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Chair

Mr. James Bezan

Standing Committee on National Defence

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● (1530)

[*English*]

The Chair (Mr. James Bezan (Selkirk—Interlake, CPC)): Good afternoon, everyone.

This is meeting number 72 of the Standing Committee on National Defence. We're going to continue with our study on the care of the ill and injured Canadian Forces members.

Joining us today in the first hour is Pierre Daigle, the National Defence and Canadian Forces ombudsman. He is joined by Mary Kirby, the director of strategic outreach, planning, and research.

I welcome both of you to the committee. We're looking forward to your comments.

I have Mr. McKay asking for the floor.

Hon. John McKay (Scarborough—Guildwood, Lib.): This is just a very brief intervention, Chair.

Apparently a discussion ensued on Monday concerning a question I had raised about a coding issue when the minister was here. We have since confirmed with the PBO that it is in fact a coding issue rather than an accounting error. I just want to clarify that for the purposes of the committee and for the researchers and for any follow-up that might occur.

The Chair: Thank you.

As you are aware, the letter that was submitted by the department to me, as chair, was circulated and given to the PBO. It is a public document. I appreciate that clarification, Mr. McKay.

Mr. Daigle, please.

Mr. Pierre Daigle (Ombudsman, Office of the Ombudsman, National Defence and Canadian Forces Ombudsman): Mr. Chair, thank you very much.

I would like to begin by thanking the committee for inviting me to testify this afternoon on the care of ill or injured Canadian Forces members.

The work of this committee is incredibly important for our serving members, our veterans, and their families who have given so much of themselves in service to Canada. I think it may be helpful to the committee if, in my opening remarks, I specifically address a key report my office released in September last year. It's entitled "Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve".

As you mentioned, Mr. Chair, joining me today is Mrs. Mary Kirby. Mary is one of the principal authors of "Fortitude Under Fatigue".

[*Translation*]

Operational stress injuries will remain a significant challenge for the Canadian Forces, and I would say a real hardship for Canada's soldiers, sailors, airmen, airwomen and their families, for many years to come. And in many respects, operational stress injuries will be a generational challenge for the Department of National Defence, the Canadian Forces and the Government of Canada as a whole. I would say that it will also be a generational challenge for the families of our soldiers.

[*English*]

Over the next few minutes I will discuss some of the progress that has been made by National Defence and the Canadian Forces, and a number of areas that need more urgent attention.

Mr. Chair, our office has been engaged in these critical mental health issues since 2002. We have released five different reports and almost 50 recommendations meant to improve the care and treatment received by Canadian Forces members suffering from post-traumatic stress disorder or other operational stress injuries.

Our most recent report concluded that the Canadian Forces has made considerable progress in implementing our previous recommendations in addressing shortcomings in its identification, prevention, and treatment of operational mental health injuries.

We have also identified a number of broader areas where improvements have been made, particularly with respect to the Canadian Forces mental health care capability, which has evolved from an ad hoc system to one that is better structured to deliver integrated care for Canadian Forces members suffering from post-traumatic stress disorder and other operational stress injuries.

[*Translation*]

These improvements are due in no small part to the professionalism and dedication of mental health caregivers. These individuals are the most critical element in the overall functioning of the mental health care system.

While I am pleased to see that care and treatment for Canadian Forces members suffering from an operational stress injury has improved over time, there are still significant shortcomings which, in my opinion, are seriously affecting the care and support provided to those suffering an operational mental health injury.

[*English*]

One of our most pressing concerns is a persistent shortage of qualified mental health care professionals. The Canadian Forces is currently operating at a shortfall of between 15% to 22%, and the number of mental health personnel has not increased at all since 2010. This continues to be the largest impediment to the delivery of inclusive high-quality care and treatment to Canadian Forces members suffering from mental health injuries.

That said, we were certainly pleased to see the minister's funding announcement aimed at addressing our concerns about the shortage of caregivers. This is good news, and we will be tracking this new initiative very closely to see if it effectively addresses the concerns laid out in our report over the long term.

I'm frustrated, though, that the Department of National Defence and Canadian Forces continue to ignore the very first recommendation made by our office in 2002: the creation of a national database that would accurately reflect the number of Canadian Forces personnel who are affected by stress-related injuries. Without reliable data, it is very difficult to understand the extent and seriousness of the problem, and design and implement effective national programs to help those suffering from an operational stress injury. This data could also be used to target education and training initiatives where they are most needed.

Our office has never received an adequate explanation as to why this recommendation has not been implemented. I must say that after 11 years, I now believe there is either an unwillingness or an inability to create a database that would provide this valuable information.

● (1535)

Another issue that is linked to the database is the extremely limited performance measurement regime in place within the Canadian Forces to track and report on the effectiveness of the mental health system. Despite being one of the institution's top priorities, with tremendous money, time, and energy invested in the system, the mental health capability in the Canadian Forces has not undergone recurring, qualitative, system-wide performance measurements over the past 10 years.

[*Translation*]

I am troubled that the Canadian Forces still does not have an appropriate system in place to provide a current and consistent portrait of the number of members affected by post-traumatic stress disorder and other operational stress injuries.

How can the institution know if it has in place the most appropriate priorities and resource levels to manage its broader operational stress injury initiative when their data is incomplete and their research is not focused on measuring performance?

[*English*]

Mr. Chair, we do recognize and we welcome the progress that has been made by the Canadian Forces to prevent, identify, and treat military personnel suffering from mental health injuries. At the same time, the large number of current military sufferers, and an even larger number of anticipated sufferers, has led us to the conclusion that more needs to be done.

Mr. Chairman, as I mentioned earlier, we believe that operational stress injuries will be a generational challenge for our country. At this time we stand ready to provide any assistance that we can to the committee.

Merci.

The Chair: Merci beaucoup.

With that, we're going to do five-minute questions all around so we can get members in with their questions during this one-hour time with these witnesses.

Mr. Harris, please.

Mr. Jack Harris (St. John's East, NDP): Thank you, Mr. Chair.

Thank you, Mr. Daigle and Madam Kirby, for joining us today. Your work is very important, and it's very important for the committee to have your advice.

One of the things you said disturbed me quite a bit. Since you've been persistent in seeking this information, why is it that we don't know how many individuals are suffering from mental health difficulties due to their service, especially when we have clinical suggestions that 90% of individuals diagnosed with PTSD have at least one psychiatric disorder, including drug abuse, depression, or suicidal thoughts? Indications from clinicians are that you don't have adequate resources to deal with them. If we don't want to count the number of problems we have, doesn't that make it difficult to decide whether we've got enough resources to solve them?

Mr. Pierre Daigle: As I said, it is very disturbing. We've been asking these particular questions for the past 11 years. We figure that if you don't know exactly the scope of the problem, it's very difficult to identify the proper resources, the proper location, the proper configuration, and so on. There are 26 mental health clinics out there. The data that they're providing to the central organization back in Ottawa are most of the time outdated, and those statistics are used but do not necessarily reflect the right image or portrait of what's going on.

There was a workshop organized recently for those 26 clinics. Seventeen clinics attended the workshop, and 16 of those clinics mentioned that the top priority or concern was a manning issue, the shortage of care providers, and so on. It's very difficult when those clinics are short in resources and they're overwhelmed—*ils sont débordés*—by so much work. When NDHQ, the national headquarters, asked them to provide statistics, obviously, they didn't have the time, again, to go through the bureaucratic counting of numbers and so on.

