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# Standing Committee on Veterans Affairs

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**EVIDENCE**

## Tuesday, April 20, 2010

## Chair

**Mr. David Sweet**

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● (1110)

[*English*]

**The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)):** *Bonjour à tous.* Good morning, ladies and gentlemen.

Welcome to meeting number eight of the Standing Committee on Veterans Affairs regarding the new Veterans Charter.

We have two witnesses with us today: Sandra Pickrell Baker and Wolfgang Zimmermann. I'm going to call on them in a moment, but I want to just do some housework prior to that.

In our last meeting we had some concerns regarding documents. I promised I would look into it. I have just a couple of things I want to bring to your attention.

When witnesses are confirmed, they are sent a confirmation letter, which is called a confirmation of appearance, and it is explained very specifically—and by the way, it's also explained in both official languages—that if they have briefs that are necessary for their testimony, they must get them to the clerk ahead of time, and in fact a minimum of five days and a maximum to 10 days for the translation.

Also, from our *Procedure and Practice* manual, from the 2009 second edition, let me just read something to you:

> The public has the right to communicate with a parliamentary committee in either official language, as stipulated in the *Constitution Act, 1982* and the *Official Languages Act*.[575] However, Members sitting on a committee are entitled to receive documents in the official language of their choice. Committees usually adopt a routine motion to ensure that all documents distributed to committee members will be in both official languages. When a committee receives a document in one official language, the clerk of the committee has it translated into the other official language before it is distributed to committee members. Some committees specify in the motion that witnesses are to be advised of this rule.

And of course I've just read to you that in fact they are, but in writing, in the confirmation of appearance.

> Some committees further prescribe that only the clerk of the committee is authorized to distribute documents to committee members.[576]

And of course there's a sample of that motion.

> Section 4 of the *Official Languages Act*...and section 17 of the *Constitution Act, 1982*...give everyone the right to use either English or French in their dealings with Parliament. However, the right to submit a document does not include the right to have it distributed and examined immediately. Howard P. Knopf, who appeared before the Standing Committee on Canadian Heritage on April 20, 2004, took legal action against the Speaker of the House on this point. Mr. Knopf maintained that his rights had been violated when the Chair of the Committee, in accordance with the Committee rule requiring that any document distributed to members be bilingual, refused to distribute the documents that he had submitted in English only. The Federal Court ruled on June 26, 2006, that Mr. Knopf's linguistic rights had not been violated and that the work of the Committee was protected by parliamentary privilege. Mr. Knopf appealed the decision to the Federal Court of Appeal, which dismissed it on November 5, 2007. He then appealed to the Supreme Court of Canada, which also dismissed it on March 20, 2008.

Quite simply, what was said last time is that individual citizens have the right to communicate with their member of Parliament in the official language of their choice. Members of Parliament have the right to retain those documents and carry them within the precinct as they choose. But when it comes to committees, if there's a document that the witnesses want to be distributed, it must go through the clerk, it must be translated, there must be five to 10 days allowed for that translation, and then it'll be given to every member equally in both official languages.

In regard to the document in question that started this whole process, I've been advised that by Thursday morning you will have the translation of that document from Captain (Retired) Sean Bruyea, and subsequently you can decide in a business meeting when you would like to have Mr. Bruyea return.

Yes, Monsieur Vincent.

[*Translation*]

**Mr. Robert Vincent (Shefford, BQ):** Mr. Chair, I'd like to ask you a question. I understand your decision and I feel that it is justified. However, as we were saying, when we are dealing with a document sent in by a witness, the document must absolutely be translated. We can't let in by the back door. We cannot do indirectly what we are not allowed to do directly. For instance, instead of sending documents to the clerk, sending them to members through the Internet. The outcome of that is that only some members would have the document. I would just like to say that witnesses are not to send documents over the Internet but they really are to send them to the clerk. I wanted to make sure that things will be done properly.

● (1115)

[*English*]

**The Chair:** Again, Monsieur Vincent, that goes to—rather than the practice and procedure of the House—the freedom that a Canadian citizen has to send information to an MP who represents a riding, whether it's their riding or any riding in the country.

Your comments are noted, though, that we try to ensure, in terms of a collegial agreement, that all documents are funnelled toward the clerk and then made available to everybody as best as possible. I would consider that a notice of professional courtesy, there's no question about that.

If there are no further comments, I will move to my second point for the meeting today.

Our researcher did a great job of sending a second document as well as briefing notes, which are entitled “Study of the Implementation of the New Veterans Charter: Progress Report”. He has indicated some places where more evidence is required.

I hope that today, just as I mentioned last time, you try to focus your questions on the new Veterans Charter. More specifically—for our analyst—try to focus on the areas where there are some gaps so that we can have a fulsome and robust report when we've finished all of our inquiry.

Without any further delay, we will....

Madam Sgro.

**Hon. Judy Sgro (York West, Lib.):** Thank you, Mr. Chair.

Last week there was reference made to 260 recommendations that had been made via the Veterans Charter. I had asked that it be distributed to the committee.

Can you make sure that we get that in time so that we can look at the recommendations as we ultimately go through this document?

**The Chair:** The analyst has offered his service in the sense that rather than sending 260 recommendations, which would be very confusing, he would do the work of trying to put them into categories. He would send them out to us in that way.

**Hon. Judy Sgro:** Terrific.

**The Chair:** That will take a bit more time, but it will give us some us logic to the formation.

**Hon. Judy Sgro:** That's a great idea.

Thank you.

**The Chair:** I take it, Madam Pickrell Baker and Mr. Zimmermann, you both have opening remarks—obviously having different subjects.

We will go to Sandra Pickrell Baker first, for opening remarks of 10 to 15 minutes.

Then we'll go to Mr. Zimmermann, executive director of the National Institute of Disability Management and Research.

Madam Pickrell Baker.

**Ms. Sandra Pickrell Baker (As an Individual):** First, thank you for inviting me.

I am a graduate of Mount Saint Vincent University in family studies, and I am presently a graduate student in social work at Dalhousie University. I completed my thesis on the experience of the female partners of male military veterans diagnosed with post-traumatic stress disorder. That was defended and passed last summer.

I wanted to study veterans with post-traumatic stress disorder because I have a daughter who struggles with the complications of it and I was aware firsthand of the challenges the family faces in dealing with this. I was struck by the fact that if the parental relationship struggles, I couldn't imagine—and was interested in discovering—what it would be like in an intimate partner relationship.

I interviewed women whose partners had been diagnosed with post-traumatic stress so I could understand what they were experiencing and how they were navigating their experience. I had hoped to find how they were resilient, what they were using as coping mechanisms and strategies, so in some way I would be able to duplicate that or, in hearing the story, bring to life the realness of this situation. But what I found was not the resilience I had hoped to find in these families. I heard stories of extraordinary hardship.

One of the most striking things for me was that most of the participants didn't know there were resources available to them; that OSISS has outreach support, and they could get support through Veterans Affairs. There was one family that had been able to access support through the VA. All of the other families did not know they were able to do this. So I was able to put them in touch with that support, which was helpful if they weren't in a rural location. When they were rural families, that access was not possible.

As I said, the devastation I heard about was difficult, but I think in hearing their stories I realized the importance of what these families are going through and how it needs to be more broadly known what they're struggling with.

One of the big things I was struck by was ambiguous loss. These women would talk about grieving the man who went off to war and didn't come back; that a different person had returned with a different personality, a different way of coping, and a different way of being in the family; and how the family had to adapt and adjust around that, and the strain that put on the families. Most of the families didn't survive staying in the same marriage. They weren't able to adjust and find a way of being. So the redefining of the relationship just stretched it beyond their capacity to function.

One of the researchers I studied extensively was Charles Figley. You probably all know of him. He said the most important thing in an intimate relationship where somebody is diagnosed with an operational stress injury or post-traumatic stress is that the intimate partner is able to maintain good boundaries and good self-care. In most cases these women were also responsible for all of the family rearing and the functioning of the family, so maintaining self-care and personal boundaries was not an option. That led to the detriment of the family itself.

I had a few recommendations that came out of the study. The first, of course, was that the intimate partners need to know there are resources available to them. They can't be reliant on the veteran seeking support and bringing home the knowledge that they can receive support. It's just not widely known that they can go through OSISS or get support through the VA.

One of the women desperately wanted to seek out psychotherapy. They lived in a rural town. The only way they could get psychotherapy eventually was because her mother passed away and left them an inheritance. His diagnosis didn't happen before he was released from the military, even though he had been in Bosnia three times. She was working full time to try keep the family functioning. Because he hadn't received his diagnosis until after he was released, he wasn't receiving a disability pension. Financially they could only afford psychotherapy for him once her mother passed away. They used that inheritance for him to receive private therapy. The forms he needed to fill out to access a disability pension sat on the counter for six months because he wasn't able to function well enough to fill them out and get them in.

