is an integral part of the army culture. Looking after yourself and looking after your buddy is critical. We've tried to capitalize on that. But you're absolutely right that when soldiers come back, after three months or six months they are reassigned to different units or they leave the military, so they're no longer connected.

Now what we're looking at doing is starting a pilot project to see if we can have what's called a "virtual" commander or first sergeant. This would allow service members to stay connected via webcam, e-mail, telephone so that they can still talk about and share their experiences.

One thing we know about veterans is that someone who has been in combat doesn't want to talk to somebody who hasn't been in combat, and if they talk to somebody who has been in combat, they'd rather talk to somebody who was there with them. The reason for that is quite simple: sometimes it's painful to talk about experiences in combat. Soldiers who have deployed together have a way of using words that explain entire situations without going into detail.

So this is a very strong, powerful social support that we want to try to keep intact. We're going to try to do it through the framework of a virtual buddy, virtual commander, virtual first sergeant.

● (1630)

Mr. Harold Albrecht: Is there any thought being given to the possibility of getting them together physically, perhaps, in the same geographic location, maybe once every six months or on a rotating basis, so that they would actually be able to sit down for a day or two at a retreat or something to continue to dialogue with each other?

Col Carl A Castro: That is a very good idea. Quite honestly, no thought has been given to that, but that is a very good idea.

Mr. Harold Albrecht: I'm sure the cost implications would be a negative factor, but it might be something that would be worth at least exploring.

I just want to add my thanks for the great input we've received here today. Thank you very much.

Col Carl A Castro: Thank you, sir.

The Chair: Thank you, Mr. Albrecht.

There's still a minute left, Mr. Shipley, if you want to use it.

Mr. Bev Shipley: No, I'm fine.

I would just make the comment, Colonel Castro, that I think this has been intriguing. And the fact that you took time out of your schedule to be a part of this Canadian veterans committee is very much appreciated. Thank you very much.

Col Carl A Castro: Thank you, sir.

The Chair: I'll go to the New Democratic Party, to Mr. Stoffer, five minutes.

Mr. Peter Stoffer: Once again, sir, thank you for your presentation.

One of the concerns is continuous funding. We have challenges with that sometimes in Canada. When a military person transfers over to being a veteran, there's that "baton", we call it, being passed over.

How do you find it in your system; are the resources there, or is it a challenge to continuously obtain resources in that particular field? We know we're short of psychologists, and I can only imagine that in the United States you'd be short of them as well.

Col Carl A Castro: Yes, you're absolutely correct. One of the nice things, though, if there is a nice thing, about the Department of Veterans Affairs in the United States is that they are the single largest trainer of psychologists in the United States. They have this very robust training program, which you obviously could tap into. It's expanding now, because of the new need.

In terms of resources, early on, in the wars in Afghanistan and Iraq, all the services, and the Department of Veterans Affairs, were strapped for resources. But in the last couple of years the chequebook has come out and there's now plenty of money. Now it's training people and getting the clinicians in place to provide the support.

I think we're good for resources. Now folks are thinking about the long-term effect, as your colleague mentioned. These veterans, who become 60, 70, 80 years old, are also going to have problems. This isn't a five- or six- or seven-year problem. This is almost an entire generation problem of veterans who have to be looked after. So that has to be budgeted and resourced appropriately.

Mr. Peter Stoffer: Thank you very much, sir.

The Chair: Thank you, Mr. Stoffer.

We now have time that Mr. Stoffer can divvy up. Or the Conservative Party is next if they choose to use it, or we can zip over to Madame Demers with the Bloc Québécois, if she wishes.

I don't see anybody wanting to pick it up, so Madame Demers, the floor is yours.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chair.

Colonel, once more, I thank you for being here. Post-traumatic stress is a taboo subject for some people. We only started talking about it a few years ago. Before that, it was not talked about, it was hidden. But post-traumatic stress is not just a result of war. For example, people can suffer post-traumatic stress after being raped or being robbed on street.