There are a lot of issues at stake here. The shortage of people is definitely the more acute one.

● (1540)

Mr. Jack Harris: On the shortage of people you're talking about, you quote a figure of 15% to 20%. Is that existing positions not filled, or is this measured against the need?

Mr. Pierre Daigle: In 2000 there was what they called Rx2000. It was a study that was done in order to overhaul the medical system in the Canadian Forces. This initiative in 2000 coupled with Statistics Canada's survey in 2002 pegged the ideal number of mental health care providers to be 447. That was in 2000 and 2002. When they identified that number, they did not take into account Afghanistan, as it was prior to Afghanistan.

In 2005 the department, the Canadian Forces, agreed to increase the number of people in the mental health organization from 228 to 447, and the money was set aside to do that. They never reached 447. In 2010, it flatlined at 378. This is what we're saying: 378 out of 447 represents a shortage of 22%. What's more alarming here, probably, is that this number is based on the number of 447 which was identified prior to Afghanistan. We imagine that after Afghanistan the requirement might be even greater, and therefore this 22% shortage might be greater, but obviously, we don't have the statistics now. Statistics Canada is doing this survey in collaboration with the Canadian Forces every 10 years. They did that in 2002. They started the next one in 2012, and the result of that study will be published sometime this year. We would be interested to see, at that time, if they've identified different requirements for mental health service providers.

Mr. Jack Harris: We have statistics from the 2010 survey by the Canadian Forces that says only one in three veterans with major substance abuse symptoms was getting treatment. You're saying that the number of personnel available in the system to provide treatment like that hasn't changed since 2010. Is that still true today?

Mr. Pierre Daigle: That's still true today.

Ms. Mary Kirby (Director, Strategic Outreach, Planning and Research, Office of the Ombudsman, National Defence and Canadian Forces Ombudsman): As of the end of evidence collection....

Mr. Pierre Daigle: Yes, it's as of the end of evidence collection.

There was an effort from the leadership to increase the number from 228 to 447 between 2005 and 2009, but as I said, it flatlined at 378. It never reached 447. The money was there. Obviously, it's a question of hiring the proper resources to put them in place.

The Chair: Thank you very much.

Mr. Norlock, you have the floor.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair. Through you to the witnesses, thank you for attending today.

I have a couple of quick questions before I get to some of the meat I'd like to get into.

I think I read somewhere that Canada has the highest ratio of mental health workers to patients in the CF, as compared to the rest of our NATO allies. Are you aware of such a statistic?

Mr. Pierre Daigle: Not really. What I can say is that every time I see comparisons between Canada and other countries, forgive me for saying that I'm a bit skeptical. As I said before, the Canadian Forces has not yet been able to evaluate what they are doing themselves because there's no performance measurement here. We do not look at those kinds of numbers.

When people mention society at large, I would say that this is also of little value because, for people joining the Canadian Forces and the defence department, it's quite different. They join and they're expecting a moral obligation to take care of them if they're in harm's way and they're suffering following their service to the country. There again we try not to compare. It's a different thing if they get better service on the civilian street or in the military. In the military you sign up for your unlimited liability—you could give your life—so people expect to receive the proper treatment for that.

● (1545)

Mr. Rick Norlock: No one could argue with that, but someone might make the observation that other health care facilities right across Canada are experiencing a shortfall in their mental health workers because there's a huge, shall we say, demand for those services right across our society. Therefore, there's a competition for those relevant professions. The CF is just one group of people competing for that very limited resource.

I've heard in other areas where hospitals and clinics right across this country are all going to that same pool of people. I serve on the public safety committee, and there's a competition in our prisons for the very same pool of people. These professionals are cherry-picking: “where do I go for the best?”

I take it from your statement that isn't a concern of yours. The only concern of yours is whether the armed forces is providing the number of people that you think should be provided and it doesn't matter what the excuses are.

Mr. Pierre Daigle: Mr. Chair, when I say our concern is shortage of mental health service providers, we do realize there's competition out there. I visited 18 bases. For this particular report we had a team that went to 10 specific bases to look at all this. What we found was —and this is what we're recommending in our report—the Canadian Forces should look at internal bureaucracy processes that could be improved in order to be more competitive and attract people.

I've been on bases. I think the system should delegate down to the ground where the problems are best resolved by those dealing with the issue. I've seen places where, to hire a mental health caregiver from the civilian street, the DND, the Canadian Forces system, the staffing bureaucracy has a freeze on hiring people, and people just go away. They don't stay there. We can decentralize that, look internally to DND, make the process more agile and able to hire people, maybe pay some people a bit more because there's competition in terms of money between public servants inside the system and contractors hired from Calian by DND. I'm saying within the system there needs to be something done better to attract those people, as you said, who are in competition with any other organization.

Mr. Rick Norlock: I'd like to carry on in the same vein. We had witnesses who came here for a previous study, people with backgrounds from 25 universities, I think. There are some gaps. There are some inadequacies that they have observed. The consortium of these 25 universities, headed by a person from Queen's University, I believe—

Mr. Pierre Daigle: Yes, it was Dr. Aiken.

Mr. Rick Norlock: —said that in sum total, in this country we tend to have what was described as, and I hate to use the term, the Cadillac. I'm not saying that we don't need to strive for perfection. Everyone on this committee and every Canadian wants the best for our CF members. It's just sometimes reality shows its head.

When you say you need certain things, we all want them, too, but I do think, for the average person out there, the people I represent, we all use measuring sticks. We all use comparatives. When you say it really doesn't matter what the rest of NATO or the rest of the world does with their forces, with their similar army, navy, and air force, that we're just concerned with ours, I think the average person would say that they need something to compare that to.

Should we compare it to our NATO allies? Should we compare it just to Great Britain and the United States, with which we are more aligned? How do we fare as far as the number of mental health care workers per soldier, or per airman, or per sailor is concerned?

That's why I asked the question, not as a criticism of your office, because we know you're there for the good of our soldiers. What concerns me is when you say we don't need a measuring stick. I think the average person out there would want you to use a measuring stick, but then show us some of the shortfalls, if you get where I'm going.

● (1550)

Mr. Pierre Daigle: You mentioned our office, and you're right. We are looking at facts, collating facts, meeting people. It took 10 months, 500 people, and 600 documents to write the report. My role is to look at the facts, identify what could be improved, and make recommendations to the minister. They're recommendations to improve the system.

We've been saying there's a shortage of manpower, a shortage of people, but there's no performance measurement system. It has been 10 years, and the CF and DND are spending a lot of money. It's a priority to take care of people, but there's no performance measurement to see how well they're doing. People say we are better than other countries, but I'm not sure. I'm skeptical. I didn't look at that because I'm not sure we're doing that well. There are still things to be done. We want to attract others. Competition is out there, but there are barriers and impediments within DND and the CF. If you go on a more aggressive recruiting campaign, if you are more innovative in your approach, you can resolve issues. I've seen doctors on bases in this country who have initiatives that they put on the ground that help troops and their families, but as you go higher in the chain of command, there's resistance. You need to decentralize the execution sometimes. Even if you keep the policy at the higher level, decentralize the execution so people can find the solution, so they can tap into the society and hire someone.

On one base there were two ladies who were ready to come in, a social worker and a psychologist. They were ready to come in but in Ottawa there was a freeze. Every time you wanted to hire another public servant, you had to go through two committees in Ottawa. It took so long that these ladies found jobs elsewhere. I'm saying we need to address our system internally first.