One of the recommendations I have for these families is that after letting them know there is support available, they need a case worker. They need somebody who can work with them to make sure that the forms are filled out, that they know there is access to support, and that these things are out there. The sooner they can get support, the less entrenched in the family system this will become, and the less likely it will lead to the devastation of the family.

● (1120)

A whole other area that needs to be explored is the children who are dealing with parents who are suffering with this complication. It changes everything in the family. It is not and was not a happy story. There were no happy endings. There were families dealing with significant loss on all levels.

There were two families. One was still struggling to find a new balance; the other one had found it. They had been married for a long time before he developed PTSD, and I think for her it was coming to an acceptance of the new person who was. She said she was able to fall in love with the new man, but the person she married was no longer. I don't think we can undervalue that loss, that grief, of the person who was and the person they became.

On family support, I'm not sure how you navigate it or make these families aware of the warning signs without becoming hyper-vigilant and leading to the possibility of the lay person misdiagnosing their partner as having PTSD when they're just having a bad day or a bad week. There needs to be more awareness and less stigma around mental illness in the military and in society in general, of course. But in the research I did it seemed to be specifically difficult for these men who went away.

One woman said, “If he had come back missing a leg he would have been seen as a hero, but because he came back unable to come out of his bedroom for three days at time, everybody just thinks there's something wrong with him, that he just needs to suck it up.” That is sad, because the injury is as valid as losing a leg or a limb.

We need to listen to the families express what they need. All families are individual, just like we are, and they need to know that the resources are there. But they all had specific needs, depending on the ages of the children and whether the partner had been diagnosed before he left the military. A lot of them needed to go through to get that diagnosis.

One family actually had to sue to get the medical records. The husband had been diagnosed before he left the military but was never told. They only found out that he had been diagnosed after they sued to get his medical records, where it had been documented. That made a difficult situation even more difficult for them.

That's all I have to say for now.

● (1125)

**The Chair:** Thank you, Madam Baker.

Now we'll go to Mr. Zimmermann.

**Mr. Wolfgang Zimmermann (Executive Director, National Institute of Disability Management and Research):** Thank you, Mr. Chairman, honourable members of the committee, ladies, and gentlemen.

First, I'd like to express my sincerest appreciation for the opportunity to be here before you and to offer some thoughts on expected rehabilitation outcomes for disabled veterans. My comments today are structured into four basic elements: personal experience, consideration of the disability context, what we can achieve with effective return-to-work interventions, and potential opportunities I think you may wish to consider going forward.

My personal experience with a permanent disabling injury dates back to June 1977, when as a 20-year-old graduate from a polytechnical institute, I joined the workforce of MacMillan Bloedel, then Canada's largest forest products company and British Columbia's largest employer. I was given a power saw and a pamphlet showing how to fall trees and was told “good luck”. The fifth day on the job, a 50-foot alder tree I was cutting split and came down on me. It broke my back and left me with a significant spinal cord injury.

Whether causation is a result of military service or some other industrial accident or is not related to an occupation, the impact on the individual and the individual's family and the required rehabilitation measures are identical. This brings me to the overriding outcome we are trying to achieve for the individual, namely, maximizing participation of the disabled individual in all aspects of our society, economically, socially, and recreationally. I was most fortunate to have been given that opportunity, and hence I'm privileged to be here with you today.

While I understand most of the contentious elements of the current Veterans Charter, since I have had the privilege of being chair of the premier's council for persons with disabilities in British Columbia and spending over six years on the board of the B.C. Workers' Compensation Board—not dissimilar to Veterans Affairs, as the occupational injury carrier for disabled veterans—my comments should not be seen as a reflection of current circumstances, although I'd be most happy to comment on them, but rather as a standard for future development that you may wish to consider.

Key to my rehabilitation was my almost immediate ability to continue productive participation in the workforce, a result of the company accepting full responsibility for the accident and collaborating with the union to develop a creative opportunity for my ongoing employment relationship, even though I was in a wheelchair and there was no precedent for doing this in a logging camp of 450 workers on the west coast of Vancouver Island.

This being said, having strategies aimed at immediately maintaining the ongoing economic and social productive capacity of the disabled individual is critical for both the employer, in this case the Government of Canada, and the disabled veteran. There is an overabundance of national and international evidence to support the strategy specifically if the conundrum of successfully maintaining an ongoing employment relationship is solved. Many of the associated corollary psychosocial issues, whether they be long-term mental health concerns, dependencies, or other social challenges, will be largely mitigated.

Hence, there needs to be a clear understanding from our perspective that the Government of Canada is the employer of disabled veterans and that it has an unequivocal responsibility for their continued employment. In our opinion, there's absolutely no valid reason, given the scope and scale of government operations, for not accommodating the overwhelming majority of disabled veterans within the diverse range of government departments.

Having been employed by MacMillan Bloedel and Weyerhaeuser Company, which purchased MacMillan Bloedel in 1999, for the past 34 years—I'm currently on an executive secondment to the National Institute of Disability Management—I can assure you that the challenge for private sector companies, even large ones such as Weyerhaeuser, is significantly greater when it comes to successful accommodation of disabled workers.

Effective return to work and disability management interventions for disabled veterans require strict adherence to substantive adoption of three core principles. Creativity: no two situations are ever quite alike. Collaboration: successful reintegration of disabled veterans requires absolute participation by all stakeholders. Commitment: leadership at all levels and full acceptance of responsibility is key. Without this being spelled out clearly, nothing will happen.

● (1130)

When this was made as a requirement across our North American operations for Weyerhaeuser, it was due to the leadership of the chief executive, who said every one of our workers deserved the dignity of participating in the workforce and being a full and complete member of society, and we had at that time 65,000 employees in North America.

Honourable members, I would suggest that the above core principles, and for that matter all of the presentations, be measured against the overriding objective; namely, how do current policies, procedures, and actions contribute towards maximizing the human and productive capacity of disabled veterans, how do they optimize their continued successful participation in all aspects of our society, and what evidence is being presented to you to support achievements towards this objective? Failure to support and ultimately achieve these objectives forces many disabled veterans, not unlike disabled individuals in general, to the margins of society economically and socially, with all the inherent tragedies, which are well documented around the world.

We know from the U.K. that the suicide rate for individuals who are disabled and unemployed is 40 times that of the average population. Significantly lowered employment participation rates compromise personal and family circumstances and bring much higher reliance on our health care system and significant psychosocial compounding of existing physical impairments.

Incidentally, these issues are not limited to disabled veterans but broadly apply to people with disabilities generally in Canada and around the world, which is why I'm personally very pleased that Canada recently ratified the United Nations Convention on the Rights of Persons with Disabilities.

Going forward, my specific suggestions to you are: recognition by the Government of Canada of its employer responsibilities for disabled veterans; commitment towards implementation of best practice return-to-work and disability management programs, using internationally recognized and adopted optimum practice standards; optimizing holistic rehabilitation outcomes when internal accommodation may not be possible, through, I'm suggesting to you, creative partnerships—for example, with the Canadian Council of Chief Executives for the hiring of disabled veterans; raising awareness on the issue of disabled veterans, for example, by working with the Canadian Labour Congress to allow them to understand the issues faced by disabled veterans in trying to re-establish themselves; and using the rehabilitation departments of provincial workers' compensation boards, whose staff have intimate jurisdictional knowledge of all relevant issues relating to optimizing successful rehabilitation potential for disabled workers.

To reinforce this point, WorkSafeBC, on whose board I had the privilege of serving for over six years, annually deals with 1,500 to 2,500 permanently disabled workers and employs almost 100 professional rehabilitation staff whose primary mandate is optimizing the long-term successful integration of disabled workers. This process is already being used for federal government employees generally and is governed under the Government Employees Compensation Act administered by Labour Canada, and there seems to be no reason why this could not continue.

In summary, honourable members, I would like to thank you for the opportunity to speak. I encourage you to take all necessary steps in ensuring that, for those individuals who have suffered a disabling condition while serving our country, this unfortunate stroke of fate does not relegate them to the margins of our society in perpetuity.

Thank you very much.

● (1135)

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

Now we'll go to our rotation of questions. The first round is seven minutes.

Mr. Oliphant.

**Mr. Robert Oliphant (Don Valley West, Lib.):** Thank you both for being with us today in this study we're doing.

I find it interesting, and I think, Mr. Zimmermann, you're going to the heart of what the new Veterans Charter was meant to accomplish: moving towards a reintegration into the workplace, into family. That's the core of what it's meant to do, and Ms. Pickrell Baker, you are pointing out that the implementation of it may not be working. The motivation is there, but we may have to work out some practicalities.

