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Chair

Mr. Rick Casson

Standing Committee on National Defence

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● (1530)

[*English*]

The Chair (Mr. Rick Casson (Lethbridge, CPC)): I call the meeting to order.

Today we've reached our 33rd meeting in our study on health services provided to Canadian Forces personnel, with an emphasis on post-traumatic stress disorder.

As it could be our last meeting before the summer break, it's an honour to have General Rick Hillier before us today.

Welcome, sir. It's always a pleasure to have you here. Thank you for taking the time to come.

On behalf of the committee, I'd like to thank you for all your hard work on behalf of our brave men and women serving in the Canadian Forces. In your years as CDS, you've been active in addressing the issues of mental health within the forces. So, again, we look forward to hearing your comments.

Before I hand it over to you for your comments, I have a note from John Cannis, who is the vice-chair of this committee. He's recovering from surgery and could not be here today. He called to extend his best wishes to you, Mr. Hillier, and wanted to thank you for your tremendous service to our country and to our men and women in uniform. He wishes you good health and much success in future endeavours.

Sir, you are familiar, I believe, with being before this committee and you know the drill. We will give you an opportunity for comments, and then we'll have a round of questioning. I understand you have an hour for us today, which will give each party a chance to ask a question or two.

The floor is yours, sir, and thank you very much for appearing.

General Rick Hillier (Chief of the Defence Staff, Department of National Defence): Mr. Casson, ladies and gentlemen, thank you.

First of all, let me say that I'm glad to appear before the committee today.

As CDS, one of my most important responsibilities is to ensure that we have a Canadian Forces that cares holistically for our men and women. That care includes making sure we have the right leadership at every level, that we have the right equipment when we ask those men and women to do a job for us, that they are appropriately trained, that they have the right benefits to compensate them for the job they do for us, that they are physically prepared for the jobs they have to do, and that they are looked after, prepared, sustained, and supported medically and dentally, and certainly that includes their mental health. It is a responsibility that I take seriously and that I know the leadership of the Canadian Forces also takes seriously. It wouldn't even require me on top of them to make sure they do, because they do.

I appreciate and welcome the committee's interest in this regard. We welcome your leadership in this specific field, because I believe the Canadian Forces have gone through some tough times. We almost broke the Canadian Forces, as a country, and within that, we almost broke the medical system. Therefore, much of what we have been doing for a long period now is simply trying to recover, to get out of that deficit and get us to a solid base where we can do our job in the way that we want to do it.

[*Translation*]

Thank you for your continued support to the men and women of the Canadian Forces.

[*English*]

To better appreciate where we are—and I know you've been through much of it with respect to our health care generally and mental health care specifically—I think it's key to understand where we have been.

With the end of the Cold War, the anticipated peace dividend led to our downsizing, including the CF health systems and health services, exactly as our commitments operationally worldwide in intense operations skyrocketed, with operations in Croatia, Bosnia, Macedonia, Somalia, Rwanda, Cyprus, and others. We now continue to see, perhaps in increasing numbers, casualties from those operations who for the first time have felt confident enough to come forward.

[*Translation*]

The result was a dramatic reduction of military health care capacity, retaining only those services deemed necessary for future operations. A decision was taken to downsize in-garrison care in Canada and leverage the civilian health care system; a decision that ultimately did not serve the needs of a modern day fighting force.

● (1535)

[*English*]

We closed in-patient capabilities in Ottawa, Valcartier, Halifax, Esquimalt, and Germany, all with in-patient psychiatric capacity. In-patient addiction rehabilitation services were closed in Valcartier, Kingston, Winnipeg, Esquimalt, and of course Germany, as we did the pullout from there.

[*Translation*]

At the same time, the civilian health care sector was under severe financial pressures. It could not easily accommodate the additional Canadian Forces patients with unique occupational requirements.

[*English*]

By the late 1990s we knew, and it was confirmed by a chief review services report, that our military health care system was in trouble. We had almost destroyed it. As a result, we launched a health care project entitled "Rx2000".

Rx2000 was our health care reform initiative—and I know you've heard about it—which would touch every aspect of health care delivery in Canada and on operations abroad. We addressed a host of issues with Rx2000: primary care; mental health services; health protection and promotion; attraction, retention, and training of health care personnel, which was a major challenge; and other issues such as electronic health records.

Part of Rx2000 included a comprehensive review of mental health best practices using an evidence-based approach. This led to a multidisciplinary mental health care delivery model, since validated by a third-party evaluator and the OAG.

Redeveloping lost capabilities is difficult and it takes a long time. We know when we lose unique capabilities it will require years, and for us, sometimes decades, to regrow that. I think there are lessons there for the future.

Rx2000 started to correct many of the deficiencies we identified in the late 1990s but did not address all of the current realities. It truly was a survival mode.

What has transpired since then?

[*Translation*]

The Canadian Forces have continued to adopt a proactive stance in addressing the health needs resulting from contemporary conflict. Further enhancements are being made to the Canadian Forces health care system. We are hiring more health care providers at clinics across Canada to further enhance the primary care provided there. We are expanding the case manager program to better support members with complex health care issues and we are expanding our mental health services.

[*English*]

By the end of this fiscal year we will have hired an additional 218 mental health professionals—psychiatrists, psychologists, social workers, mental health nurses, pastoral counsellors, and addiction counsellors, just to name some of them. Our CF team will have almost 450 mental health professionals.

[*Translation*]

The Canadian Forces mental health team uses an interdisciplinary model that involves comprehensive and holistic mental health assessment and tailored treatment that meets the individual's unique needs.

[*English*]

Where problems result in treatment not being available in the CF in a timely manner, personnel are referred to the outside civilian health care providers.

[*Translation*]

It is important to recognize that the Canadian Forces are unique in their use of civilian mental health providers.

[*English*]

The CF funds appropriate and necessary care without the member incurring payment charges.

[*Translation*]

The treatment can be as long as necessary, provided that the therapy is evidence-based and follows best practice guidelines.

[*English*]

This approach is at the leading edge of mental health care in Canada. We also realize that the social environment can enable care and recovery from mental health problems in the way it addresses the stigma that has been too often associated with mental health issues.

We've all been there. We realize what a challenge it was. The result was a program of social support for members and families: the operational stress injury social support program, launched in 2001. With some success, this program has grown into a robust partnership—we believe a strong partnership—between us and Veterans Affairs Canada, with 40 employees and some 120 volunteers across the country. We've assisted more than 3,500 clients, including more than 100 families. It offers one-on-one support, peer support groups for serving military personnel, veterans, and families, and social support to bereaved families.