The Chair: Thank you.

Mr. McKay.

Hon. John McKay: It seems to me that your discussion with Mr. Norlock is founded on your key criticism, which is that you have yet to hear from the government an adequate explanation for why a national database has not been implemented. The key excuse I've heard is that it's a privacy matter. You can't collect this kind of data without breaching privacy rules.

I'd be interested in, first, the reasons you received from the government, and second, your comments on whether it is or is not a privacy issue.

Mr. Pierre Daigle: Maybe I'll ask Mary to expound on that. I read about the privacy issue in the minutes of the committee here. I don't think we've addressed that. To do so you need to have a system in place. You don't need to know the number, the people as such, the names, and so on.

Hon. John McKay: You want a profile.

Mr. Pierre Daigle: Yes. This database would give us a pretty good scope of how many people we'd be looking at. People say we need $50 million for mental health care. To do what? To treat how many people? To put where?

A base commander told me once that the allocation of resources is not proportional to the requirements. On some bases you have more people suffering from PTSD and on others there are fewer, but it seems that there's a one-size-fits-all approach. You need to look at all this and identify the scope of your problem. The answer we received was that when people are sick, we take care of them. I understand that, but you need to be more proactive, to be a bit ahead of the curve when things are coming up.

Hon. John McKay: Please be brief.

Ms. Mary Kirby: At the sessions we had with Colonel Darch, the director of mental health, and Colonel Jetly, senior psychiatrist and mental health adviser, Dr. Jetly was unequivocal that he doesn't need to know that, and that he manages by wait time and makes adjustments accordingly as he sees the wait times going up and down. In relation to that, we went across the country from base to base, and we met with all of the base surgeons. They told us that they were measuring by third next available wait time, and that they would report to the surgeon general based on that.

What we discovered along the way was that mental health was being measured by first available wait time. Primary care had told us they don't measure by first available wait time because it gives a false positive. There could be a cancellation the next day. It's not something you could stand on consistently as a guaranteed measure of where you are in the system, so they were measuring by third available wait time because that was the most consistent counted-on time in the system.

We raised this with Dr. Jetly when we came back. We noted the dichotomy between the two approaches. He agreed that it was likely a false positive, and that they would be changing it to third available wait time. To the best of our understanding, in May 2012, when they had their team lead meeting in Ottawa, they were moving to that. From there on in, they were going to discuss with their team leads what they were going to measure.

● (1555)

Hon. John McKay: Without reliable data and without national standards for analysis—Mr. Norlock actually might be right—none of us will actually ever know, because there's no consistency either in the collection of the data or in the analysis of the data.

Ms. Mary Kirby: What I can actually tell you is that there was inconsistency in that data. The data that was being reported was not consistent in that some clinics were reporting on a regular basis, and some were not, so you couldn't really get a consistent picture as to what was being collected.

Hon. John McKay: I have a second question. With respect to your recommendation number six, you're in effect asking for consideration of a more modern application of the principle of universality. I think I know what that means, but maybe I should ask you what it means.

Mr. Pierre Daigle: If you look at our report, we made six recommendations. The first four recommendations were agreed to by the CDS and the Canadian Forces. The fifth one was agreed to halfway, because it has to do with the relations between the commanders and the doctors in terms of sharing information. The sixth one was not agreed to. It was to have a look at the modern application of universality of service. We all know and we are very much cognizant and supportive of universality of service. When you join an armed force, an organization like that, you have to be in shape regardless of the trade classification you're working in. The first thing you have to be able to do is be a soldier and defend and fight for your country.

We find as we go around the country, and we try to go often, that there's a perception that exists. In fact among people who are injured, the perception is growing that the CF is no longer loyal to them in the sense that yes, some people will be kept in the system, but others won't be kept in the system. We tell the Canadian Forces and the leadership that they need to be aware of this, because this is repeated to us with a lot of emotion.

Talking about universality of service and keeping people in when they're injured or they've lost their livelihood forever because they served their country, I would probably open the door here to a little bit of stigma. We have met with a lot of people and as I said before and you know, a lot of capability was developed across the country. The IPSCs, the integrated personnel support centres, are one example. Their mandate is to provide integrated medical and administrative support to people who are injured. People who are injured and are suffering physically or mentally are put into those units, and the objective of those units is to return them as quickly as possible to optimal health so they can resume their career.

In November and December of last year after we had done this report, we started working on the family files, looking at the impact of military on the family. In 10 of those IPSCs we visited, their statistics showed that of those going into those units to be fixed and returned to their unit, about 10%, and in some case 5%, were going back to their unit, which means that most of them are kicked out of or leave the forces.

This explains why some of them don't come forward with their injuries. They love the military and this is their career. When they are injured mentally, they prefer to try to cope with their buddies instead of going there, because they figure that they're going to lose their job.

All this shows us that there is distrust in the system. They think it doesn't take care about them and so on. With universality of service we're just saying today that maybe there are some kinds of illness... because what they're losing in their life was attributable to their service. Maybe there are ways of doing it differently without affecting the operational effectiveness.

The Chair: Thank you.

Mr. Chisu.

● (1600)

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Thank you very much, Mr. Chair.

Thank you very much, Mr. Daigle, for being here today.

When you make a recommendation in your reports, what information is the recommendation based on? Perhaps you have data you are analyzing and you are issuing recommendations based on the data. What kind of data do you have and how are you extrapolating this? I'm an engineer by profession, so I'm very curious about your process. You have access to certain data. You probably need to eliminate some data which is not pertinent to the issues you are discussing. Perhaps there is obsolete data or you are applying statistical principles. You need to have a process in place for how you are reaching the recommendations. I'm curious about the process that you are following.

Mr. Pierre Daigle: Mr. Chair, if you look in our report, we do explain at one point how we did that. For this particular report, “Fortitude Under Fatigue”, which has to do with PTSD and OSI, as I said I have a team with different backgrounds who visited about 10 bases just for this particular issue, and we do other things. They met with about 500 people in interviews and so on and reviewed 600 documents, documents that existed also on all of this.

We make it a duty to base everything we do on facts, it has to be factual. I do not tolerate from people in our office “my impression”, “it seems”, or “it appears”. What are the facts? A lot of comments or a lot of the returns that we get from those interviews and so on, if we feel they're not substantiated or supported by a fact, we'll discard them. We don't use them in our intellectual analysis or rationalization afterwards. When we have all the facts, we come up with findings, and obviously sometimes it translates into conclusions, and then we look at what kind of recommendation we can bring forward to correct the unfairness that's there.

In this recommendation, like any other organization, we're not perfect, but what we tell the chain of command is they should.... When we look in the files, or we're doing an investigation, I have my full resources of my office to look at that. This in fact should help any leader, because I know they're all very busy and they now have a specialized independent entity that can look at all this and make some recommendations.

We do cover all the grounds. We're not medical experts. We do interview a lot of doctors and so on. A lot of comments you see in the report come from doctors themselves who tell you the problems they are facing. You've heard former surgeon general, Commodore Jung, testify on this. They do face similar problems to what we raise in our report. So, you're right, we try very hard to base everything on facts. If people question things, we can provide the documents, the interviews we did, and not just one interview, but we have to cross-reference them over many other testimonies.

Mr. Corneliu Chisu: Now that you have done everything and you have done the recommendation, how are you measuring your own success? What are the tools you are using to measure yourselves? You are measuring somebody else, so now let's see how you are measuring your own success.