The *battlemind* training you mentioned reminds me of *budo*training that was very popular in California in the 1980s. It focuses, not on people's weaknesses, but on their strengths and skills, and on learning to use them more effectively.

Could this training be put to other uses so that our soldiers and our veterans could benefit? If people could get the information during their training in psychology, the whole of society would benefit.

● (1635)

[*English*]

Col Carl A Castro: That's a very good question.

I think there are other groups that can benefit from the battlemind training. And actually, other groups in the United States are using it, particularly the Federal Bureau of Investigation, and our State Department, which also deploys a lot of civilians to Iraq and Afghanistan.

I think it will be useful for those occupations in which we expose people to traumatic events. If you think about the military as an occupation and about combat as being part of that occupation, then I think anything that has those features would be useful for battlemind training. I don't think it would be useful for rape victims, assault victims, children who have been molested, because they are victims through no fault of their own. It's different from combat or occupational PTSD.

Our diagnostic and statistical manuals do not make that distinction, but one of the things that's emerging very early in the research is that these are two different things. There are the victims, and then there's the occupational hazards, like being a police officer, a firefighter, a paramedic, etc. For those folks, I think battlemind training can work. For those people who are victims, I don't think so. They need something different. I think what we're doing for them is appropriate, but it shouldn't be the same thing we try to apply to our veterans, or our occupational injuries, if you will.

I know you have these occupational stress injury approaches. And it is an occupational injury. I think that's how we have to think about it as a military, as a country. You send people to combat, and the hazards of sending people to combat are not only physical injuries but psychological injuries as well.

I know that was a long-winded way to answer your question. I do think that it does have applicability, but not across the board.

[*Translation*]

Ms. Nicole Demers: Thank you very much, Colonel. Your remarks have shed a great deal of light on the situation. I realize that our soldiers are going through really very difficult situations because they are not used to being victims. That is to say, the difficulties are caused by the situation. Thank you for the clarification.

Before I finish, could you tell me if a group like this, the committee, that is, would benefit from going through training like that so that we could better understand how it works?

[*English*]

Col Carl A Castro: Certainly I think that if you sat through the training you would have a very good first-hand experience of what soldiers actually go through.

[*Translation*]

Ms. Nicole Demers: Thank you, Colonel.

[*English*]

The Chair: I have a follow-up question—I think it will probably be the last, unless I see anybody else wanting to speak—with regard to what my Bloc colleague touched on.

I was also of the natural assumption that some of this would be useful for other people who have suffered post-traumatic stress disorder. The one that came to mind was sexual assault victims. Of course you said that there's a difference between occupational stress injury and the actual victim. Is there something similar for people dealing with post-traumatic stress as a result of crime, etc.?

● (1640)

Col Carl A Castro: There is training. There is psycho-educational training for rape victims. It's very specialized, and it's not easily adaptable to a military population. Because there are unfortunately a lot of rapes in America, really around the world, there is a very structured psychological educational program as well as treatment therapies for rape victims.

One of our big challenges was validating whether PTSD caused by combat could also be treated with the same treatment therapy approach you would treat rape victims with. It does look like there are differences in responses to that therapy. One of the things we're looking at very hard is how to improve the treatment and therapy for combat PTSD, as opposed to rapes or sexual assaults or something like that.

The Chair: That's intriguing.

I don't have any further questions.

With that, Colonel Castro, thank you very much for your presentation. We really appreciate you taking the time and making yourself available. I know I will go to the Battlemind website and check it out and view some of the videos for myself. Once again, thank you for what you do, not only in terms of talking to us, but for U.S. soldiers and defending civilization, sir.

Col Carl A Castro: Thank you very much, sir. My pleasure.

Some hon. members: Hear, hear!

The Chair: Committee members, we have a couple of other things on our plate.

There is a question about some sort of motion so we can table the report. It's actually best if the committee sets a date and I just go ahead and execute that.

I guess that is partly dependent on when Michel thinks he can have that ready.

Mr. Michel Rossignol (Committee Researcher): The corrections are ready to be sent to the publication service. I'm still waiting for information from the department. There's one issue, and there might be a delay there. Otherwise there's a need for at least two days for the verification of the text and so on in the final preparation.