This innovative program has been enhanced by a new educational campaign for our people, our men and women. This campaign was developed by a group, including veterans who have recovered from mental health problems, clinicians, the U.S. Marine Corps, and Canadian academia, and it will help us increase general awareness of mental health, provide information on how operational stress can affect individuals, their peers, their subordinates, and those around them, and teach CF personnel what they can do to assist those with mental health issues.

Our goal is to provide our men and women who serve our country in uniform the tools to recognize early signs of mental health challenges and issues and to take positive action. This educational campaign has been expanded to CF families to also help them, help them support their loved ones and help them deal better with the effects of mental health problems suffered by those who serve. Family members of mental health sufferers will be involved in this initiative, and they are actually in town this week to help develop the curriculum.

Alignment of these initiatives will be ensured through a variety of things. First of all, there will be an arm's-length mental health services advisory committee, a joint initiative between us and Veterans Affairs Canada. Again, it is led by an experienced champion for OSI sufferers, Colonel (Retired) Don Ethell, who is an aggressive champion. I think you've already had the opportunity to talk to him. We will draw on a wide group of mental health experts through that committee.

We have re-established the Canadian Forces operational stress injury steering committee, which is a forum for our senior leadership, including me, to help discuss better ways to support those who have suffered an operational stress injury. I've never been a believer in committees, and I was part of the original operational stress injury steering committee. I actually think we can get some more value from it by having our leaders focus on it.

Establishing our special advisor to the chief of military personnel, Lieutenant-Colonel Grenier, who has himself suffered an operational stress injury, has been key to the initiatives already launched, and he, with his team, will build on the successes already achieved.

Let me just tell you something. I was in Bridgewater, Nova Scotia, just a month ago, I think it was, for a rally in red. I had the opportunity to talk to Mr. Jim Davis, who lost his boy in Afghanistan a year and a half ago, I believe it was. Mr. Davis, speaking with his knowledge of many of the other families who have lost their sons or daughters in Afghanistan, was full of nothing but praise for this officer here and the leadership and support he has provided to those families in their darkest hours and darkest days.

Notwithstanding these major advancements in clinical and non-clinical health care, we have many challenges. All of us know that.

● (1540)

[*Translation*]

Bases like Petawawa and Gagetown that have sent large segments of their communities on deployments continue to have their mental health services stretched. Part of the challenge is the geographic location of the bases and the resulting difficulty in finding, attracting and retaining necessary skill sets in local areas. This challenge is common to most rural communities in Canada. To address this, the Canadian Forces will leverage their neighbouring regional mental health centres in areas such as Ottawa and Halifax.

[*English*]

The Canadian Forces health care system as a whole is strong, but I do believe we have actually just recovered from a deficit. We think we have a solid base on which to build the kind of health care system that we believe is absolutely necessary, and we are working hard to improve it every day. We remain confident in our overall health care system, but we still work hard to improve it.

While no system is perfect, patient satisfaction, and the surveys that come from them, consistently show that the health care system is meeting the vast majority of patient needs. We'd like to have it perfect. It's not, but we work hard to try to make it that way. We, the leaders, are fully aware of the impact that mental health and operational stress injuries have on our members and their families. We actively support our mental health care initiatives and provide leadership that we believe is right and fundamental for those people. All of these efforts will need both the support and the funding of the Government of Canada for years to come, because the effects of mental health injuries are sometimes felt decades after the initial diagnosis. I think our men and women deserve that, and they certainly need that kind of leadership from you.

Thank you very much. I'm prepared to take your questions, Mr. Chair.

The Chair: Thank you, sir.

We'll open up the opening round with seven-minute spots.

We'll start with Mr. Wilfert.

● (1545)

Hon. Bryon Wilfert (Richmond Hill, Lib.): Thank you, Mr. Chairman.

Thank you, General Hillier, for being here.

As the official opposition, we certainly want to thank you and congratulate you for your tremendous work over the years. I know there was some rumour about your wanting to maybe coach the Toronto Maple Leafs. I did see you down at the Gardens one time with about 300 soldiers. When you were on the Gardens' ice, you had a standing ovation longer than the Leafs, which is probably not hard to do—

Voices: Oh, oh!

Hon. Bryon Wilfert: —and the Ottawa Senators. It's usually the politicians who are used to being on thin ice, but I have to say that the support you received was very, very impressive.

Since you were appointed in 2005, I have to say there has been a wonderful transformation of the forces. I know the job isn't easy, but the fact that you and your wife, in particular, have gone across this country and have seen families—and we've certainly heard of this—speaks very well for you. So thank you very much.

Gen Rick Hillier: Sir, thank you for saying that.

Hon. Bryon Wilfert: I want to ask you a couple of questions.

We are, sir, looking at recommendations. We know, and we've seen in the United States, the fact that the more tours of duty people have, the more mental health issues tend to increase. We've seen in the United States where they have been prescribing.... Maybe you can enlighten us on that. Is it the common practice of the Canadian military to prescribe certain drugs for combat-related fatigue or combat-related stress in the field?

Secondly, do you think it would be useful for us to see another survey of the forces personnel with regard to the kinds of services that are being provided—the last one, I believe, was in 2002—in order to make sure we can provide the right services as we move forward?

Finally, do you have any specific recommendations that you could make to this committee? In particular, if you had a wish list of one, what would be the one thing you think we should be trying to provide to ensure that the people in the field, who put their lives on the line on a daily basis, will have the support they need, and particularly for their families when they return?

Gen Rick Hillier: I'd be delighted to answer those questions.

We do not use drugs in the field to combat fatigue or to keep people awake 24, 36, or 48 hours. That is not our policy. There are many implications when you do that kind of thing, and most of these implications we're not comfortable with. One of them is that you always have a fall-off when the effect of the drug wears off, and that may be the time when alertness is most desperately needed. We do not use drugs. We do not enhance the performance of our soldiers. We do not keep them awake and allow them to remain more alert for longer periods of time by using drugs.

We use a variety of mechanisms to train people, make them physically robust, provide them the right balance of surge and relaxation. Sometimes they're driven pretty hard because the tempo of operations demands it. We always say that rule one in operations is that the enemy has a vote. We do not use drugs to ensure that people stay awake or can serve for longer periods of time.

I'm not sure whether an audit would serve a useful purpose right now. I've been through the procedure several times over the past years and months. In 2002, we had the audit you referred to. We took the recommendations from that audit, and we are in the process of implementing them. We are now changing fundamentally all the things we're doing across the country in providing services. What we need is one or two years to give some of those things an opportunity to take hold. Then we could do an audit of where we are at that stage. So I would suggest that the summer of 2010 or thereabouts would be a better date to look at this. That would be my first-blush impression.

Sorry, was there a third question that I didn't answer?

Hon. Bryon Wilfert: There was the audit, and I thank you for the information with regard to drugs.