Mr. Pierre Daigle: There's a way of doing that. When we produce a report, we give the system, the department and Canadian Forces, time to implement our recommendations. This particular report is our third follow-up. We started with 31 recommendations in 2002, and now we're down to six. As we move along we know there's some improvement. They amalgamate some recommendations, two into one, and we move along. We give them a year and a half or two, and then we do a follow-up to see how well they're doing. Sometimes they will tell us this is absolutely not going to happen.

We make recommendations. If we feel very strongly about it, we can escalate each one.

If your question means if I put in 10 recommendations and they agree to five of them, am I having a 50% batting average, it's very hard to say. I can't look at it that way because we make recommendations. We think it's the best way to address the fairness. We're advocates of fairness. At the end of the day everybody puts all of whatever they have in their hands, in their tools, to try to do the best they can also. If we feel strongly about something, we keep their feet to the fire by following up on it. This database, for instance, is something we keep following up on because we feel it's very important.

One of the particular concerns we have is that we were a bit afraid that the intensity of effort the CF and DND has put into PTSD and OSI would wind down because Afghanistan is winding down. There are financial realities now that people are striving to find money, and so on. We don't know the real impact of PTSD yet because it might appear in one, two, or three years down the road. You need to keep the focus on that and continue.

● (1605)

Mr. Corneliu Chisu: I just wanted to ask how—

The Chair: Time, sorry.

Madame Moore, s'il vous plaît.

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Thank you.

I would like to discuss with you the written reply I received to a question I asked Colonel McLeod in November 2012. I spoke to him about the situation for reservists who live in remote areas.

Some soldiers who have served in Afghanistan live in remote areas. When these individuals return to their unit, they face problems when they try to get care. Care is not always available in their region. As we can imagine, there are not a lot of psychiatrists who specialize in post-traumatic stress syndrome outside the cities. So these people have to go elsewhere to get treatment, and in concrete terms, this means they have to take days off work. Most reservists do have civilian jobs.

In my letter, I asked whether there was some kind of financial compensation, and the answer was that in the Canadian Forces there is no program or benefit to compensate reservists directly for lost wages from a civilian job. The only compensation they receive is their salary as a reservist while they are receiving care and reimbursement for their travel expenses.

Some reservists who are corporals in the Reserve Force, for example, have a job that involves a post-graduate university degree. So these people suffer a financial loss. If they have to be absent from a job where they earn $50 or $60 an hour, or even more, and they only receive their reservist salary, it is complicated.

There are also the wives. In the case of post-traumatic stress syndrome, an effort is made to have the family participate in the treatment. But the wife does not receive any compensation.

In your opinion, are these shortcomings? If so, what could the government do to make up for them?

Mr. Pierre Daigle: Mr. Chair, we have not looked at the wages that reservists lose in this situation. When we prepared the report entitled "Fortitude Under Fatigue", we realized there had been no studies done about mental health care for reservists.

When reservists return from a deployment, they return to their unit, and because in many cases their job category was what is called Class A, their main medical care is provided by the province. After doing that study, we decided to do a study of the mental health care that reservists should be receiving.

In November, we also produced a report entitled "Reserved Care". That report dealt with the care offered to injured reservists in Canada, but there again, we were not looking at mental health. It talked about compensation, applying the same standards for immunization, and so on.

On the question of loss of wages associated with their main job, we did not include that in these reports, and for the moment, I do not think there are plans for that to be part of future reports.

Ms. Christine Moore: In general, how could care be improved for reservists who live in remote areas, who are isolated, and who do not always have access to specialists?

Mr. Pierre Daigle: We are starting a study now that will be published at the end of the year, dealing with what we call operational stress injuries for reservists. We will be looking at that issue.

In the report we published in November, on medical care for reservists serving in Canada, and this was not necessarily about mental health, we recommended that the Queen's Regulations and Orders for the Canadian Forces as they relate to reservists be amended.

First, some doctors do not know what care they are entitled to provide for reservists, and some reservists do not know what care they are entitled to. As you said, when they return to the unit to which they belong, after being on an operation, they are in a more isolated situation. They are no longer supported or overseen as they were in the unit where they were deployed. In those cases, there are many of them who do not have access to these services.

● (1610)

[*English*]

The Chair: Your time has expired.

Mr. Opitz.

Mr. Ted Opitz (Etobicoke Centre, CPC): Thank you, Mr. Chair, and thank you both for being here today.

Sir, I understand you have an advisory committee and they advise you and your office, not only on matters relating to the overall well-being and fair treatment of members in the defence community, but they also make observations and comments on the systemic problems within DND and the Canadian armed forces. These folks also recommend ways to deal with these issues and serve as a sounding board for various initiatives and recommendations that are considered by you and your office. This committee could arguably carry a lot of weight on how you and your office operate and make those decisions. Would you be able to describe, sir, how you put this particular advisory committee together? What types of people are currently serving under you as advisers?

Mr. Pierre Daigle: Based on my ministerial directive from the Minister of National Defence, in my mandate it does say that I should have an advisory committee that should meet a few times a year. It's kind of a sounding board contributing to our debate, discussion or brainstorming on how we can move and improve, or even decide on some investigation or not.

This committee has a chair and I would say you probably know him from the Office of the Correctional Investigator Canada. Howard, as a secondary duty, is my chair. We have about eight members. Before we appoint someone, we recommend their candidacy to the Minister of National Defence, and he has to approve them to be part of our committee.

In terms of saving money, we reduced from two meetings a year to only one, so the meeting we have with the advisory committee is held most of the time in October when we also hold our commendation ceremony where we recognize the contribution of some people in the department, in the Canadian Forces.

With all of the participants, we try to have a representation of all of my constituent groups, everybody who's a constituent who has come to our office to complain: military, regular, reserve. We do have a regular and reserve officer on board. We had a family member. We have a family director for MFRC, different provinces, services, officers, NCM: we try to have representation of all those who can come to our office. We brief them on what we've done. We brief them on the way ahead on some issues. We get their various perspectives and their input into how we can address some of those issues. It is really a representation of all those who can come to the ombudsman, but this is an advisory committee and they are held in confidentiality if ever we share some things that are more sensitive.

Mr. Ted Opitz: Thank you, sir.

In your report “Fortitude Under Fatigue”, it mentions the establishment of the JPSUs. There are now 34 of these JPSUs across Canada, which essentially offer a one-stop shop for help and support for our men and women in uniform.

Recently this committee heard witness testimony about the effectiveness of these particular establishments and what they're able to do in helping with operational stress injuries that our service personnel come back with. Can you describe, sir, how that idea of the JPSU was developed and basically how it's been received overall, in your opinion, by the DND community?

Mr. Pierre Daigle: I will ask Mary to expand on what I'm going to say.

Obviously, as I said before, from 2002 to 2008 there weren't a lot of initiatives by the department. A lot of effort, money, and initiatives have put services in place for the ill and injured across the country to replace an ad hoc organization trying to streamline and organize. IPSC is the integrated personnel support centre, and there are many IPSCs reporting to a JPSU. There's only one JPSU, joint personnel support unit, headed by a colonel here in Ottawa. I think you've met Colonel Blais and Admiral Smith. They are in Ottawa. There are IPSCs across the country, and they report to places called JPSU regional. Their main purpose, as I said before, is to provide care and administration to those who are suffering.