So I have two questions. The first one has to do with case management, which is really I think what you were talking about at the core of your remarks. We met earlier with the Canadian Association of Occupational Therapists, who talked about their model of case management being holistic, bringing in a variety of caregivers and professionals, including TT, healing therapy and touch, which I know you are involved with, social workers, medical workers, and pain management people.

Is that what you are pushing towards, some centralized forum where a family knows they have one caseworker to go to, and that it is very locally administered? I don't want to put words in your mouth, but is that what you're going towards?

**Ms. Sandra Pickrell Baker:** I think the interdisciplinary approach is certainly what the medical model is moving toward.

My internship this year has been with an interdisciplinary approach in the school systems. One caseworker brings the case, and if necessary the family as well, to this round table discussion, because not everybody needs the same things. But the resources are there, and there's no longer the turf war of this being mine or that being yours or they need this, and then they slip through the cracks. If everybody comes around the table and says, “Here's the case, and I can look after this, if you can look after that,” it's more likely that their needs are going to be met in a more efficient way, rather than putting resources in place that aren't needed, and being able to use resources that are. Does that make sense?

**Mr. Robert Oliphant:** Yes, and you seem to be looking for a more proactive approach vis-à-vis the spouses and families. It couldn't be a reactive approach. We need a better system of proactivity.

Is that it?

**Ms. Sandra Pickrell Baker:** The more proactive we are, the less likely that the dysfunction in the system becomes so entrenched and that we lose the whole family system, that the family falls apart.

The biggest thing about whether the family can continue functioning is whether they are able to adapt and adjust. How they are able to adapt and adjust is completely related to what resources are available to them, not just internal but external.

Not every family's need for resources is going to be the same. I think that's where we need to allow them to identify what they need: Is it that they need a caseworker to help them fill out these forms so they can get the proper diagnosis and access for the partner to receive support? Is it that they need somebody to come and give respite so that the children and the mom can go away, or that the children and the dad can go away for a few days and get some alone time to build on their relationship, rather than always being in that crisis management with someone who is in crisis, especially with a mental illness?

**Mr. Robert Oliphant:** Right.

There has been a move to more work in larger regional centres, as opposed to smaller community centres, and I think that's problematic.

Unless we have professionals in all those communities, kind of like EAP does, it seems to me we need a much more regionalized system, as opposed to large centres where people are phoning and getting frustrated.

● (1140)

**Ms. Sandra Pickrell Baker:** As I said, the one family I had that was specifically very rural couldn't access the support. Financially, it meant they would have had to drive an hour and a half to Halifax to access this support, pay for the support, and then drive an hour and a half back.

He couldn't drive himself and she had to work. So it becomes—

**Mr. Robert Oliphant:** Anecdotally—I don't have data on this—I suspect that members of the Canadian Forces disproportionately come from smaller communities and rural areas. They may return to those areas after service.

I don't have data on it, but I just sense that's the case. So our system needs to honour that.

**Ms. Sandra Pickrell Baker:** That's where they're going to get the most support, where their family is accessible. They're going to need to be in an environment where that resource is available to them. However, in this case, it limited the resources available through the military system.

**Mr. Robert Oliphant:** Mr. Zimmermann, a big part of the new Veterans Charter has been to move towards a lump sum payment for disability, with the goal to lessen dependence in the model. The minister has repeated several times lately that it's meant to be twofold: a lump sum payment and a pension while they are experiencing the rehabilitation part of their program.

Could you comment? If we're looking at best practices in disability management, at reintegration into society, socially, economically, recreationally, and culturally, what are your thoughts on our relatively small lump sum payment compared to, let's say, Britain, and our current system with that income replacement model?

**Mr. Wolfgang Zimmermann:** In terms of the lump sum, workers' compensation boards tend not to do that. I'll obviously speak from the British Columbia experience, where the agency is very large, but they all have roughly the same structure across the country. We only commute up to 5%. That means an individual can only get a lump sum if the pension assessment is at 5% based on the physical or the impairment chart. That level has been set simply because at 5% it's considered to be not critical to the continued economic existence or—

● (1145)

**Mr. Robert Oliphant:** It could be a partial hearing loss or something.

**Mr. Wolfgang Zimmermann:** It could be those kinds of things. That's exactly right.

Even major insurance companies such as the insurance company of British Columbia, for example, have moved towards structured settlements, and those are the ones we are seeing.

Some other jurisdictions do have lump sum payments. The Australian workers' compensation boards, for example, still have lump sum payments, but they are always paid out as structured settlements, because there's overwhelming evidence that...it's almost like winning the lottery for a lot of individuals. All of a sudden the resources have been used up and all of a sudden you come into a whole lot of money. It's just the reality of our world that if you have a lot of money, you're going to find a whole lot of friends who are going to help you spend it. That's just the nature of how this is going to work. That's why that approach is not being used. There are some very fixed targets around that aspect.

In terms of rehabilitation and return-to-work expectations, I had the privilege of being involved with the design of the Veterans Charter. In many instances I use my own personal experience, and from my perspective, if I hadn't been able to get back to work six months after my accident, even though there were a horrendous number of challenges, I just wouldn't be here. It is absolutely vital for the individual to be able to maintain a place in society where they can deal with their friends and colleagues and where they can forget about that. I think the point that Sandra made is absolutely key in terms of the family. I found that being able to work and to continue and not to sit between your own four walls had a huge impact on all aspects of health, whether psychological health, social health, or involvement in recreation.

I carried on for a year with physiotherapy while I was working, and that was accommodated. You can imagine that 33 years ago, the notion of accommodation didn't really exist, especially in a logging operation on the west coast. Accommodating somebody who has a broken back—well, nobody had ever heard of that before. I think that is where this is absolutely vital. From our point of view, it's that immediate link, because all of a sudden you're dealing psychologically with a significant life altering disability. This is not something that's going to go away; it's something, to be crass, that you go to bed with and you get up with in the morning, and to face a significant level of economic loss on top of that of course compounds it. If you have essentially what this amounts to—hope of being able to participate, of being able to support your family, and in some measure of being able to continue in society as a contributing member—it's key to your mental well-being as well as your economic well-being.

**Mr. Robert Oliphant:** Thank you.

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

Now on to Monsieur André *pour sept minutes*.

[*Translation*]

**Mr. Guy André (Berthier—Maskinongé, BQ):** Good morning and welcome to our committee.

First off, Ms. Baker, I have a few questions on your study. How many families did you meet? What type of research did you do? Did you meet with the children, for instance? How did you organize your research? Can you tell us about the various methods you used for your research?

You also referred to a significant rate of spousal separation for people with post-traumatic stress syndrome. Do you have any statistics on that? You also mentioned that, quite often, a different man would return home after the type of trauma he may have experienced during a difficult military mission, for instance. Women have to adapt to this new reality, to these new men who return home from war or difficult humanitarian missions. What characteristics do these men display? Are they more angry, more violent? I would imagine they are more isolated.

In the same vein, I would also like to ask a question of Mr. Zimmermann. We often hear that the new Veterans Charter provides for a number of services but that people are unaware of them. There is a lack of communication. We need to raise awareness of the services that are offered to those in need, more specifically in rural settings, as you mentioned in your statement. I have spoken about this on a number of occasions, because services are more easily accessible in large cities than in rural settings where the distances are greater, and this causes problems. I always say that there is a way to build partnerships between psychosocial services, occupational therapists and physiotherapists, and regional health care facilities, to develop expertise, groups, and so on.

I'd like to hear your comments on the points I have just raised.

[*English*]

**Ms. Sandra Pickrell Baker:** First I'll address the study I did as a thesis for my master's degree in family studies and gerontology. It's a rigorous master's degree, an applied master's degree. I used the qualitative framework. I interviewed eight families, eight female partners of military veterans who had experienced operational stress injuries or were diagnosed with post-traumatic stress. There had to have been a period of time elapsed between when they had left the military and when I interviewed them. I was not ethically allowed to interview any family that was in crisis, although I would argue they were still in crisis even though they weren't diagnostically still in crisis.

[*Translation*]

**Mr. Guy André:** How many families were you referring to, eight?

[*English*]

**Ms. Sandra Pickrell Baker:** The two models I used in looking at the interviews I did of these women were Hill's ABCX model, A being the event—it's an old model of family systems therapy—and the other one was the circumplex model, again a model of family therapy, family functioning.

I interviewed the women for an hour and a half to two hours. The interviews were recorded, then transcribed, and then I coded all the data I received in different categories of ambiguous loss, which I spoke about—family in crisis, any instances of adapting or having to adjust their behaviour or the family's behaviour around the veteran. So I was able to write up all of that. I defended it at the university, and it's now published on Theses Canada as part of the research.