Is there something you would say would be a priority? I know we went through a major deficit. In 2005 your responsibility was to start to modernize the forces. We are in a better financial situation at present. What would you suggest we were lacking that we could respond to now?

Gen Rick Hillier: I thought your third question was going to be whether my Toronto Maple Leafs watch was still working. But like the team, it hasn't told time very well for about 41 years, and it's a major challenge.

I don't think there's one single thing, but it all comes to one single thing. This is something I believe in very fervently: being valued is worth its weight in gold, and being valued means actions, not just words. Excuse my language, but we have a little slogan in the army: “Bullshit walks and action talks”.

That's so true for our men and women when they're out doing something. When you're on that dirty, dusty, dangerous trail in Kandahar, and you're 12,000 kilometres away from home, and it's 51 degrees centigrade, and you're carrying 80 or 85 pounds, and somebody is shooting at you, you can be forgiven for thinking you're in this all alone, all by yourself, and nobody cares.

“Being valued” means taking action to ensure that our young people, whether they're wearing the army, navy, or air force uniform, understand that they're connected to Canada every single second. They need to understand that they have the right leadership in place, that they've had the opportunity with the dollars given to them to be able to receive the right training in a comprehensive and intelligent manner—and we're getting a lot better at this, though we haven't always done it smartly in the past—that they have absolutely the right equipment, and that when conditions change we can react quickly and get that equipment to them. They need to believe that Canadians see what they're doing, appreciate it, and show their support for it. “Being valued” is worth its weight in gold.

If we can take actions that practically show that value in a variety of ways, then that means more than anything else. Our people have to be prepared to take risks. They have to be competent and know they're taking risks for noble reasons. Knowing that they're sustained by our nation allows people to deal with an awful lot. Increasing funding would help us to deal with some of the challenges of support, sustainment, and recovery from mental health injuries, operational stress injuries, and post-traumatic stress disorders. Those kinds of things are practical demonstrations of what actually allow people to believe fundamentally that they are valued. I think that counts for more than anything else. That's not just one thing. It is “action, not words”.

● (1550)

The Chair: Thank you.

Mr. Bachand.

[*Translation*]

Mr. Claude Bachand (Saint-Jean, BQ): Thank you, Mr. Chair.

I too would like to welcome General Hillier and thank him for his services to the Canadian Forces. When he came to Saint-Jean a few years ago to see his son receive his degree, he invited me to go running with him. As we are about the same age and as I was training at the time, I thought I would be able to keep up. Regrettably, after a few minutes, I realized that, not only was he ahead of me, he also had the legs of a man of 20. In a small way, that shows what General Hillier has been able to accomplish and gives an idea of the great respect he inspires in the men and women he commands. Each time I saw him with them, I saw what charisma means. I will end by saying that the Bloc Québécois has a great deal of admiration for what you have done. I wish you a very happy retirement.

In your presentation, you talked a lot about treatment, about the fact that people with wounds or post-traumatic stress have access to services on their return. I must acknowledge that, for several years, the Canadian Forces have taken health issues seriously, especially post-traumatic stress disorder. It is true that more and more effort is being put into helping these people get back on their feet. Can we talk a little about prevention?

It has been explained to me that attempts are made to train as close as possible to the theatre of operations. I have been to several of these places, and I understand, I think, that there is nothing worse for a battle-ready soldier, trained for action, to see atrocities being committed while having to obey orders to do nothing. Everyone was talking about Srebrenitza when I was in Bosnia during rotation 9. That was then, now we have to deal with the present.

Questions were asked in the House of Commons today about alleged sexual assaults committed by members of the Afghan army. There are reports that our officers and soldiers are witnessing these assaults and that the officers are issuing orders not to report them.

You are going to retire soon and I would like your opinion. I would also like to hear you guarantee that you have ordered all the officers presently in the theatre of operations not to demand that situations of that kind be kept secret and that nothing be done. They cannot give orders like that. Can you be absolutely clear that that is the case?

I am pleased that you are here with us this afternoon. We are finally able to meet the person responsible for the Canadian Forces. This responsibility rests with you and I can only hope that the problem will be resolved.

● (1555)

[*English*]

Gen Rick Hillier: Sir, thank you for the question. Let me walk through a couple of points.

First, we went through a terrible time in the former Republic of Yugoslavia, in the Balkans, when under the mission mandate and the rules of engagement and the legal constraints we had soldiers standing around and watching what was equivalent to ethnic cleansing. All of us know about that. That was a terrible time, and it was more difficult for soldiers to come home feeling satisfied, which is a key part of staying healthy from a mission like that than almost anything else you would do in your life.

Secondly, when our soldiers, sailors, airmen and airwomen—because they are all there and sometimes we forget the last three pieces—when they go abroad for us, as they are now in Kandahar, in Afghanistan, they go with the very best values our country holds near and dear to our hearts. They walk them, they live them on a daily basis here, and we expect them to.

Thirdly, we're not the inspector general for the Afghan national security forces, so we don't go in and pry into all their details. But to the essence of what you said, sir, let me simply say that if we are in Afghanistan, we're there to help the people of Afghanistan. Yes, we're there to work and help build the Afghan national security forces very directly. If we witness any kind of serious abuse—I'm trying to think of exactly the words to say—of individuals, I expect that my soldiers, sailors, and airmen and airwomen are going to immediately alert their chain of command, and that chain of command, with those soldiers, is going to take action to stop any kind of serious abuse.

Just in case there is any doubt of that, I have reconfirmed that direction down through the entire chain of command into Kandahar province to make sure the CDS's intent and our expectations as a nation are absolutely clear to all and sundry, and they are. If there is any serious abuse of Afghans, and I think we've had some good examples in the past year.... I know there was a young sergeant, for example, who was caught on TV cameras, saying, “You know, I'm concerned that if these people are handed over to the Afghan national security forces, who were there at the time, they may be beaten, injured or killed, and we're not going to do that; we're not going to let them go over.”

That's the kind of behaviour we expect. That's the kind we're going to reinforce through our chain of command. That's what Canadian soldiers give us all the time. We will do an investigation to see if there is any witnessing of anything that's occurred in the past and see if we've not done that kind of thing, but I guarantee what you said, my CDS guidance and direction down the chain of command is absolutely, unequivocally clear.

[*Translation*]

Mr. Claude Bachand: So you issued the order that any action of that kind be condemned. Just to finish, then, can you tell me if you can circumvent the orders of the government? Can we have the document you mentioned, or is it classified? When did you react and give those orders? Was it recently?

[*English*]

The Chair: General, before you respond, we are dealing with the quality of life in the forces here, so keep that in mind. I think questioners should keep that in mind as well. So if your response could be framed in that—

Gen Rick Hillier: Sir, what I would say is this. I'm not going to talk about when I specifically did it. It's very clear to my chain of command.