In the old days we called that SPHL, service personnel holding lists. When you were unfit to work, you were put into this special unit until you were fit and back in your unit. Now they have created this for all kinds of injuries, but a lot of mental health injuries are passing through. Their aim is to try to bring individuals to optimal health so they can resume their career or be prepared for transition to civilian life.

As I said before, in the past year the statistics we had from 10 of the IPSCs and JPSUs indicated a bit of concern from members themselves about why members may not come forward with their sickness, because only 5% or 10% are eventually returned to their units. Some of the troops prefer to stay within their units, care for their own, stay with their buddies, and so on, rather than go there because they are afraid it will be the kiss of death and they will be released from the forces, and they do love the forces. They do love their jobs and they want to stay in them.

Can you add anything to that, Mary?

● (1615)

Ms. Mary Kirby: I would just like to add that—

The Chair: Time has expired. Just to be fair, we'll continue.

Monsieur Larose, s'il vous plaît.

[*Translation*]

Mr. Jean-François Larose (Repentigny, NDP): Thank you, Mr. Chair.

Mr. Daigle, like you, I am a little skeptical when I hear the Canadian Forces being compared to other armed forces. On that point, it could be argued that some of them have access to no care at all, and by comparison, everything is fine here and there is no need to improve anything. As well, I think you said a standard had been adopted by the Canadian Forces, but it was not even followed, given that there was a shortage of personnel.

I would like to come back to Ms. Moore's comment, which I found interesting, about the possibility of improving access to care for reserve units located in remote areas.

Do you have any recommendations on that subject?

Mr. Pierre Daigle: The "Reserved Care" report that we submitted in November dealt with care services for reservists. Ordinarily, when we submit a report like that, we follow up afterward. We can certainly take a look at what you have raised.

In that report, we did note that reservists did not have access to the same care as regular soldiers. We noted that it was difficult for them to access care because when they went to a military base, they were told that being a Class A reservist rather than a full-time soldier meant that they had to see their family doctor, that this care was under provincial jurisdiction, and so on. We contended that this was not acceptable and that they had to be treated. That is why the Surgeon General has issued a temporary directive. We recommended that these people make sure that it was now incorporated into the Queen's Regulations and Orders and that the doctors everywhere in Canada were really told what their duties were.

I have met doctors on a base who did not know what their responsibilities were to an injured reservist who approached them. We want to stress the fact that this information has to be communicated to the entire medical chain and to reservists, in all units, so they know they are entitled to this care.

We sent a copy of the "Reserved Care" report to all units of reservists in the country so they know what they are entitled to, among other things. In that report, we also noted the enormous gulf between what regular soldiers are offered and what reservists are offered if they lose a limb. The document in question was the Accidental Dismemberment Insurance Plan.

Two weeks after our report was released, the Minister announced that reservists would be receiving the same compensation as regular soldiers for the loss of a limb. The Treasury Board of Canada has put that policy into effect. That has been solved.

Concerning what you are saying, we are going to do follow-up. We also hope that our recommendation will strengthen the directives and that all these people will then be aware of the care they are entitled to, so they are able to access it.

● (1620)

Mr. Jean-François Larose: When I was a reservist, in 1994-1995, we understood that we had to go and consult a civilian doctor. I am glad to see there will be follow-up.

Mr. Pierre Daigle: We have started a study of the care provided to reservists for PTSD because we realized that reservists have brought about a 20% increase in the number of soldiers on operations. When they are on operations with members of the Regular Forces, they are employed under a Class C contract. They receive the same benefits as their colleagues, but when they return to Canada, if they are finished, they return to their unit and they are then in a Class A employment category. If PTSD emerges two years later, they will be civilians somewhere in the landscape, and they will be suffering. All that has to be analyzed.

Mr. Jean-François Larose: Thank you.

[*English*]

The Chair: Okay.

Mr. Strahl.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you very much, Mr. Chair.

Thank you to the witnesses.

When we were discussing the mental health system for our men and women in the Canadian Forces, the commentary was that this was kind of a Cadillac system, that the members of the Canadian Forces have the best access in the country to mental health services.

I was formerly on the health committee, and we talked about electronic health records and how the Canadian Forces have a significant advantage. They're able to do what the provinces and territories can't do, in that they know that where these people move, their health records will follow them.

If we have acknowledged it's a good mental health system and a good way to track the medical care or the electronic health records of our men and women in uniform, I'm questioning why we can't extrapolate the data as to who's receiving mental health services. You said there's no formalized system in place, but isn't the data already there, and why can't we get to it?

Mr. Pierre Daigle: When we did that report we tried for balance, and I think we have a balanced report. We have had no challenge to the veracity of what we're saying. We do mention what's better now. The forces have done better things over the years. There's more capability. There's the leadership commitment to mental health. There's are reduced barriers, and so on.

What's not good enough—we don't say “negative” and “positive”—is the number of mental health care providers, the database that's linked to a performance measurement of effectiveness, and so on. We did find that there were good things. Obviously the medical files are more portable now—you can move them around the country—which is better.

What was created, and you will hear this from the mental health community, is what they call the Canadian Forces health information system. That was created in 2012. Now, there's some limitation to that system. It does provide basic information, a resource utilization for the location of patient, appointment type, and so on, but it was not built into the system to put in the mental health care provider notes. The mental health caregiver's notes cannot be input into the system and so forth.

When we talked to some medical health specialists, they told us that in order for the CFHIS, Canadian Forces health information system—the automated system—to provide all this information into the system, they figured that at best it would take until 2014-15 to be able to do that.

We keep after them. We keep saying, “You need to have a better database. It is twinned to your performance measurement. At the end of the day, a lot of money, effort and energy is placed here. You need to make sure you have a system that tells you if you're efficient or not.”

● (1625)

Mr. Mark Strahl: I certainly appreciate, even in your notes today, how you've talked about the positives, the minister's commitment to additional funds for more mental health practitioners, as well as the shortcomings in the metrics and all the rest of it.

We've heard some challenges from previous witnesses on this. Ms. Gallant certainly has a wealth of knowledge as to the challenges they've had at Petawawa. There's the contractor they've used, and there are different rates of pay for practitioners.

As someone who's been in this and has heard the frustrations of families who are trying to get this care, in your opinion, what is the best way to attract, hire, and retain those health care professionals that we need? As you've said, there is a gap. How should the Canadian Forces best do that?

Mr. Pierre Daigle: Definitely, as I said before, one needs to look at the internal mechanism of our system in place to manage this. When you have a base wing surgeon or a doctor on a base somewhere and they need people, and because of the local community they can hire people, they have to revert to a very bureaucratic-heavy system in Ottawa. It takes so much time. There are so many barriers. There's a myriad of freezes on hiring. They are losing those capabilities that are ready to come on board.

The money is one thing. There are public service doctors who are paid less than a contractor coming in. The Canadian Forces medical system is now hiring a lot through Calian, which is a contracting organization. If you want to attract someone, you'd better pay them as much or more than others, otherwise they'll go elsewhere.

Obviously, a recruiting campaign, more aggressive, more innovative contact.... I know there's some initiative to get in touch with medical associations and so on. This is definitely all there.