The next piece you had was about the statistics of marriages breaking up. I've spoken to nurses who work in support of the women. The research says it's 60%. The nurses I spoke to said realistically it's 80%. They would argue that in the ones that don't get reported, the marriage breaks up; it just doesn't get documented because they don't formally divorce. Closer to 80% of the marriages do not survive, so eight out of 10 marriages do not survive.

A wonderful author by the name of Dr. Pauline Boss speaks about ambiguous loss as frozen grief because it's difficult to grieve someone who's standing in front of you but isn't the person you married. I heard over and over again that violence was certainly an issue. I heard a story of a woman who had been married and had two children. She was waking up at night with her husband having her pinned to the floor and his hands around her neck. He was having a flashback. So she had to leave the marriage because she wasn't safe.

Inappropriate anger—they lose their guard. We all think things sometimes but we don't say them. In a lot of cases the men said things that were hurtful without thinking about what they were saying, or used violent language that was mentally abusive.

An inability to maintain an intimate relationship on any level, whether that was conversing or even further on the spectrum of being intimate; they just were not able to function in that way. They retreated into their own world of imagination, and desolation in a lot of cases.

I'm trying to remember your fourth question—the rural areas. I'm not sure how it can be managed. I know it was difficult for the families in really rural areas because it's a small town; she talked about forming a support group for women who were like her because it wasn't an area where a lot of military families commuted from, but then everybody in the small town would know what they were doing because word would get out if they had a meeting at the library: “Oh, you're the group whose partners have....”

So there was the stigma of mental illness. This is the same woman who said if her partner had come back with a physical challenge, it would have been fine.

● (1150)

[*Translation*]

**Mr. Guy André:** I would have liked to continue our discussion, but briefly, once you have completed your study, can you make it available to the committee so we may consult it?

[*English*]

**The Chair:** Monsieur André, we're already at eight minutes. I'm sorry, you're way over.

I need to time the member. I know he did ask a question and he asked for Mr. Zimmermann's input too, and we don't put a time restraint on witnesses.

Mr. Zimmermann, regarding the other questions that were asked of Madam Baker, if you want to make a comment before I move on to the next member, it's fine.

**Mr. Wolfgang Zimmermann:** I'd be happy to do that.

In terms of the communication of services and what's out there, I think that's a straightforward internal function of Veterans Affairs and what happens there. But I do want to point to a very specific example, because the question of rural services is absolutely critical, and the point the honourable member made with respect to partnerships.

One of the things that's currently happening is that DND has established a very strong partnership with various acute care rehabilitation facilities across the country, in all of the provinces. For example, GF Strong is our major provincial rehabilitation centre in British Columbia.

From what I gather, it's working really well. It's trying to address the issue of bringing services for veterans as close to home as possible. Rather than having one major trauma rehab centre in Ottawa, you structure these various arrangements with different rehab centres, whether it's Sunnybrook in Toronto or GF on the west coast, the ones across the board.

In my view, there's absolutely no reason—particularly with services in rural areas—why there would not be an opportunity to do exactly the same in the context of holistic rehabilitation with various workers' compensation boards. I'll just use our province as an example. The fact is we have somewhere between 1,500 and 2,500 permanently disabled individuals every year. Most of them come from rural communities. So the infrastructure and development is set up, and that is supported through regional offices. I don't see why one could not look at a creative partnership, understanding that there are issues around the military family.

The problem, frankly, with the case management system that's driven out of Veteran Affairs is that there is a massive caseload; you have relatively few resources that you can allocate, and you've got a vast dispersion. So why would you not tap into an existing system that is designed to serve those needs? Veterans Affairs is really, as I mentioned in my earlier comments, the occupational injury carrier for disabled veterans in the same way that a workers' compensation board is responsible for occupational injuries.

So I think there are some excellent opportunities to achieve much better outcomes for the disabled veteran—that we are certainly not getting today—through some creativity. I would encourage you to perhaps look at starting this with a pilot project with one of the provinces. I would suspect that our board might be quite interested in supporting this type of endeavour from an evaluation point of view to see if we could get better outcomes at the end of the day. I'm sure we could.

● (1155)

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

Now on to Mr. Stoffer for five minutes.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Thank you, Mr. Chairman, and thank you to both of you for coming today.

Sandra, you had indicated that the families were unaware of the programs that are out there for them. It's not just a failure of DVA or the government; it's a failure of all members of Parliament. We send our stuff out to people. We ask them to read it and if they need any help to give us a call. But obviously they're either not reading it or they're using it like junk mail and throwing it away, which is most unfortunate. But it just shows you that all of us have to do a better job of reaching out to them to say, if you ever need help in anything, give us a call.

I don't know what more we can do as MPs. We have the Internet. We mail out. We do this, we do that. But it's not just the government's fault. It's our fault as well. It's something we're going to have to get out there.

I wanted to focus more on the children and the aspect of the children. If you could elaborate a bit more on what the children are going through and what services they may be receiving, or what additional services you think as a government we should be doing....

Mr. Zimmermann, my brother actually worked for Mac Bloedel at the Canadian White Pine mill for 41 years. He was the number one guy on the IWA seniority list. He was quite proud of that.

You must have known a gentleman, before he passed away, by the name of Sean McCormick. He was from the east coast, very similar to yourself. He did this type of work on the east coast. He always found that when people were disabled and they went into another job that they were accommodated for, they always referred to it as their Plan B or Plan C job. What they really wanted was to be able to go back to what they were doing before. They had to deal with that sort of psychological concern that....

For example, veterans are no longer in the military. They've been 3(b)-ed out. I'm following two guys in Nova Scotia. One is very well-adjusted. He's got a new job, he's happy, life is great. But the other one is still thinking that he wants to go back into the military. That's what he knows, that's what he loves. He's got a job, but he's not there yet. He is sick a lot; he calls in sick. The employer is kind of wondering why they have this guy. They're doing their best. So it's a challenge.

I was wondering if you could assist us in how we can assist them in accepting the fact that unfortunately they can't go back into the military, but this other career job is a good thing for them to be doing in that regard.

Sandra, if you could elaborate on the children, that would be most helpful.

Thank you both for coming.

● (1200)

**Ms. Sandra Pickrell Baker:** Thank you.

One of the things the research indicates about children is that in military families children are stressed more so than in any other kind of family. That's because of the postings and the deployments. They deal with the parent coming and going at a rate different from most other professions. So that already puts a stress on the family. Although there are things, like the military family resource centre now...but you have to live close to one in order to access the supports.

What the people I interviewed about their children talked about was, again, the loss of the father who was. Because I interviewed the female partners, I'm only talking about dads: “Daddy can no longer go out to dinner with us because he can't be in a restaurant.” Family events had to be planned. A graduation has to be planned. They take two cars so that if dad has to leave, he can leave. The seating has to be planned. You can no longer go to a movie because dad can't sit in a theatre.

In terms of the one who was talking about the graduation, they went the day before to plan out exactly where they were going to sit. They had a contingency plan so that if he couldn't stay for the whole graduation, at least the mother would be able to stay. There would have been somebody who could make sure the dad would be able to get out and get to a place where he was going to feel safe.

So everything becomes complicated. All of life becomes complicated for these kids. They're no longer able to be free. They also become hyper-vigilant about, “Did I do something wrong? Am I watching something on TV that's going to cause Daddy to have a flashback?” The whole family becomes infected.

The author, Sandra Bloom, speaks about trauma being like a virus. It's insidious and it spreads through the family. So these kids, themselves, become predisposed to things like depression or traumatic injuries. They learn to be hyper-vigilant. They learn to be hyper-vigilant in taking care of the parent, by creating that environment, by trying to control the environment so that the parent is not going to have a reaction, not going to have an outburst, so that he is going to feel safe. So the role gets reversed. They become the parent and the parent becomes the child. So when they do become adults now they are predisposed themselves to suffering a lifetime of mental illness because of that hyper-vigilance and its range, and the brain chemistry and all of the neuroscience that goes around that....

It's not just. It's not fair to these children to be put through this. They have no control. They had no choice to be brought into this situation. And the support they need is to be able to be children and to be free and understand that they didn't do anything wrong and that there's nothing they can do to fix their parent, which is what they all want to do. They all want to make their parent better. They want things to go back to the way they were before, which is not going to happen.

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

**Mr. Wolfgang Zimmermann:** I appreciate your comment because it was a flashback to my own experience in many ways. I had initially graduated in civil and forest engineering and was working out in the bush. But then I ended up actually retraining as an accountant. Nothing against accountants, but I hated every minute of it. It was simply a job that I was doing that provided an opportunity for going forward. Ultimately, I ended up in HR. So I was fortunate.