We do this because we believe that's one of the things our young men and women in uniform have to be absolutely clear about, that we have the moral high ground. Our values are such that we do not stand by if we're witnessing somebody being seriously abused. We're not going to stand by. Not only do they have the authority to get engaged and stop it or help stop it, but we expect them to. That's exactly what we want to do, because there is a correlation, sir, to the kind of effect a mission like Afghanistan will have on people, and we don't want any ambiguity whatsoever.

We're not the inspector general, as I've said, of the Afghan forces. Police forces and army forces come from around Afghanistan, so we're not investigating their units all the time. If we witness something, we're going to get involved. I want the chain of command alerted. I want people to get involved and stop it, and then we'll refer it to the Afghan authorities to sort out the longer-term part to go with it. But I don't want any ambiguity on that whatsoever.

● (1600)

The Chair: Thank you very much.

Ms. Black.

Ms. Dawn Black (New Westminster—Coquitlam, NDP): Thank you very much, Mr. Chair.

Welcome to the committee once again.

Also, on behalf of my party, I wish you well in your future endeavours and in the choices you decide to make as you leave the Canadian Forces.

We've had a lot of testimony before this committee, some of which has been in camera. The testimony we heard in camera was very troubling testimony about mental health services and the lack of timely diagnosis or the lack of treatment that Canadian Forces members and their families felt they had a basic right to expect. The testimony was very striking in that the story each of the people who testified in camera told was almost identical. And there were several of them who told of their experiences.

At the same time, we've heard from people of higher rank within the military who clearly are committed to trying to treat mental health issues properly and effectively. They want to do that. But there seems to be this gap between what we're hearing from the upper echelons of the Canadian military and what we've heard from soldiers, not all of whom have been soldiers who returned from Afghanistan. Some were soldiers from our time in Bosnia. We even heard testimony about veterans from the Second World War who many, many decades later started to show symptoms of post-traumatic stress disorder.

My question to you is about this gap in perception and the gap between the testimony we heard from the individual soldiers and their families, who felt they didn't receive timely attention to their mental health issues, and the reports and testimony we heard about the desire in the higher levels of the military to ensure that they will. There is definitely this gap in the testimony we heard, and I'd ask you to address that.

Gen Rick Hillier: Well, I would say that the gap has been eternal. You mentioned World War II and even, obviously, when we had veterans alive, World War I, right up to the former Yugoslavia.

I am actually surprised that we had any treatment program for people who came out of Bosnia, Croatia, Somalia, and places like that. As we were quadrupling the operations we were conducting worldwide, we were dismantling the medical system and getting rid of all those kinds of things because of the pressures under which we came. So I'm absolutely amazed that we had any kind of treatment, and I know it wasn't very good.

We have done a lot of work since then. But as I said earlier, we're just coming out of a deficit. Actually, I think we've just gotten ourselves back to a level playing field, and it's going to take some more months and years to get and build the kind of medical system that can actually look after all the people and their physical injuries and wounds and mental injuries and wounds.

We have made some progress. From five years ago to two years ago to even six months ago, the progress has been dramatic. It'll be better six months from now than it is right now. I think a telling point is that we're actually getting veterans from those earlier campaigns now coming forward, because the stigma has been removed somewhat. They have confidence that they'll get treatment and will usually get the right treatment.

But that doesn't sort of cover the fact that we still have significant challenges. We don't have enough of the right people in the right places. In an organization of 87,000 people, you're still going to have people who view it this way as opposed to people who view it that way. And not all will have the same positive outlook that an injury is an injury is an injury, whether it's physical or mental. We work every single day to change that.

It's a slow process. But I think it has been an almost miraculous change in the last two or three years to be able to come to grips with a significant number of injuries and the larger number of mental health injuries or operational stress injuries or post-traumatic stress. I think the change has been dramatic, and we just want to keep building on that.

Every single day we are clearer in terms of how we want to approach it. We get better policies in place, and policies are important, because they allow the universal treatment of folks. Then we actually get all the pieces coming together in places like Edmonton, and in places like Petawawa and Gagetown, particularly. We know we've had some very unique challenges in those last two places.

So I don't make any apologies, Madam. We've done a massive amount of work. We've had great satisfaction, for the most part.

There are still people who have not been seen quickly enough. We perhaps have not helped identify quickly enough that they have a challenge, or perhaps we didn't recognize that. I don't ever say for a moment that there's not some guilt on all of us. All I can say is that the leadership is committed. We've put the resources into it. We really have. And this man here on my left has been doing that on our behalf and on behalf of the people there.

We still struggle, though, as you know, getting the right kind of experts in place and getting them to a place like Petawawa. I mean, I love Petawawa. Having done three tours there, I'd live the rest of my life there. But not everyone who has the kind of specialty we need wants to go to Petawawa or to Gagetown. So we still struggle somewhat with all these things.

● (1605)

Ms. Dawn Black: That was in the testimony we heard, that the services are uneven across the country.

The other issue I wanted to raise was the issue of the ombudsman's report, which was really a very dramatic and in many ways condemning report on the treatment, oftentimes, of reserve soldiers. At a time when the Canadian Forces are relying in larger numbers on members of the reserve, I'd like to ask you what steps have been taken so far to address the concerns the ombudsman raised in the report.

I also want to know whether the whole issue of compensation has been levelled out between the reserves and the regular force, because in that report they made mention of a different level of compensation for a lost limb in the reserves than there was in the regular forces. There was some really troubling documentation about reservists returning from Afghanistan wounded and going home to the community they may live in, so they're not within the unit and able to access medical services on the base.

Gen Rick Hillier: I'd be delighted to talk to that. Of all the unique challenges we have, the reserves are actually a little greater challenge.

You all understand; you bring people back and if they want to go back to their home communities, sometimes it is difficult to maintain that contact and communication with them. We've taken a whole variety of measures—very practical, pragmatic measures. If an injured soldier comes home from Afghanistan, he or she will remain on full-time service until they have made the complete recovery that we and they are happy with. So they would remain part of our unit, and we keep them on full-time service as long as they want to be.

Whether they stay at home or they're with the unit, we work with the individual, and in that way we can provide them with the direct medical care for an operational stress injury or other kind of mental injury, or a physical injury.

That's a key one right there, because we used to have the policy that you came back home and I think it was 30 days' leave, and then you went back to being a class A reservist of 35 days a year. That is a huge change in and of itself.

We've put in place a variety of smaller programs, like link nursing, where we have a nurse who actually has responsibility for maintaining contact with those reservists no matter where they go.