All of what we're talking about here is definitely related to the military members and so on, but the impact on family is very important. I've seen initiatives on bases where the base surgeon at the end of the day—because medical doctors are forbidden to provide care to civilians; therefore, they're forbidden by law to provide care to family—takes his uniform off, and at 6:00 p.m. he has an office provided by the base commander and he's looking after families. Instead of doing his time in a hospital downtown, which all doctors need to do to maintain their skills and so on, he's doing it by giving support to the families. There are a lot of initiatives that I've heard of from people on the base that can be helpful.

Also, you're right: it's competing with a resource pool that is in great demand, absolutely.

The Chair: Thank you, Mr. Strahl, your time has expired.

The time with you, Mr. Daigle, has also expired. We've had an hour with you, and we appreciate your coming in and helping us with our study. In the interests of time, we're going to suspend, allow the end of the table to clear, and invite our next witnesses.

Again, on behalf of the committee, we thank you for your report and also for sharing your insight. It was great.

Mr. Pierre Daigle: Thank you very much. Your work is important, and I appreciate your interest.

The Chair: The meeting is suspended.

● (1625)

(Pause)

● (1630)

The Chair: I'll call this meeting back to order. We are going to continue with our study.

Joining us for the second hour is the True Patriot Love Foundation. We have Bronwen Evans, who is the managing director, and Mariane St. Maurice, who is the manager of disbursements and community outreach. Welcome both of you to the committee.

You have already received the text of their presentation in both French and English. They have also brought a long and glossy form, which is on the back table. You can get it in either French or English as well. There aren't enough copies to have them in both official languages, but there are definitely enough to cover off the anglophone and francophone members of the committee.

Ms. Evans, if you would kick us off with your presentation, and if you could keep it under 10 minutes between the two of you, we'd appreciate it.

Ms. Bronwen Evans (Managing Director, True Patriot Love Foundation): Thank you very much for having us here today. We appreciate being invited.

The True Patriot Love Foundation, or TPL, was founded in 2009 to bridge the divide between the military and civilian worlds. It was through a presentation that the founding board members heard from General Rick Hillier, who was at the time raising money for the Military Families Fund, that we first put together a dinner in Toronto to raise funds to support military families.

We disburse those funds to charities across Canada to deliver programs that support members of the Canadian Forces. We are like the United Way for military charities, which is probably a good way to think of us. We don't run programs per se, but we raise funds and provide supports to charities across the country.

So far we have raised $14 million to support military families over the last four years, $3 million of which has been disbursed to the Military Families Fund. We also provide funding to all the MFRCs around the country, Soldier On, Outward Bound, the Veterans Transition Program, a whole host of programs that are out there.

We have three principle areas of funding. The first is family health and support. That includes a wide range of things, everything from emergency child care.... Oftentimes that's child care, so a member of the CF or a spouse can attend doctor's appointments, that sort of thing.

We have come across many requirements around needs for funding for children with special needs. When a family, for example, moves from Alberta to Ontario and they have a child with autism, in Alberta, where there aren't waiting lists for therapies for autism, they would have had the services that they require. But when they move to Ontario, where the waiting lists for publicly funded services are years long, oftentimes these families are having to remortgage their homes to pay for the therapies in the interim, so we step in and provide funding in situations like that.

Another area for us is mental health and well-being, obviously helping to deal with issues around post-traumatic stress disorder and operational stress injuries. We also include under that umbrella mental health supports for the entire family, because when a soldier is affected, the family is often affected.

We're also seeing situations with children and youth. Even simply dealing with the day-to-day challenges of being part of the Canadian Forces, in terms of moving from base to base, causes some challenges in the mental health and well-being area for the children and youth.

The third area we focus on is physical health and rehabilitation. It's important to state here that our role isn't to supplement government funding. We step in and fund where government isn't able. Here is a good example. When you think about rehabilitation, it may be a soldier who, say, has lost a leg in Afghanistan, comes back to Canada, and wants to be able to drive again. The government will pay to retrofit the soldier's existing vehicle. However, if it's a small vehicle and, say, they can't fit a ramp or a wheelchair in the back of that vehicle, we will provide funding for a more appropriate vehicle, and then the government will pay to retrofit that one.

One of the areas we thought it was important to talk about was that of mental health. We held a multinational symposium with the White House in Washington last fall, which various members of Parliament and representatives from the Canadian Forces attended. One of the things that was a common theme among the participating countries—Canada, the U.K. and the U.S.—was that serving members, when they're dealing with mental health issues, need to be able to access services that fall outside of the CF. It's very difficult for them to put up their hand and say to their employer, "I'm having issues", and to seek help through their employer. An important area of focus for us is to provide those alternative services through the various charities that exist out there.

One of the charities that we have been supporting and which was recently given some support from Veterans Affairs Canada is the Veterans Transition Program. They have data that shows that only 37% of impacted veterans will seek services from Veterans Affairs Canada because of that whole sort of stigma associated around that.

We also look at and fund non-traditional types of mental health supports because there is a stigma around mental health. If you think about the culture of the military, people are often reluctant to come forward and ask for help.

● (1635)

One program we have provided substantial funds to is Outward Bound Canada. It doesn't put itself out there as a charity offering therapy. It's an adventure-based type of initiative. We've had testimonial after testimonial from individuals who have gone through the program: “It was the best thing I could have done for myself.” “It was an opportunity to talk to my peers about some of the challenges they're facing.” “I realized I wasn't alone.” “It opened up a whole new network for me that I never had before.”

Now they're seeking help for mental health issues, addictions, family counselling, or whatever it may be to help them get back on their feet.

I'll turn it over to Mariane to talk about a couple of other areas.

● (1640)

Ms. Mariane St-Maurice (Manager, Disbursements and Community Outreach, True Patriot Love Foundation): Thank you.

Thank you for having us here today.

There are two more areas that I'd like to talk about. The first is about making sure there are services and programs available to members of the CF and their families wherever they are and whenever they need them.

Of course, after people come back from deployment, they and their families keep moving around the country. Symptoms of PTSD, for example, can take years to manifest themselves. We need to make sure that whenever the symptoms come up, or whenever family members need access to services that will help them or provide care for the family members, they have access to them, whether they're in Shilo, Goose Bay, or London. We've seen these needs met in a few ways.

For example, a new association, Military Minds, was recently incorporated. They grew out of a need that they identified through an online forum. They basically provide a network of connections. Family members, members of the CF, and veterans go on this website and ask or manifest their needs, talk about what they need, and say what area they're in. Military Minds works to connect them with services and programs in their area to make sure that whenever they need things, wherever they are, they have access to those programs for support.

The military family resource centres, or MFRCs, across the country are also a great source of support for the members of the CF, veterans, and families. Whether it's support around deployment, like Shilo, which is facing one last deployment, or whether it's post-deployment, like Valcartier, where there's a big need for that, they have support for the children and for the spouses.

More and more we find that it's the parents of the new recruits who need the support as well. There are a lot of new recruits and young reservists who are still in university and whose parents don't really know what's going on with the military, and don't really know about the military community. There's a growing need for support for those parents, to keep them informed and also to keep them informed on how to identify symptoms of mental illness. When their kids, those young reservists, come back and are at home, the parents oftentimes are the first people to see those symptoms. If they are aware of ways to deal with that, and if the resources are available for their children, they can access those services as early as possible.

The last thing we'd like to mention is that care for ill and injured members is not limited to basic health care. A lot more goes into that. There are lots of different components of health. That includes relationships, education, housing, and that sort of thing. It's important to provide support for the families and to make sure that the parents, as Bronwen was saying, can have access to emergency child care so that they can access health services for themselves.