Very specifically, I think what could be done in your case or in the government's case is this. I see a huge opportunity for alignment, in the sense that you wouldn't want to take somebody who's been in the field and all of a sudden put him into an office job here in Ottawa or Vancouver or Toronto, wherever. That doesn't make any sense. In terms of warehousing, when we introduced our program, you would think that in a company in Canada—we had almost 12,000 employees—you'd have a significant number of opportunities. It was difficult, simply because of a whole bunch of rules and regulations and being spread across the country.

But in this case you have a tremendous workforce. If you look at what I think would be areas that are fairly close to a front-line service, if you look at Fisheries and Oceans, if you look at Parks Canada, if you look at labour inspectors at part of Labour Canada, if you look at folks who work at Industry Canada, if you look at the coast guard, the list is essentially quite endless.

While it may not be possible for somebody to go back into the military, if you went with something else that was along the same lines, that was fairly closely aligned with the interests of the individual, then I think you'd have a much higher success rate. But that requires some bureaucratic flexibility. That requires folks saying, “Look, we're not going to drive a square peg into a round hole. We're going to look at what actually makes sense.”

If I didn't have the option of doing what I'm doing today, if I continued being, if you will, a bean counter, then that would have been very challenging, because it just doesn't fit my background and personality and so on. So I think in this case the key is looking at creative solutions, and the government has those.

● (1205)

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

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

Now over to Mr. Kerr for seven minutes.

**Mr. Greg Kerr (West Nova, CPC):** Thank you both very much for coming. It's actually quite enlightening to hear your views on an issue that all of us, as committee members, take very seriously.

I'm not going refer to areas that you raised, although I may come back to them, as much as to ask questions. A lot of changes continue to be made and people do endeavour to make improvements as things come up, and a lot of things have gone on. As the direction continues to change, I'm trying to find out what your sense is on where we are making progress and where we have to work harder and so on.

Specifically, one of the challenges for many of us who are rural members, as we hear the issues that you raise, is that it's a very elusive thing to try to find both the resources and the links that can take place in a rural area. As a matter of fact, many of us can attest that it's going in quite the opposite direction in rural Canada in many areas, and it's a very challenging issue for us to face that.

I will go to you first, Ms. Baker. In your experience, in a research capacity, you ran into some real examples. Did you see evidence of where progress had been made or other attempts have been made where we should focus on making more use of that, or do you think it's simply lacking?

The reason I ask is that we've heard a lot of witnesses over time, and in some cases they are saying, “If there were more of this” or “If there were more focus on that”, because many initiatives between DND and Veterans Affairs have tried to move in the direction of capturing the people while they're in active service and identifying in peer support groups, recognition groups, and family support centres and what have you, and again, less so in the rural areas.... Are there examples of where you see evidence of some improvement or recognition taking place that we should be thinking more of how to support, or are you talking about basically starting afresh?

**Ms. Sandra Pickrell Baker:** In one of the families that did seek support, he was diagnosed before he was discharged from the military. He was on the submarine that caught on fire, so he was part of that. They figured part of the reason his diagnosis happened so quickly was because he took part in a very publicized event.

He was involved in peer support, which he found very helpful, and because he was involved in peer support, she had access to support for herself through the Halifax trauma treatment centre. They were local, so they lived right in Halifax and it was easy for them to access support. She took part in a program run by two of the social workers at the Halifax trauma treatment for the wives of military men and veterans diagnosed with PTSD, and she really felt that this was her saving grace. It was the place that was her touchstone, where she was able to go and ask "Is this me, or is this him? Am I being unreasonable, or is this unreasonable behaviour on his part?" It was a six-week program that she went through, and she found it immensely helpful. They also left the door open when she finished the program so that if at any time she felt she needed to come back to gain support again she was welcome to do that. I think that would need to be replicated where those rural women are, and to be more widely known.

One of my frustrations was the only way she could access that support was because her husband was actively engaged in seeking support. She had to get a referral from his therapist in order to take part in that group. Because her husband was open enough to seek support, she was able to get support. But if he hadn't been open, that door would have been closed to her.

**Mr. Greg Kerr:** I agree with that fully in the sense that one of the difficulties found in receiving services and so on is the early recognition and early treatment recommendations that come from that. You're saying that if the intervention is there, the opportunity is better for the family, and that it's a geographic pressure because of the availability. It's part of getting it done before they're out of the military that's really important.

● (1210)

**Ms. Sandra Pickrell Baker:** There is that, and also it cannot be tied to the veteran seeking support. If she had wanted to seek out support and he hadn't, she wouldn't have been allowed. I asked if other women in the study could take part. They said the husband had to have been diagnosed, had to have been seeking support. They needed a referral from his psychologist in order for her to gain support through the military trauma treatment centre. This was very frustrating because these women could have really used that peer support, a place to debrief and have a barometer of whether they were being unreasonable with their expectations—which we all can be—or whether it was really the husband's behaviour that was unreasonable. And if it is the husband's behaviour, how do they deal with that, how do they work with that as family units rather than being isolated?

**Mr. Greg Kerr:** I guess it makes the point that the type of service necessary could be or is available when the linkages are there at the beginning. I think it's one thing we would probably all agree on.

Mr. Zimmermann, I like your overall point. We've all talked to veterans who have gone through it. The frustration is often that they're the wrong peg in the wrong hole or they've been overlooked for whatever reason.

You talked about partnerships. I know we don't have time today to delve into it. Within the present system, part of it is the attitude of the government, the bureaucrat, and so on, but do you see any indications of examples that could be pursued?

I guess the same question for a different reason is this. Is there any evidence where it's been recognized that it could be duplicated or expanded within the government service? Have you run into anything that works in that way?

**Mr. Wolfgang Zimmermann:** Yes. There was a point in terms of the relationship that DND has whereby they created partnerships with all of the regional acute care rehabilitation facilities in order for veterans to be closer to their families and closer to their home bases, rather than having everything centralized in Ottawa.

On a much smaller scale, during my tenure at the workers' compensation board, there was a major rehab facility that ultimately ended up being literally torn down. Workers would come from rural parts of our province, whether it was Prince George or Prince Rupert or wherever, and would have to spend two or three weeks at a time in Vancouver and away from their families. The strategy was to bring those services closer to the worker, as opposed to the other way around, so that there was no sense of isolation and despair or all the other issues these individuals had.

I think this model would lend itself very well to that. You have something in place. In my view, DND has done a great job in establishing partnerships with all of the major provincial rehabilitation centres. The treatment is closer to home and they're closer to their families. They can get as much support as they need without being very remote.

**Mr. Greg Kerr:** Thank you very much.

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

This concludes our first round of seven minutes. We have consumed a lot of time, partly because we started late and partly because of the high quality and robust answers from the witnesses.

We'll move on to our five-minute round.

Madam Sgro.

**Hon. Judy Sgro:** Thank you very much, Mr. Chair.

I concur with everything the chair has said. The presentations from both of you have been extremely interesting. I thank you for being such great Canadians and taking the time to come here to try to make a difference in the work we're trying to do.

Ms. Baker, could we have a copy of the paper you wrote?

**Ms. Sandra Pickrell Baker:** My thesis is available at Theses Canada. I have a copy I could leave, if you'd like, but it is published on the Theses Canada website. As I said, it was part of my master's degree, and it's a published document.

**The Chair:** That would be best. We'll then have it translated. The clerk will obtain it from the Internet and distribute it to the members.

**Hon. Judy Sgro:** It must have been a very emotionally difficult program to do.

We've talked about all of these different things. We're doing everything we can to make sure the messages get out there. But as Mr. Stoffer pointed out, in spite of everybody putting out all the information they can, people often don't know about it. We hear about debriefings and all that happens, and it amazes me that there are so many people who are somehow unaware that the service is there.

I've always been of the mind that we should look at all of our men and women coming home as automatically suffering PTSD in one form or another. There's no way you can go through some of these experiences and then come back and tell me you're the same person you were when you left. It's probably a huge step to ask anyone to take, but it would seem to me that we would be smart to assume these individuals no doubt have this and to start offering support to individuals and their families right off the bat.

● (1215)

**Ms. Sandra Pickrell Baker:** Then you could determine whether that needed to be extended or whether the debriefing was enough. But again, some of the people I read in my literature review said that even witnessing 9/11 on the television changed everybody, because trauma changes who we are. It changes whether we feel safe in the world and whether we feel our families are safe. So being over in Afghanistan or Bosnia, or any of those places where there is trauma, does change who we are and our perception of our world here.