We have put an emphasis on the chain of command of reserve units across the country. When they receive back to their units those young soldiers who they helped select and helped prepare and who they corresponded and communicated with when they were on the mission, they have a responsibility to then follow that young soldier, that young Sergeant Grenier or Corporal Hillier, and work with them over the next days and months. Mental health injuries sometimes don't come to the fore until five, six, seven, ten months down the road.

So we've taken a variety of measures to do that, including addressing what was a perceived financial discrepancy between a regular force soldier and a reservist.

The Chair: We might have to come back to that. We're out of time for that.

Gen Rick Hillier: We've taken that one on, yes, we have. What we want is a soldier treated as a soldier.

The Chair: Very good. Thank you.

Mr. Hawn.

Mr. Laurie Hawn (Edmonton Centre, CPC): Thank you, Mr. Chair.

Thank you, General Hillier, and to the rest of the folks for being here.

First of all, again, I just want to add my thanks to the others for your many decades of service.

Gen Rick Hillier: You make me feel old when you say “many decades of service”.

Mr. Laurie Hawn: I'm sorry, for several years.

You and I first met on January 24, 2006. It was at Cold Lake, in Edmonton, the day after the last election, and we were meeting Franklin, Bailey, and Salikin, who were coming back from Afghanistan, and all of them were in pretty bad shape. There has been a lot of progress since then for those three gentlemen, some more than others. We've seen a lot of change in the whole aspect of health care for our men and women.

You talk about the troops, about the soldier, sailor, airman, or airwoman, feeling valued. I'd like to say a couple of words about the soldier as a family unit, or about the family. The soldier is not just the soldier, but it's the family and how we've gone about trying to treat the soldier as a family unit.

● (1610)

Gen Rick Hillier: First of all, Mr. Hawn, thank you for mentioning those three fine young soldiers. I had the opportunity to spend Saturday night at a gala ball for the Military Families Fund in Calgary with Master Corporal Paul Franklin, his wife Audra, and his mother-in-law.

I've also had the chance to see Will Salikin, incredible young man that he is, and Corporal Jeffrey Bailey, massive young man that he is, many times since they were wounded. We had almost given up hope that those last two young men were actually going to be with us today, and we view this as a real miracle.

Paul Franklin is my personal hero. Every day when I get out of bed and hobble around my room with my creaking bones and aching muscles, whining and whinging about it, I stop, shut up, and think about Paul Franklin and what he goes through to live the life he's living.

We have had a revolution in how we look at the military family. We're going against hundreds of years of British army tradition that became Canadian army tradition. I jokingly tell audiences that we used to have the saying in the army, “If the army had wanted you to have a family, they would have issued you one.” That's how we treated people. That was the attitude we had. We have changed that attitude significantly. The Military Families Fund gala in Calgary on Saturday night, where 550 Canadians came out to pay tribute, is just one indicator that the change is starting to take root.

We include the family in all we do. We include the family in briefings, preparations, and discussions of the missions that we're going on. We have a deployment support centre at every major base or unit, and they have reached out to those families in a way that we had never even contemplated when we were doing operations back in the nineties and eighties and seventies.

We have brought them in to make sure they always know what's going on, and we support them in a variety of ways. We help prepare those families—we don't necessarily do it very well, but we're working at it—to help in the reintegration when their loved one comes home from mission. Sometimes there might be some problems, but in the majority of cases, no. We help them to be able to reintegrate their family and carry on with their normal family life. We have done that in a whole variety of ways. We have the chain of command and the family structure on side.

What we've also had to do, though—and I do this personally—is tap the families on the shoulder once in a while and say, "Okay, this can't be all us." I went to Edmonton and sat down with 12 wives in the MFRC. The husbands of nine wives had just come home after six months and the husbands of three of the wives were still there for the nine-month tour. I said, "How many of you have used the services here at MFRC?" Several of them said they hadn't at all. Several said they didn't know anything about the services. And there were a variety of other comments. I said, "How many actually attended the briefings that were going on?" Actually, very few of them had attended at that stage.

We've changed that dynamic. But still, there is a responsibility on the wife, the husband, and the family. When we give them the invitation and say, "We're going to walk through this and we're going to talk to the challenges", they have a responsibility to meet us halfway. That's the other side of the coin. We're working with families every day to do that.

We have actually changed how the MFRC supports our families. There was a successful coming together of the leaders of the MFRCs in Toronto on the 23rd and 24th of May. And I had an opportunity to walk through where we need to change, where we need to put the emphasis and resources, and how we can do things better. We don't want to be just a silo in Petawawa. We want to take lessons from Halifax, Bagotville, and Edmonton.

We've had some incredibly positive feedback. I was in Edmonton. On Sunday afternoon, I flew directly there from the Calgary ball the night before, and I had the opportunity to visit with two soldiers, both of whom had recently returned. One was Private Anthony Price, a 22-year-old soldier who was wounded in the arm and shoulder. What an incredible young man. He has all the support he needs and is well on his way to recovery. He cannot wait to go back to the mission, and he wants to go back before his rotation is finished. So that's our goal with him, to let him do that.

The second guy was Major Mark Campbell. He was there with his wife Donna, who is a warrant officer in the Canadian Forces. Also present were his 9-year-old daughter Meaghan and his son, Steven, 12 years old. Just sitting and talking with that family for an hour, I could tell that they have the support they need. They feel like they're wrapped in our arms, and our arms are your arms, all the way around here, because you are the political leaders of our country, and that means a lot to them.

So we've made some progress. We've made some dramatic progress. Do we still have a long way to go? Yes, we do.

● (1615)

Mr. Laurie Hawn: I'll share what I have left with Mr. Blaney.

[*Translation*]

Mr. Steven Blaney (Lévis—Bellechasse, CPC): General Hillier, thank you for being with us today. Thank you also for bringing LCol Grenier. As you have just mentioned, this demonstrates the considerable progress that has been made in the treatment of post-traumatic stress disorder. We are coming to the end of our study, and I add my voice to the chorus of admiration that you have heard. You personify the renewal of the Canadian Forces, I feel. They are going to miss you, Canadians are going to miss you. We are also happy with those who will succeed you. I am thinking specifically of General Semianiw, from Thetford Mines, a boy from the asbestos belt.

This study has allowed me to see post-traumatic stress disorder and mental health issues in the Canadian Forces in a less dramatic light. Some reactions are normal when people come back from a mission where they have lived through certain experiences. I feel that our study lets us understand that. We also understand that the army is much more sensitive to it and that considerable progress has been made.