There's also a lot of spousal support needed for families. Spouses need support networks when they move to new communities. If they're francophone and they move to an anglophone community, then.... In Winnipeg, for instance, their MFRC has about 30% of their members listed as francophone. They organize four different types of activities for people to have that network of support where they feel comfortable when they move into that community.

Bronwen was talking about retrofitting vehicles and homes. It's a way of making the injured soldiers feel comfortable, and feel like they can still contribute to family life. Just being able to drive their children to school, not having to rely on their spouse for everything, it's a way for them to feel helpful again, to feel they can contribute to their community and to their family.

The last area is lots of family and community support. We can see family retreats across the country, where people will host military families for a weekend. It's just a time to step back from the daily challenges of military life. Spouses can take some time by themselves, either for workshops on parenting or just some time alone, and their kids can go and meet other youth of the same age to talk about the challenges they're facing. The younger kids can be taken care of while the parents go away and spend some time alone.

● (1645)

A lot of MFRCs also have a lot of community-building initiatives and programs that are very helpful to families and make sure those relationships and that sense of community are strong and are taken care of for those members. The physical health is taken care of, but the mental health is also taken care of.

The Chair: Thank you very much.

We're going to go to our questioning. Again, just as in the first hour, we're going to stick with a five-minute Q and A. If you could keep your answers as concise as possible, we'd appreciate that.

Mr. Harris, you have the floor.

Mr. Jack Harris: Thank you, Chair.

To the witnesses, thank you for your presentation. You indicated that you have managed to raise $14 million since 2009.

Ms. St-Maurice, I believe you're the person in charge of disbursements. You talked about a lot of needs that military families and forces members have, and we have certainly heard these issues.

It's not clear to me. Ms. Evans, you indicated that you disburse money to other charities, but you talked a lot of individual needs. If I wanted to go to Outward Bound, would I send my personal application to you, and ask if I can be one of the 80 people? I went to Outward Bound 20 years ago, and it's a wonderful organization, and I can see how it would be helpful. Would I apply to you? If I need daycare for my children, or autism support or whatever, would I apply to you?

Ms. Bronwen Evans: No. The charities, such as Outward Bound, would apply to us, or the individual MFRC would. This year we're running three different rounds of applications to address the three areas I mentioned.

We've reached out to the various military charities around the country to indicate the areas we will fund, and they will send in their applications to us. We don't assess any individual needs at all. We leave that up to the charity that delivers the program to do that.

Mr. Jack Harris: How does a guy who needs a bigger car than he has get access to your funding? Does he have to get a military family resource centre to make an application for him or her?

Ms. Bronwen Evans: Yes. I believe the funding we provided for retrofitting of vehicles or purchasing vehicles has come through the Military Families Fund. What they do—

Mr. Jack Harris: You gave them $3 million, I read from your website. You gave them money, and they make the decisions.

Ms. Bronwen Evans: We didn't hand over a cheque for $3 million. No. What happens is they evaluate what they think the needs are, and they will submit a proposal to us. One of the recent things that has come up has been tutoring for children and youth. They will say, “This is a big need. We've identified, say, 100 families on various bases that could really benefit from this. Here's the amount we're requesting; here is the number of families it's going to help”. Then they report back to us after the money has been spent on how that money was used.

Mr. Jack Harris: Why would you do that? You're collecting money, and I know you are obviously very successful at it. The ability to collect $14 million is testament to the amount of public support and community support that is out there for our military families.

Why wouldn't you just give it to the Military Families Fund and tell them to decide what to do with it? Of your $14 million you collected, do you give it all out, or do you disburse it out over time? Do you have a policy to, say, collect $4 million this year and give out $4 million? How do you work that?

Ms. Bronwen Evans: Each year we put together a business plan. That plan sets out what our disbursements are going to be for the year. For example, our goal for disbursements for this calendar year is $2.5 million.

Mr. Jack Harris: You collected $2.3 million at one event in Toronto.

Ms. Bronwen Evans: That's right.

Mr. Jack Harris: On average, what would you expect to get every year for the next few years?

You started in 2009. You seem to be doing well in terms of the events, and I congratulate you on it. Don't get me wrong. I'm not....

I'm just wondering, is your plan to disburse all of the funds you receive in a year, or do you have a longer term plan?

Ms. Bronwen Evans: Our plan for the moment is to continue as a foundation and not run programs ourselves. That's how we are set up with CRA.

Our goal is to keep our expense ratio at a reasonable level that's acceptable to CRA and disburse funds in a responsible manner. Our —

● (1650)

Mr. Jack Harris: I'm sure you do all that. Do you have any particular amount that you disburse?

Ms. Bronwen Evans: So....

Mr. Jack Harris: As a percentage, I mean.

Ms. Bronwen Evans: I stated this year our goal is to disburse $2.5 million. Last year it was about $2.1 million. Our goal every year is to increase it. Ongoing I don't have the numbers right here in front of me, but we have put a business plan together for the next couple of years where we would see disbursements increasing each year as we bring in more money.

Mr. Jack Harris: I'm not trying to be difficult, but if you were disbursing $2.4 million a year, and you've been around for four years, and you've collected $14 million, I know you have expenses, obviously.... I'm just trying to get an idea whether your plan is that, if you take in $3 million and you have $500,000 in expenses, you disburse the other $2.5 million. Is that the way it works?

Ms. Bronwen Evans: Basically our goal is to keep our expense ratio below 35%. This year we're likely going to come in under 30%. Our disbursements are obviously based on cash flow, partly, so a big part of our mandate is to raise money to support the charities. Another big part of our mandate is to bridge the gap—we do this partly through funding the charities—between the civilian and corporate worlds.

For example, a program we've just taken on through the direction of Minister Blaney is to put together a veterans transition advisory council. There are different programs. Our goal is to disburse as much as we can while also fulfilling our mandate of bridging the gap between the military and civilian worlds by creating some awareness.

The Chair: Thank you. Time has expired.

Go ahead, Mr. Alexander.

Mr. Chris Alexander (Ajax—Pickering, CPC): Thanks very much, Chair.

Thanks to our witnesses for being here today.

The story of True Patriot Love is really inspiring, I think, for all of us who work on defence-related and military issues in this committee, because it shows how deeply rooted the support for Canada's military is in Canadian society. The government does a lot, but you reflect how broad and deep that support is in the corporate sector and among individuals in civil society, so our hat is really off to you for that work. We're proud. We will be reminded of it on a continual basis, not only by our work in committee, but because we have one of our colleagues now in our caucus and in the House of Commons who was so directly involved in your work, as many of us have been.

I've had the pleasure of taking part in some of your events in the GTA, of being at that great seminar in Washington that showcased a lot of good things Canada has done in the field of mental health, but also the challenges ahead.

Tell us a bit more, though, as you are endeavouring to ensure your programming is focused and delivering results, about what kind of vetting you do and what kind of criteria you're applying today to identify the right charities. Obviously, there's a changing field out there. There were some available in 2009. It's a slightly different field now. How do you go about making sure that selection process is the best it can be?

Ms. Bronwen Evans: We have a fairly rigorous selection process for this. I would like to think that it's not cumbersome, but it is quite rigorous. It really depends on the area you're talking about. For example, right now we're working quite closely with Commodore Watson and his staff on the applications that are coming through for the MFRCs. They, as this group likely knows, are undergoing some funding cuts at the moment, so we want to make sure that we are focused on the right priority areas and that there's some consistency created in terms of level of service that's available across the country.