The Chair: Do you think it would be fair to set a date for sometime in the week that we resume, or do you think that would be too early? Would that be presumptuous?

Mr. Michel Rossignol: It should be possible in that week.

The Chair: Okay. How about we set it for maybe the Wednesday of the week we come back? Does anyone know what that date is?

A voice: The 28th.

The Chair: It's the 28th. All right. I was thinking the Wednesday....

Monsieur Perron, are we going to have a discussion?

Mr. Gilles-A. Perron: Our meetings are on Tuesdays and Thursdays.

The Chair: I was thinking I could do it on the Wednesday, but if you prefer that I do it on a committee day....

Mr. Gilles-A. Perron: I was correcting you. Why Wednesday?

The Chair: If the committee would prefer that I do it on a day the committee is sitting.... Of course I probably wouldn't do it while the committee is sitting, but right around the time of question period or immediately thereafter.

Mr. Stoffer.

Mr. Peter Stoffer: Mr. Chairman, for the last report we did, we held a press conference following its release. Were you planning to do the same?

The Chair: I did not have any intention to do so, sir, but if the committee would like to, we could probably arrange something.

Mr. Peter Stoffer: I asked because I just thought it went very well. You spoke and Betty spoke, and a member from each party spoke. It shows, if anything, that committees can work together and that when members of Parliament put their heads together we can come up with a pretty good report.

I thought the last one we did was very good. I think that doing it here as well would be good, because the health of soldiers and their families is on everyone's mind these days. And here's a report helping government, giving positive, concrete suggestions unanimously from this committee on how to move forward.

The Chair: Okay, I'm fine with that. I'd like everybody to maybe consider....

I'll let you speak, Mr. Shipley, but I just want to add this to the debate. Maybe Wednesday would be better than a Tuesday or a Thursday, just because the report has to be tabled in the House, and that's usually done after question period. There are exceptions to that, but I think it's on Mondays and Fridays, when attendance is relatively low.

So if I were to submit the report on a Wednesday, after question period, then we could hold a press conference, if we want, after the tabling of the report, because I don't think we could really hold the press conference prior to the tabling of the report. And if we have committees scheduled for 3:30 to 5:30, I think you will understand that given that question period ends at three o'clock, it's difficult to fit a press conference in that half hour—if that's what you want to do.

● (1645)

Mr. Todd Russell: Wednesday makes more sense.

The Chair: So that was the rationale.

Anyhow, as best we can, then we'll try to aim for....

Sorry, Monsieur Perron.

Mr. Gilles-A. Perron: Can I go off the record, please?

The Chair: If you wish.

An hon. member: Not until we adjourn.

Mr. Gilles-A. Perron: Okay, after we adjourn.

Mr. Bev Shipley: Yes, I think there should be.

The Chair: I assume Mr. Stoffer would second that.

Fair enough then. Unless there's any debate or discussion on that, we'll take a vote on it. So all those in favour of the motion for tabling the report on Wednesday, May 28, with a press release.

(Motion agreed to) [See *Minutes of Proceedings*]

The Chair: Now I just want to go quickly to May 27, which of course will be the Tuesday. That will be televised and we will be having the minister. It's going to be on the main estimates.

The minister will be here on the main estimates. There also will be the supplementary estimates. If the committee wishes—and this is your prerogative, as it's your committee—to have a motion moved so that you can question the minister on both the main estimates and the supplementary estimates at the same time, then you can choose to do so.

Mr. Gilles-A. Perron: I move the motion.

The Chair: Mr. Perron is moving the motion to study both the main estimates and the supplementary estimates upon the minister's visit on May 27. Do we have any debate on the subject?

(Motion agreed to)

The Chair: And I will just let you know that on June 10, Speaker Milliken and the Clerk, Audrey O'Brien, will appear with regard to the naming of Room 112 North, Centre Block.

There you go. With that, I will adjourn and allow people to do as they wish.

The meeting is adjourned.

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