I would like to share with you a message that we received from family members when we went to Valcartier. It is not just the deployment that puts pressure on soldiers and their families, it is also what precedes the deployment, when they have to spend several months elsewhere. The constant deployment and redeployment of the troops puts pressure, not only on the troops themselves, but also on their families. That is what they told us. Several of my colleagues were with me, and that message had an effect on us. They told us also not to forget military parents. There are not just husbands and wives, there are children and moms and dads. We were moved by that.

That is what I wanted to say in the minute I had. Thank you.

[*English*]

The Chair: I'm afraid we're going to have to stop with that, sir. We'll get back to you, maybe, in the second round here. That ends the first round.

Mr. McGuire, you're going to start the second round. These are five-minute spots.

Hon. Joe McGuire (Egmont, Lib.): I'll try to split this with Anthony.

As the Atlantic contingent here, General, I just want to congratulate you on the job you have done for the Canadian Forces and for Canada. Newfoundlanders are particularly pleased with your efforts and what you've done for the country. Danny Williams seems to be quite happy that you don't have any political ambitions in Newfoundland.

Gen Rick Hillier: Danny Williams thinks I'm his chief of defence staff.

Hon. Joe McGuire: I'd like you to answer Steven's question. A lot of the families think their husbands—and in some cases their wives—are away much too much, much too long, for pre-training, training, and they come back and they train more, they're training somebody else to go, and they're at their second or third deployments.

Mentally, it's very stressful for all concerned. We're just wondering how many deployments our relatively small forces can take before there are very serious repercussions on the mental health of those families and their ability to stay together as a family. Maybe you could answer that and Steven's question.

Gen Rick Hillier: I think the key word here is “balance”. We've known, since time immemorial, that time away adds to the stress and that time away with risk added to it adds to the stress even more.

When I was a brigade commander in Petawawa in the mid-1990s, the families used to tell me that they didn't mind a deployment into Bosnia for six or seven months at a time, but it was the three- to five-month workup training added to that that led to a year of separation. They said they'd actually put up with the tour, if they could do away with the pre-deployment training. So we worked significantly to reduce that time away, when people were back home in Canada. We trained them locally as much as possible; we trained Monday to Friday and they were home on the weekends. We had some success with that.

When we got into the Afghanistan operation, however, we realized that we had lost a lot during the intervening decades since World War II and Korea. In order to do justice to our young men and women, and to their families, and to give them every chance of going into Afghanistan and being successful in executing the missions that we asked them to execute, and at the same time being ready in all the ways I talked about in my opening remarks, we actually had to expand that front-end pre-deployment training in a huge way so that the risk to them was reduced to the lowest level possible. We did that, and that added another stressor. But we did it after considering all the risks that would occur if we didn't do it.

We have now reached a stage where we have sufficient experience across the Canadian Forces, particularly in the land forces that are executing the bulk of that mission, that we are now cutting the pre-deployment training. I just had conversations with the army commander, Lieutenant-General Leslie, and we are now reducing that pre-deployment training, and therefore the time away from home, by six to seven weeks, which is a significant chunk of time. We're also doing more training and more front-end preparation in the local training area as much as we possibly can, and constraining to one very specific pocket a major deployment in western Canada.

For the rotations themselves, we guarantee 12 months back home in Canada, unless there's a very real reason, and then we have a discussion with those individuals. The reality is that it's between 18 and 24 months for much of the Canadian Forces and actually longer than that for the majority.

We have some small parts of the Canadian Forces that have closer to 12 months back home in Canada, and that's the part we'd like to stretch out. We do that in a variety of ways: by having taskings from outside the army in a huge way by asking if we actually need a soldier in that job or is this a skill set that a sailor, airman, or airwoman could bring in, and therefore task from outside, to reduce that stress level on soldiers; by keeping tours, ideally, with somewhere between 18 and 24 months guaranteed at home with their families, and guaranteed at home so they don't have pre-deployment training kicking in for long periods of time; and we try to keep the duration of rotations at what we believe is the maximum best-value duration, and we know that somewhere between six to seven months is about right.

We get a great return on the immense investment we put in for the build-up and train-up. We get a great return in-theatre where people take a couple of months to learn the environment and then that last couple of weeks they are really focused on handing off to the next individuals coming in. So we want the maximum amount of time when they're at their very best to get the effect. So we know it's around six to seven months, and that's what we're trying to stay to. I think we're going to be successful at doing that for most of the folks, particularly the battle groups themselves outside.

So the combination of right tour lengths, right periods of time back here in Canada with their family's support in the right way between those tours, and to actually intelligently and ruthlessly shape the pre-deployment training to reduce the time away from their families as much as possible allows you to be able to carry on careers over a significantly longer period of time.

I will tell you that one of the things we are looking at is having folks spend one or two basic engagements at four years each in the combat arms and then moving large numbers of them into combat service support trades around the Canadian Forces, so that their next missions are very different from those. So there are a variety of measures. But a sailor, a soldier, an airman, or airwoman, is going to expect to spend their time deploying, and we're asking how we can do that in balance so that we have a healthy family, a healthy individual in uniform, and actually have conditions set for success in the longer term.

● (1620)

The Chair: Thank you, sir.

Ms. Gallant.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Mr. Chairman.

First of all, General Hillier, I'd like to tell you how very fitting it is that we have Colonel Grenier with us today. I understand he is the founder of the operational stress injury service, OSIS.

I'm very pleased to hear about your emphasis on family. That's the basis of my question. With the exception of families of serving soldiers in very remote regions of Canada, it is a provincial responsibility to take care of the families. Nevertheless—minimizing as many stressors as possible on the part of the soldier, especially when deployed—the care for a sick spouse or child at the time of deployment can be paramount in their minds. With this in mind, and given that it is a provincial responsibility, can you make any recommendations—with the exception of building bases closer to urban centres—that the committee could act upon or make recommendations for so that the families can be cared for on a medical basis?

Gen Rick Hillier: I'm not sure what recommendations I can make that would go outside the Canadian Forces purview, if you will. We've considered the family and the impact upon the family of the operational stress injuries, PTSD, and other injuries. We've considered all of that and the fact that, holistically, you should be able to treat the family together. In some cases we do that, even though that's not our mandate, because we have no recourse for some small number of situations. You know the Canada Health Act proscribes us from doing that. Actually, even if we could, we are not even close to having the resources, specialists, and people in place. We're still struggling to get them in place for our soldiers, sailors, airmen, and airwomen, let alone that huge number of people who would constitute their families.

I suggest perhaps a partnership with the provinces where we have those issues that are most stark. Ontario and New Brunswick are those cases in point. If we'd had the civilian specialists in and around the Pembroke-Petawawa area, maybe we wouldn't have had such a challenge. Can we work better with Ontario? Can we work better with the Canadian Medical Association, with the Canadian Nurses Association to actually be able to set that up?