Whether that's going to become an operational stress injury or not, we don't know. It might happen 18 months after they're home, but at least if they were screened or had the opportunity to explore the fact that it's normal to have this traumatic experience change how you feel about who you are in the world and how safe you and your family are, then it would also open the door to the possibility of seeking help in the future. It's just about giving them the opportunity to be self-reflective and to do an assessment of how their life has changed, and then I think they probably would be more likely to seek support if they needed it—and certainly the family would.

One of the things I heard from the families was that the pieces of information might be coming through the door, but they're not making their way to the partner, whether because the information gets recycled in the trash or because of denial on the veteran's part, who says, “Oh, that doesn't apply to me.” Who knows what it is? It's unfortunate. Again, it was frustrating, because I knew the people at OSISS were willing to offer support. I was frustrated with the trauma treatment centre, because of the need to get a referral, but OSISS was there, and these veterans didn't even know what OSISS was, let alone that they could access support.

**Hon. Judy Sgro:** That's amazing.

Mr. Zimmermann, I was fascinated to listen to you and all of what you've been through in your lifetime and how you responded to your own injury initially.

I'm not sure that it's mindset simply because we're dealing with the military. Nonetheless, it would seem logical that once you have been in the military, you are an employee of our country forever, and that doesn't end the day you're discharged or the day you end up getting your disability rectified, but somehow you continue to be the responsibility of the Government of Canada to some degree or another.

But you've managed to talk about the core principles that should guide what we're trying to do today, optimizing all of the opportunities and looking at partnership. Again, I don't know if it's a consequence of all the military ideas in our heads, but it would seem to me that any logical organization would be partnering with other organizations. All of it would not have to be all self-contained within the military, that just because you're in the military everything has to be done through the military.

Why weren't we already working on partnerships, like what has been going on in B.C., with all the work you have done?

**Mr. Wolfgang Zimmermann:** That's an interesting comment. I think in part you've hit the nub of it, which is really the whole notion of the military family and that individuals want to stay within that military family. At the same time, I know enough veterans and enough processes, and there's the example I mentioned earlier, where DND has successfully created a partnership with rehabilitation facilities, so you're not starting from scratch. I think that opportunity exists and I think this is also well understood.

I don't know that there is really a need, because when I look at individuals who have been discharged, are outside of the system, and all of a sudden have to deal with a case management organization, such as the one that's being employed here that was hired from the U.K.—from what I understand, they didn't even have a base in Canada before they started—there's really no difference to that. I think there's a great opportunity to be far more structured in that regard, and you have some good models to follow.

The other part is that the government absolutely has a responsibility as the employer, in my view, and has the opportunities. It's not like we are asking a small retailer around the corner to have a responsibility. We're talking about a huge agency that employs 220,000 individuals in a whole cross-section of jobs. For those of us who are in the business, if you will, or work in the area of accommodation and trying to optimize opportunities for individuals.... Essentially we all define and identify ourselves with the work that we do. It's unfortunate, but the reality is that who we are and what we do is a large part of our sense of self-identity. It's our sense of being able to contribute and to be able to continue supporting our families. If we can't do that, obviously the corollary is, and continues to be, all of the social and psychological issues that Sandra talked about and the impact on the families.

The government is the employer. In my view, it has an unequivocal responsibility, much like how we as employers in the private sector have an obligation. We have the duty to accommodate, as do so many other organizations that recognize they have a responsibility and that it is in their best interests, it is in our society's best interests, to maintain the productive and human capital of every individual, and not focus on what may be, in some cases, a minor disability and ignore the fact that we all have abilities regardless of who we are and what we do.

● (1220)

**The Chair:** Thank you, Mr. Zimmermann, and thank you, Madam Sgro.

We're now on to Mr. Lobb for five minutes.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you, Mr. Chair, and I thank the witnesses for appearing here today.

Mr. Zimmermann, with your extensive experience, what do you see as perhaps the top three suggestions you would have for this committee to take back to improve or enhance the new Veterans Charter as it is today?

**Mr. Wolfgang Zimmermann:** I would look at improving the holistic outcomes in terms of rehabilitation. I would suggest you consider, at the very least on a pilot basis, entering into a relationship with one of the workers' compensation boards. The level of service, the caseload that individual case managers in the current system have, is absolutely unsustainable, and in my view having caseloads in the hundreds, if not higher, does very little for the individual. So I would look at that as one strategy.

The other thing is that I would absolutely revisit the whole question of being able to accommodate disabled veterans within the federal government, within some of those departments of the federal government.

The other challenge you have as well—and this is a third opportunity—involves those individuals who have been out of the workforce for a long period of time and have in fact moved to the margins of society. You have to look at what type of rehabilitation strategy you might be able to apply. One of the challenges you have is that the longer you are out of the workforce, the less likely it is you will ever get back into the workforce. The evidence is overwhelming.

We also know that if somebody's been out of the workforce for two years, there is a 10% or less chance that he'll ever go back to work. There is some significant global evidence and some individual case studies that unfortunately support that. Nevertheless, that does not apply universally.

We have been able to get individuals back to work when they have been off work for 10 or 12 years or longer, because their circumstances have changed and the opportunities that exist have changed. The trouble we have is that when you have somebody who goes off on long-term disability, they're out of sight and out of mind. They're forgotten. You're out there, somewhere in the system, and it's really the individual and the individual's family who have to deal with that.

If I may make one further suggestion, I would seriously look at something like the Canadian Council of Chief Executives as a way... because they represent, by and large, large organizations that have the capacity to hire individuals with disabilities, as a way to promote these individuals as a whole new pool that might go there.

● (1225)

**Mr. Ben Lobb:** There are two other spots I want to look at, but I don't know if I'll have enough time. One is the on-the-job placement part. I think I read somewhere or you mentioned something about the university degree being a barrier to entry.

**Mr. Wolfgang Zimmermann:** That's right.

**Mr. Ben Lobb:** Certainly, many of us around the table have post-secondary degrees of some sort or another. One thing that does is teach you how to memorize things and write them back down on pieces of paper, which certainly doesn't mean you're going to be a great employee. Many people who don't have post-secondary degrees are what I call the can-do people. They're the ones who certainly know how to get the job done.

What are your thoughts on that? Obviously, it's not really feasible for everybody to go back to university just to qualify to get a job. What do you see, or what have you seen in your past experiences, as being a good avenue to go down or to explore this so that our veterans, who obviously have a great set of experiences and knowledge, wouldn't have to necessarily do this?

**Mr. Wolfgang Zimmermann:** You see this with a number of universities that are in the process of developing different types of prior learning assessments to establish some level of equivalency in terms of what that means.

I look at Ryerson and their disabilities studies program. They have created a process of recognizing prior learning and prior experience as a contributor towards admission to a degree. Royal Roads University in Victoria has done exactly the same so that individuals who don't actually have an undergraduate degree are able to get into the graduate program. So there are a number of ways to be able to do this.

It's a function of somebody saying, how can we come up with an effective prior learning assessment to recognize this, and then what is necessary for this individual to be able to fit into those positions?

**The Chair:** Thank you, Mr. Zimmermann. Thank you, Mr. Lobb.

Now we move on to Mr. Vincent for *cinq minutes, monsieur.*

[*Translation*]

**Mr. Robert Vincent:** Thank you, Mr. Chair.

I would like to continue with the theme of rehabilitation. You mentioned health and safety at work and talked about the CSST. We do rehabilitation to a degree. An individual is accepted according to his level of education. If he has already been to university, he can continue his studies in some other field of interest. On the other hand, someone who has only finished the second year of high school, enlists in the Armed Forces and becomes disabled, cannot be accepted. That depends on the degree of disability. Clearly, 5% disability is completely different from 90% disability. At that level, some training can be given.

Could you tell me what is being done now, and what you would recommend? You have both identified the problems, you have put your finger on the problems that we are facing now. What do you recommend? We must not let the Canadian Armed Forces do your thinking for you. I am not sure that it would go very far, as far as thinking goes. You have to live with these problems; what would be your recommendations on the matter?

I have seen that 75% of the people were in rehabilitation. The program lasts from 18 to 24 months. You said that you did some training with companies. Have you thought of paying a certain amount of money, of paying the person's salary while they are learning?

We know that self-esteem is really important, whether it be for someone who has had an accident or an injury. Leaving people alone, even with 75% of their salary, will not create self-esteem or encourage them to find a job. They have to be told that they are capable of finding a job. At some stage, we must let people fend for themselves. At the moment, we want to look after people and do their thinking for them. We tell them that we will find them a job and that if they do not have the skills, we will train them. At that point, there is no self-esteem any more. There is no self-esteem when we find the jobs for them.

In your opinion, what should we do to change the Veterans Charter and to give veterans the self-esteem that will let them go out and find a proper job?