It's not to entice people to go there permanently if they don't want to, but maybe to get use of their services on a consistent, temporary basis. That's one of the things we've started doing with the OSISS clinic, moving people from here in Ottawa to Petawawa on that consistent routine basis. So I suggest maybe a better partnership with Ontario, a better partnership with New Brunswick, and working together to see where we can go, because right now it is a challenge. We know that. Petawawa and Gagetown perhaps, too, are the greatest challenges.

Beyond that, I wish I did have a clear answer to offer, but I think a partnership with those provinces is going to be the fundamental base on which we can build something better than what we have now.

● (1625)

The Chair: Mr. Lunney, you have two minutes.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you.

I just want to acknowledge the tremendous steps you've made going forward in rebuilding the military health delivery system. We know there was quite a deficit overcome. Increasing the number of mental health professionals—I believe you just mentioned that 218 was the number—is a proactive step, as are pre- and post-deployment training and screening for mental health issues. I also want to acknowledge the aggressive stance you've taken on the mental health education campaign for both men and women.

Decompression wasn't mentioned on that list, but I think the decompression time the soldiers have coming back is tremendously valuable.

I want to just go back to the question of sleep deprivation, and we addressed this earlier, but there is a notion that something has changed with our soldiers recently, in the sense that they have time zone issues and they have the stress of combat. I know even for members here, we get out of our intense little combat zone here at the House, as it's sometimes described, and we need some time to just sort of chill out in the evening when we get home, and we have various ways of doing that, I suppose.

I noticed that a lot of the soldiers carry electronic gadgets with them, which is something new in this era, and they spend a lot of time on computers or computer games, but their sleep is a challenge. This came up when we were in Valcartier visiting your base surgeon there, Chantal...I forget the rest of her name. In fact, when they're doing sleep therapy sessions with the soldiers, they find there's tremendous improvement in some of the soldiers who were manifesting what might have been diagnosed as post-traumatic stress or operational stress injuries.

I'm just wondering, sir, whether that's something that is on your radar. I mention it to you because we've discussed it with your medical officers. Is that something on your radar, and is it perhaps something we could look into, helping our soldiers get sleep? I'm not talking about drugs, but just dealing with the fact that they need rest. That's an important part of maintaining mental health.

Gen Rick Hillier: Without making light of it all, I'd like to start with myself, if I could.

The Chair: Excuse me, General, but we're tight for time, and I think you're going to have to take that under advisement.

We'll move over to Mr. Bouchard for five minutes.

[*Translation*]

Mr. Robert Bouchard (Chicoutimi—Le Fjord, BQ): Thank you, Mr. Chair.

Welcome, General, and welcome to the witness with you.

I share everything that has been said about the work you have done as CDS. A man of your abilities is not going to be sitting at home in a rocking-chair in your retirement. So may I also wish you a pleasant and successful second career.

We have visited several military bases and were able to meet the staff at the Multi-Service Family Resource Centres on those bases. A number of the managers told us how hard it is to find funding for their activities or to hire people.

What funding should the Department of National Defence provide to these Family Resource Centres? They are where families are helped to come together again and family members in difficulty receive support.

● (1630)

[*English*]

Gen Rick Hillier: Sir, we have changed dramatically what we're doing here. The VCDS just went through, with oversight from me and the deputy minister, our planning process for what all the stresses and demands are, where the money needs to be headed to get certain effects, and he has allocated significantly more moneys here. I'd perhaps ask the chief of military personnel to talk specifically to it here.

It goes a little bit back to the question asked over here. We're looking at things holistically. We are not trying to treat an operational stress injury or morale or any of those things as little individual silos. We know that all things impact, they truly do. Whether it's looking at nutrition, diet, or healthy lifestyle, whether it's looking at helping people sleep and therefore be less stressed, or whether it's helping the family resource centres support the families in a better manner, we've been trying to work toward all those things over these past days, weeks, months, and now several years.

Maybe I could ask General Semianiw, please, to jump in on that one.

Major-General Walter Semianiw (Chief of Military Personnel, Department of National Defence): Thank you very much, sir.

As the chief stated, we sat with *tous les* MFRCs across Canada for two days at a symposium in Toronto. We asked them what it was they needed us to do for them so that they could support their families. With those individuals, we have begun to develop a holistic approach. The chief and the leadership of the Canadian Forces will very shortly be receiving what we call a covenant—that is, the Canadian Forces' commitment to our families—that lays out very clearly what that is.

That will then lead us into an examination of several different areas that have been touched on here in some way. What do we do for our families when men and women are deployed? We think we do good; we could do better, as the chief said. What will we provide them to support in the housing area? What could we provide when it comes to medical support? If they have to go around the country and find doctors, what could we do?

So we're examining all of this in a holistic fashion. As the chief has provided, with his direction and guidance there will be an improved program for the beginning of next year. It's a program that will build on the strength of the program we have today and a program that will see us address all of these areas in a much broader way to better support the families. In January of next year, with all of the MFRCs from across the country, we will announce a new and improved program.

Gen Rick Hillier: With more money.

MGen Walter Semianiw: With more money; at the top—I made the commitment in Toronto—we've looked at about $50 million. That's what I've already talked to the Vice-Chief of the Defence Staff about. That's what we need to expand the program, and that's the commitment of the Canadian Forces leadership to that program.

The Chair: Thank you, Mr. Bouchard.

General, I know we're a little over time, but if you have just five more minutes....

Gen Rick Hillier: I won't take even five minutes, Mr. Chairman—

The Chair: Well, I was just going to give Mr. Rota at crack at you.

Gen Rick Hillier: Oh, sorry. My God, I thought you were giving the time to me.

Voices: Oh, oh!

The Chair: We'll hold you to that too.

Gen Rick Hillier: All right.

Mr. Anthony Rota (Nipissing—Timiskaming, Lib.): Thank you for granting me these few minutes, Mr. Chair. I hope you don't live to regret it.

The Chair: Mr. Rota, so do I.

Voices: Oh, oh!

Mr. Anthony Rota: Thank you for the service you've given over the years. The respect you've received from your troops is outstanding. The fact that it's stellar really is apparent when you speak to the men and women of the armed forces.

I just want to make a few comments on how it has been clear, right throughout the military forces, that an illness is an illness, regardless of whether it's physical or mental. That's something that starts at the top. It's not just something that appears. There's been a real effort there. You've been building a base as far as medical treatment goes with the Rx2000.

There is one area I'd like to concentrate on, though. It seems that a lot of the medical treatment and a lot of the medical resources are concentrated in large urban areas, or areas where you have major bases. I know you're from Newfoundland, and I'm from rural Ontario; we probably have a lot more in common with each other than with a lot of the big cities out there, so I'm sure you'll appreciate this.