● (1230)

[*English*]

**Mr. Wolfgang Zimmermann:** One of the things I would do as a first step is also what a number of large organizations—for example, Ford Motor Company—have done, which is to take an inventory of current existing jobs. In other words, what are the bona fide occupational requirements for the jobs we're looking at? If you're looking at disabled veterans, there are a range of positions that would be suitable for them and that they could basically get into.

Then at least you have a baseline of knowledge. As you probably sense, I'm a very strong advocate of maintaining that immediate attachment to the workforce so that the individual doesn't "break service". The first step has to be to look at the bona fide occupational requirements.

To give you a sense, if I can digress for two seconds here, we did this in one of our pulp mills. We looked at every single position and the bona fide occupational requirements and the physical requirements for the individual to be able to get back into a job; then we looked at the skill sets, experiences, and capabilities of the individual to see which job that individual might fit into.

When you're dealing with physical injuries, you simply look at the position, you look at the current capability, and you look at what is out there in terms of current assistive technology. Our technology has come so far today that there are very few jobs that couldn't be done. Obviously, as Sandra pointed out, if you're dealing with a mental health issue, different intervention strategies are necessary.

[*Translation*]

**Mr. Robert Vincent:** In the Armed Forces, if an employer needs a workstation to be changed, to adapt the workstation to the veteran's disability, is that possible? Can that be done?

[*English*]

**Mr. Wolfgang Zimmermann:** I honestly can't answer your question about what happens within DND. I do know that the biggest challenge currently is the interface between the Department of National Defence and Veterans Affairs, that individuals stay too long within DND even though they are not being permanently accommodated. In many cases we have lost the window of opportunity for them to be reintegrated, because there is a significant drop in long-term return to work rates once one is beyond six months of work. And that is a significant challenge.

About what is happening inside DND, I'm sorry I don't have any knowledge of that.

**The Chair:** Thank you, Mr. Zimmermann and Monsieur Vincent.

We will now move on to Mr. McColeman for five minutes.

**Mr. Phil McColeman (Brant, CPC):** I, too, want to add my thanks to you for being here today, certainly in terms of the extensive knowledge you both have in your fields. It's very impressive and you've given us a lot of food for thought.

Ms. Baker, in your research, which has obviously been very specialized, have you looked at parallel situations? What I'm thinking about specifically is whether you have looked at how similar this is to families who face disabilities outside of the military, who perhaps have a child who is born with multiple disabilities. Is there any of your research that has taken a look at those parallel communities?

● (1235)

**Ms. Sandra Pickrell Baker:** There certainly is a parallel, again, to families who have a child born with a special need. There is again the ambiguous loss, because the dreams you had for that child—and in my experience with my daughter with her injury—and the reality are very different. It's not that you don't love your child, but the system again has to adjust and adapt around that, and we need resources to manage that.

**Mr. Phil McColeman:** Going a step further, in most communities there are resources that are established by both health care systems and community support groups. Are they meeting the need, in your opinion, or not meeting the need?

**Ms. Sandra Pickrell Baker:** In theory, there are resources in all communities for support. In reality, that's not the case. I can't speak to any other province, but in Nova Scotia for sure there are areas that are referred to as black holes of service. There is just nothing available. It is underfunded, underresourced, and the resources that are there are so stretched beyond capacity, it's appalling.

**Mr. Phil McColeman:** I want to get the overall picture, because some of the witnesses we've heard and what we might take from their information, incorporating that into the review of the Veterans Charter, is that certainly there is a role for Veterans Affairs to play. We know that; that's why we have it. But there is also a role for communities to play, "communities" meaning other support groups, other levels of government, both municipal and provincial levels of government.

I'm trying to get an understanding of being in that situation and having that dynamic happening. In the case of your rural example of obtaining access, if a family member is aware of it and they make a health professional aware of it, my experience has been that one would get referrals of some sort to some resources somewhere. Is that not happening in parts of this country?

**Ms. Sandra Pickrell Baker:** You might get a referral and you might be lucky enough to see somebody. In Nova Scotia it will typically take you two years to see a psychiatrist. That's outside of the military. A crisis might get you in a little sooner, but ongoing care is very difficult to manage. It seems to be that what's getting managed are absolute crises, because that's all there is time for. Anybody who isn't in an absolute crisis right now gets pushed to the side. Unfortunately, that is due to the lack of funding, both municipally and provincially. There simply aren't the funds or the resources.

You can go to mental health. The community has mental health outreach centres. Again, you're going to wait to see somebody, and the person you're going to see may not have what you need or the understanding of the special dynamics of a military family. The demands that are placed on those families are different from any other family. It's not that the person you see has to have an absolute understanding of military dynamics, but certainly they should have some appreciation that these families are stretched beyond capacity even in normal functioning, with deployment and posting, let alone adding a traumatic injury to that.

**Mr. Phil McColeman:** In my mind that's where Veterans Affairs needs to step in. I'm looking for you to agree or disagree with me. It's the partnership in the delivery of these types of services to people who have PTSD and OSD. We've opened five more clinics for veterans across the country; we're up to 10 clinics now, integrated with the services in your community. That's what we should strive toward. We have the resources to do the whole thing. Would you see that model working?

● (1240)

**Ms. Sandra Pickrell Baker:** I think the inter-agency and intermingling approach is the way of the future. It's the way we can look at somebody holistically and help them decide what they need, first of all, and then have access to that support without being so specialized that we're waiting two years to see somebody to check our medication dose or get a proper diagnosis. If we have OT, psychologists, sociologists, social workers, and everybody together around the table, then we can work as a team. That eliminates the turf war as well: this is mine, this is yours; these are my dollars, not your dollars.

**The Chair:** Thank you, Madam Pickrell Baker.

Thank you, Mr. McColeman.

We'll move on to Madam Crombie for five minutes.

**Mrs. Bonnie Crombie (Mississauga—Streetsville, Lib.):** Thank you both.

I was touched by both your stories. Thank you for sharing them with us.

Sandra, if I may address you like that, what led you to your research?

**Ms. Sandra Pickrell Baker:** I had a long-standing practice of using energy medicine techniques. I had a client who had trauma and had suffered post-traumatic stress. I saw her struggle with her family in trying to find her new normal. She was a physician who was unable to work for a number of years. She would regain some health in working with me and her psychiatrist. She would go home and her family would expect her to return to work the next week. So there was a complete lack of understanding of what she was dealing with.

That was the butt of the interest. What put fire under it was my own daughter's diagnosis with a traumatic injury.

The reason for veterans is that my grandfather, my father, and my brother are all veterans. I was born on Veterans Day. It seemed to be a natural thing for me to do.

**Mrs. Bonnie Crombie:** You talk a lot about the interdisciplinary approach that's needed. Does it exist today?

**Ms. Sandra Pickrell Baker:** In Nova Scotia there's a system called Schools Plus. It came out of something called the Nunn Commission, and it is using an interdisciplinary approach in three jurisdictions in Nova Scotia: Halifax, Bridgewater, and I'm not sure what the other one is. We come together around the table with a child who has been labelled at risk. That could be at risk for deviant behaviour or mental health issues. We come around the table—OT, mental health, social workers—and look at the needs of this child and how we can best meet the needs. Again, it eliminates that turf war of yours, mine, my dollars, your dollars. These children are getting the help they need without falling through the cracks.

**Mrs. Bonnie Crombie:** To continue with Mr. Stoffer's questioning about the children, what more can we provide for them? What kind of impact does this have on them in their adult lives, dealing in their younger years with this family situation that's very dysfunctional?

**Ms. Sandra Pickrell Baker:** I had the opportunity to talk to the child of one of the women I interviewed. Coincidentally, I met her completely outside my academic career. She disclosed that her mother had been interviewed by me. I didn't know her but she knew me. We had a discussion. She didn't understand why her dad was so controlling, why he so controlled her and the environment. She talked about the complications for her now that she's an adult, in trying to deal with the way she was parented without the proper understanding.

I certainly think that's research that needs to be done: how these children are experiencing it now and what we can do to help support them in their situations so they're not going to become adults predestined to struggle with depression or operational stress injuries as they mature.

**Mrs. Bonnie Crombie:** As they likely could be or will be, exactly.

Could you also talk about some of the therapy that's available to couples for counselling? Many of them are reluctant to take it because of the circumstances you described, the stigma involved. So they don't really get the counselling they need as a family or as a couple.

**Ms. Sandra Pickrell Baker:** Again, Charles Figley, in *Burnout in Families*, said the most important thing in the family where trauma is an issue is that the primary caregiver—whether that's the intimate partner, the mother or the father—is able to maintain self-care and strong personal boundaries.

I can tell you, as the parent of a child with a traumatic injury, being in therapy has been very important for me, because I so want to rescue her. I so want to make everything okay. Both my husband and I realize that we can't do that. So what's challenging as a mother is not to enable that injury. I can't imagine, if it were my husband, how much more I'd want to enable and just be the impetus for the healing. So that has been fundamentally important for me.