What I'm hearing from a lot of the people who are coming before us is that it's almost like a two-tiered system. You touched on that earlier. It seems that if you're in one of the larger areas—Edmonton, for instance, or even Ottawa—you get first-class service. If you're in Petawawa or northern Ontario, or a rural area, it's almost like there's second-class service there. That bothers me, because a lot of my constituents who are in the forces are from rural settings, and they deserve the same level of service as everyone else. When they go back home, they don't always receive that.

From your level, where are you going, and what are you doing to change things and make sure that the level of service available in urban centres is available in rural centres?

● (1635)

Gen Rick Hillier: Mr. Chair and sir, a whole variety of measures, many of which I've spoken to here. We've increased the number of medical specialists and the specialists we need in Petawawa. We've increased them in Gagetown, and we're going to increase them even more, despite all the massive challenges of being able to attract people to go there, civilians and/or military, truthfully.

We've started a program, as I mentioned earlier also, about specialists who live here in Ottawa, for example, consistently working in Petawawa, not to move there but to actually spend probably a majority of their time there on a consistent basis, to give that same level of care in Petawawa, increased care, as they would give here in Ottawa, and doing exactly the same thing, as I recall our discussion, from Halifax to Gagetown, for exactly those same reasons.

We are taking a whole variety of measures exactly along that line, because we are determined we're going to have one high standard of care, regardless of where you are as a soldier, sailor, airman or airwoman. That's our goal and that's what we're going ensure occurs.

There are challenges with it. You simply cannot attract people with the kinds of specialties with the kind of money they want.... If you're a very qualified psychiatrist with much experience in the field and much credibility, most of the time you want to ply your trade in downtown Toronto or Vancouver or elsewhere, and very few of those are willing to come permanently to a place like Petawawa, despite the great charms of Petawawa. So we come at it from a variety of other ways, and that's what we're working to do. Our absolute goal is one high standard health care system in the Canadian Forces that treats everybody with that same high standard.

Mr. Anthony Rota: Do I have one minute? Very good.

We're talking about the major bases, and that's certainly one of the areas we're looking at. We're talking about Ottawa, Petawawa, Halifax, and Gagetown. But I'm talking about the individuals who come from a rural area, say in rural Ontario. They've gone through a lot of trauma, both physical and mental trauma. Now they're being forced to travel for four or five hours in order to get treatment. Some of them simply don't have the resources. How do we get around that?

We talked about a relationship with the provinces earlier. Is that something that seems to be somewhat of a solution?

Gen Rick Hillier: I think it could be part of a solution, sir. One, if they're travelling to get treatment for something, an injury that they've sustained while they've been with us, then they're not going to be picking up the bill for that themselves. We're going to make sure we do it.

Two, part of the treatment is that we have to get them to where the expertise is at times or the capacity to treat.

Three, we also work with the civilian medical system in all those places to see if there are alternatives that can actually be used inside their home town or the region where they are. But the challenge remains—I don't dismiss it, I don't even minimize it—for folks who are out in these little isolated areas where perhaps the general practitioner level of health care is very good, but those specialties, when you're trying to treat specific injuries, particularly of the mind, are very different.

The Chair: Thank you very much.

That brings us to—

Mr. Claude Bachand: May I make a point of order?

It's not about the physical abuses in Afghanistan. I asked the question of the General about when he gave the order and what order was it, and I was asking if he could provide that order to the standing committee, and when it was done. Is it feasible to do that?

Gen Rick Hillier: Sir, I reconfirmed my commander's intention and guidance this morning to General Gauthier, the commander in Afghanistan, the Vice-Chief of Defence Staff, and the deputy commander of CEFCOM, who are the last two guys who were in the room with me. And General Gauthier and the commander in Afghanistan were on the video teleconference with me and confirmed exactly the words I used to you.

We have all the authorities we need. We're there to help Afghans. If somebody's being seriously abused and we are a witness to it, we are not going to stand by and see that continue. I expect young men and young women to have their actions mirror the values they bring with them from Canada. We know they do. I simply want to make it absolutely clear; there is no ambiguity from this Chief of Defence Staff.

Mr. Claude Bachand: Thank you.

The Chair: Thank you, General.

General, we've kept you a little longer than we said we would, and I apologize for that. And I apologize for cutting you off a couple of times, but as chair of the committee I find if I'm strict on the time-keeping I have to do less refereeing, to use a hockey analogy, being a longstanding and suffering Leafs fan.

I want to wish you well, wherever your future endeavours take you.

I want to give you the last word. Take whatever time you need, and you don't have to stick to the subject at hand. The floor is yours, and when you're done, we're done.

● (1640)

Gen Rick Hillier: Sir, I'd like to say two things, if I could. Please bear with me, if you don't mind.

One, after I retire on July 2, I'm going to have another career; I'm going to find something else to do. I want to contribute to our great country in some way, shape, or form. What I'm not going to do is perhaps most clear: I'm not going to become a political leader. I tell you this because I know most of you. I've had the opportunity and real privilege to work with you over these past years. I stand in admiration of you. We don't treat political leaders in our country very well at all; we don't hold them in great esteem, normally speaking. I just watch you in awe at what you put up with and what has been imposed on your families by your selection as political leaders in Canada.

So I salute you and say well done. We need political leaders. I am not going to be one of them; I'll just say that one more time.

Secondly, I'll close here by mentioning Colonel Grenier. He is a great officer. I mentioned what Jim Davis, the dad of young Paul Davis, said to me down in Bridgewater. What he actually said was this guy is doing an awesome job, and he's at the front of our team that relates to families. Jim Davis' concern was that now that I was leaving as Chief of Defence Staff—this was just a few days after I had made my announcement—Colonel Grenier wouldn't have the top cover, etc., to go off and do the things that he's been doing, etc. I said, make no mistake there, Jim. Lieutenant-General Walter Natynczyk is now the CDS-designate. He's going to take over on July 2. I have worked with that officer; I've known him since 1983 and have worked with him on multiple occasions. He wears his values on his sleeve. His actions articulate his values and his care, his compassion, and his concern for the men and women who serve in the air, land, and sea elements of the Canadian Forces, and for their families. They are first and foremost in his order of priorities.

What Colonel Grenier has been doing, with the support of a team like this, will certainly be brought to even greater levels and be reinforced in every way possible by Lieutenant-General Natynczyk when he becomes the Chief of Defence Staff. He's the best officer that I've had the privilege to work with in my life. I have to tell you, one of the things I am very confident about as I leave as Chief of Defence Staff is that I'm handing over to the right officer.

Thank you very much for your time here this afternoon. It's been a pleasure. Thank you.

Some hon. members: Hear, hear!

The Chair: The meeting is adjourned.

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