Again, as articulated by Figley and a number of others, the intimate partner or the significant caregiver needs to be actively working on maintaining their personal boundaries and self-care. If it's your intimate partner and you're afraid to leave your children at home alone because you don't know if they're going to be cared for, you know what the reality is.

● (1245)

**Mrs. Bonnie Crombie:** Right, of course. Thank you.

I have a question for Mr. Zimmermann, if I have a few more minutes.

Do you think we should entrench a disability rights charter within the new Veterans Charter?

**Mr. Wolfgang Zimmermann:** Yes, I think that would be an excellent idea. It's not something we haven't seen. A number of jurisdictions have moved in that direction. Certainly with the government having recently ratified the United Nations Convention on the Rights of Persons with Disabilities, article 27 of that convention deals exclusively with reintegration and employment opportunities, because it is so critical. So I think it would be a great leadership opportunity.

**Mrs. Bonnie Crombie:** I'm running out of time, so just quickly, your background is from the WSIB. Is there a role for a national or a federal WSIB that would integrate all the programs among all the provinces? Do you envision such an agency? No?

**Mr. Wolfgang Zimmermann:** No, I don't. It would be tremendously complicated. As well, this is defined constitutionally as a provincial responsibility.

**Mrs. Bonnie Crombie:** You talked a lot about the Council of Chief Executives—

**The Chair:** Sorry, Ms. Crombie, it was a good try, but you're way, way over.

**An hon. member:** It was noble.

**The Chair:** Yes, it was distinguished and noble.

Now we'll go to Mr. Storseth for five minutes, please.

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

I want to thank both witnesses for coming forward today and for doing an excellent job in not only explaining to this committee many things that you have been researching and working on, but also helping to raise this issue once again and bringing light to an issue that is very important to tens of thousands of men and women across our country. It is through conversations and dialogue like this, and exposing some of the important factors of this, that we will be able to continue to ensure to more people that this is something they shouldn't be embarrassed about; this is something they need to tackle. It is a very serious illness, and I want to thank you for your dedication to that.

I have only a couple of short questions for you. I've been very intrigued with some of the things you've said and some of the questions that have been asked from all the committee members.

When we were talking about children—Mr. Stoffer started it and Ms. Crombie followed up on it—a question came to my mind, because I have a military community in my riding that has military schools. It seems to make sense to me that as one of the things for these children who have parents who are affected by PTSD, and thus they're affected by PTSD...there would be comfort in having others around them who have experienced or are experiencing the same difficulties within their family.

Have you seen any evidence of this, or counterintuitive—

**Ms. Sandra Pickrell Baker:** No. The only concern I would have is any identification, that you're going to identify a child with a trauma, that you're going to isolate them to become identified as the child of a parent with a mental health issue.

A couple of years ago, there was a little girl in Borden—I don't know if you recall. Her dad was deployed. She was called to the principal's office for some unrelated matter, but she fainted, because when they called her to the office, she thought they were calling her to tell her that her father had passed away. So this is the trauma, the level of trauma, that these children are living with.

These children are watching war like never before. They're seeing first-hand what's going on, unlike when my dad was in the military or World War II veterans. We didn't see war the way we're seeing it now. These children know first-hand what their parents are experiencing, and the level of stress they're under I don't think can be underestimated.

**Mr. Brian Storseth:** I wasn't so much talking about identifying the children, as children tend to do that themselves. They tend to find others who are going through the same issues. I would think they have more of a comfort zone or a support system than being sent to a public school where kids are not experiencing the same thing. Kids from the oil patch are not experiencing the same thing, so they don't provide that support system. I was more asking about that.

There is another thing that has been touched upon, and it's touched upon all the time when we bring this up. I think it's something we need to address, if not through the Veteran's Charter, then in some way, shape, or form.

We talked today about an individual who was in Bosnia three times. Many, many members are sent out of the services or leave the services voluntarily without being diagnosed with PTSD, but they do have PTSD. It's years later that they come to terms with it, and they have no choice but to come to terms with it. Oftentimes, as you stated, it has ruined their family life.

I would like to hear more from you with regard to the difficulties these people go through in trying to access the services, and how critically important it is that the government steps up and makes it easier for these people.

I'm dealing with a gentleman right now who finds it hard enough to admit that he has been diagnosed with this. He gets diagnosed, and now he can't get any help because he has to go through Sun Life, or wherever else he has to go.

Could you comment on that, please?

● (1250)

**Ms. Sandra Pickrell Baker:** That was the experience of most of the people I interviewed. As I said, only two of them were diagnosed prior to leaving the military. The majority of them were struggling to get that diagnosis recognized so they could get the support they were entitled to. In one case they had been diagnosed but were never told they had this diagnosis.

None of the members I interviewed were released voluntarily; they would say they were pushed out. One had struggled with severe depression. One was released because after 27 years in the military he developed a fear of flying. It had nothing to do with where he was flying; it was some irrational fear of flying. So he was released.

I think there needs to be some way for them to access that diagnosis, and for streamlining once they get the diagnosis. I understand it's important that they get a valid diagnosis, but they shouldn't have to wait and fight for years to get the compensation and support they deserve. It adds stress on stress.

In one case, after he'd been to the private psychologist to get all the forms and the diagnosis was done, the forms sat on the counter for six months. He could not do it. I don't know if they are filled out yet, but when I had the interview they were still sitting on the counter. She said he can't. He can't come out of his bedroom for days on end, let alone sit at the kitchen table and fill out all these forms.

She was busy working full-time. He was released without a disability pension, so she was working full-time, plus overtime, in order to provide for him and the five children. There was no way she had the time to fill out the forms. There needs to be some way of getting them the support so that happens.

**The Chair:** Thank you, Madam Baker and Mr. Storseth.

To try to be fair, I'll give two minutes to the NDP and then two minutes to the Conservative Party.

**Mr. Peter Stoffer:** Well, in the interest of time, Mr. Chair, I'll hold my questions for later.

I want to say to Mr. Zimmermann that I'm always impressed. A friend of mine, Sean McCormick, is similar to you. He had an accident—he fell out of the back of a truck—and he became one of Canada's best advocates for military personnel in developing programs for disabled veterans. He also had his own company. He did a wonderful job. It was amazing that a man in a wheelchair was able to get around better than I could.

I'm impressed with what you're able to do, sir. Congratulations for that.

Sandra, thank you for bringing the stories of those eight families to us. A few years ago we had a meeting, which the chairman and I were on, and it was one of the most emotional meetings I ever had. We had people with PTSD and their spouses—these are pretty high-ranking folks—and it was quite amazing. I noticed when we popped the things today...the popping of those trays brought back memories to them.

I want to thank you very much. I appreciate both of you for being here.

Thank you.

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

In fact one of the pieces of testimony that Madam Baker mentioned reminded me of the commissioned officer who didn't have the capability of filling out the papers.

**Mr. Peter Stoffer:** That's right. They put the pen in his hand and he just couldn't do it.

**The Chair:** Mr. Lobb.

If you could keep it to two minutes, we have a bit of business to deal with.

**Mr. Ben Lobb:** I have one last quick question for Mr. Zimmermann.

There has been a lot of discussion and questions from all committee members surrounding the lump sum payment. If you look back, what are your recommendations for the committee on how that lump sum payment would be best used, or if there should be an alternative to the lump sum.

● (1255)

**Mr. Wolfgang Zimmermann:** If the lump sum payment exceeds a certain amount, as I mentioned in my earlier remarks—the workers' compensation boards tend to use a 5% limit on commutation—it should be converted to a regular pension payment. There's overwhelming evidence that while lump sum payments may be of value to some individuals, to the majority of individuals they are not. If there is some insistence on maintaining lump sum payments, at the very least they should be converted into a structured payment schedule.

**The Chair:** I want to echo the comments of Mr. Stoffer.

Thank you very much.

Looking around the table at the body language, I think everybody was very impressed by the testimony today. It has added a good component to the testimony we need for a good report. Thank you very much.

I have a suspicion that I'll get agreement on this, so we'll go right to it because we're getting close to time.

The Royal Canadian Legion has asked to appear when the ombudsman appears. We did that the last time. I want to make sure everybody agrees to having Pierre Allard from the Royal Canadian Legion sit with the veterans ombudsman at the next meeting.

**Some hon. members:** Agreed.

**The Chair:** Second, because I see his very friendly face at the back, we will reschedule Mr. Bruyea for May 11. We have a spot there. We'll have the translation, and the whole meeting will be dedicated to him.

**Some hon. members:** Agreed.

**The Chair:** The meeting is adjourned.

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