Certainly in our experience, when we deal with the MFRCs on an individual basis, the levels of sophistication of the MFRCs can vary, and the programs they offer can really vary. Our goal there is to make sure that, no matter where you live in Canada as a military family, you have access to that same level of service. We work very closely with the Canadian Forces on figuring out, when it comes to MFRCs and the MFF, what the priority areas should be there.

When it comes to mental health programs that fall outside of the MFRCs—well, actually even within the MFRCs—various mental health programs or supports, we have relied quite heavily on the advice of Rakesh Jetly, a senior military psychiatrist. We're in contact with him on a regular basis about the various applications that come in to get his view on what's happening there.

Then the way our process works is that we set out specific criteria. It's all laid out on our website in terms of what we're looking for, the kinds of things we'll fund, the kinds of things we won't fund. We say specifically on there that we won't fund anything that's covered by public dollars. It's quite clear on the types of things we'll fund and the things we won't. Then we draw on the expertise of the CF and other subject matter experts to look internally at the applications when they come in. Then finally, all of the disbursements go through our board prior to any of the money being released. It's quite an involved process to do it.

In fact, when we think about how we use our resources.... I was asked a few minutes ago about why we didn't just disburse everything we bring in. Well, the actual process of evaluating what the needs are and figuring out where the money should go in itself is quite a time-consuming thing to do because we do want to do it right. We're the steward of that money; we want it to go where it needs to go.

● (1655)

Mr. Chris Alexander: I think most of us understand that by defining yourselves as a foundation you want to have a capacity to be there over the long term and to have a solid basis for new and emerging needs that come out there.

Are there any needs that you see now emerging, from your perspective, on the mental health front, rehabilitative needs, etc., anywhere in the spectrum involving the ill or injured and indeed transitioning soldiers and veterans? You've taken this great initiative for the task force to engage the private sector in more targeted, more coherent, hiring programs for veterans, which can affect morale directly and indeed health. What do you see that we in the committee, we in government, may not yet be responding to as well as we might?

Ms. Bronwen Evans: One of the things we're working through, and we're certainly working with the government on, is that, you're right, as people are released or self-released from the military, it can be very difficult for them to go from feeling like they've had a career where they've been serving and it's quite purposeful, to all of a sudden not knowing what to do. That can be quite devastating for them. We hear about suicides, about depression, about all kinds of different things.

I don't know that there's a single answer to this, but we need to figure out some sort of coordinated system to get to those people before they are released, and help them figure out what their options might be upon release so they don't suddenly find themselves without a job. There's one individual right now who we've gotten to know. He stepped on an IED in Afghanistan and 80% of his frontal lobe was bruised. He came back and said, “I know I'm different; everybody's telling me I am. I can't see it for myself, but I know I am.” His wife left him. His family somewhat abandoned him. He almost committed suicide. He is really struggling to figure out what his place is in the world now, because he's not serving anymore and he's really looking for something meaningful.

We don't think government should do it all. There's a role for the charitable sector, and there's a role for the corporate sector, in all of this. If there's a way that we can cooperate among those sectors to figure out the right network for people leaving the military so they have a sense that there are jobs there for them and the corporate world wants to hire them, I think it would go a long way.

The Chair: Thank you. Time is expired.

Mr. McKay.

Hon. John McKay: Thank you, Chair, and thank you to you both for your work. I had the good fortune a few months ago to be at UBC and see that veterans transition program. I believe you are one of the primary funders of that.

Ms. Bronwen Evans: Yes.

Hon. John McKay: Subsequently—I would like to say subsequent to my visit, but that would be a bit of a stretch—the minister came through and I think funded it for something in the order of a $1 million.

My impression was that this was a pretty good program; it was a leading-edge program; and it was an area of flexibility that the military just simply couldn't adjust to. I thought at the time that this was a useful model to push our care for the ill and injured out further than just simply.... Even if you can argue that the military has advanced light years from where they were 10, 20, 30 years ago, it still is quite a useful thing.

I'm interested in your comments with respect to that veterans transition program. I don't know much about your work but I saw that as a terrific success.

● (1700)

Ms. Bronwen Evans: They initially had some funding through the Legion. They had some, and then they didn't have some, so we stepped in to help out with that program. The most recent funding that we gave them was for a pilot program out east. They are affiliated with UBC; it's all out of UBC. We were looking at the work they were doing and thinking that this peer-to-peer support seems to be a really effective way of getting individuals who have been part of the military culture to talk about some of the challenges they are facing. They're not very good at self-identifying. They're not comfortable doing that, but when they can sit next to somebody and think, "This is a pretty neat person. I can see similarities, and he's getting help for his substance abuse, or he's getting marital counselling, maybe I can do the same thing and that's okay." We've heard a lot of good things coming out of that. I know that the findings around it are still fairly preliminary. They need to look at the findings over the longer term. They assess the individuals when they come into the program to see where their level of happiness or depression is, and once they complete the program they do the same thing, and they're finding there's a remarkable difference.

Of course, you need to look at this over time, like you would with any new initiative that you're doing, but so far, the results are—

Hon. John McKay: I assume that you're staying in the funding part of the program.

Ms. Bronwen Evans: That's our plan. We gave them money a few months back, and I think they're set for this coming year, but I'm sure we'll hear from them again.

Hon. John McKay: I agree entirely with your observations, particularly on the peer-to-peer point, that a lot of exploration could be done.

Given that you may be leading-edge in pushing a traditional institution along the path to caring for ill and injured, have you been looking into funding of other alternate therapies? For instance, this committee has heard about dog therapy and horse therapy and all that stuff. When you present to the military vote, they say, "We don't have any empirical evidence and therefore we can't fund it."

I don't know that you are bound by that. I'd be interested to know whether you are pushing in that area.

Ms. Bronwen Evans: It's an interesting comment.

One thing we have worked closely with Colonel Jetly on is figuring out, if you think about health services that the CF funds, it's where there is that empirical evidence, and that makes sense.

I think the opportunity for an organization such as ours lies in the ability to take programs about which people such as Rakesh Jetly, when they look at them, will say there may not be any empirical evidence or all kinds of studies done to support them, but at the same time there are examples of positive outcomes coming out of them, and it doesn't seem to be harming anybody, and we think they're doing some good. There's an opportunity for us to step in to fund those things where government really can't do that.

Hon. John McKay: Yes, you have some sympathy with an officer who says "I can't fund something for which I don't have any empirical evidence". But then, that person is not going out and getting empirical evidence, so it's never going to be funded. It becomes a complete circle.

● (1705)

Ms. Bronwen Evans: That's right.

Hon. John McKay: A final point is with respect to something that Ombudsman Daigle said about the soldier burying his illness. Not only does the soldier have an issue with respect to whatever his illness might be, whether physical or mental—though primarily it's mental—but also with respect to his job security, that if he comes clean with respect to his mental illness, he will be shuffled off to a special unit.

Have you made any observations with respect to men and women in the forces actually burying their illness so as to not face the consequences of losing their serviceability?

Ms. Bronwen Evans: Definitely, and this was what we heard a lot about at the symposium in Washington. This is why we think it's important to have .

It can be really difficult. I take it that if you receive psychiatric services through the Canadian Forces, and the psychiatrist deems that you may not be fit to work, and to somebody approaching this it can seem like a very subjective thing, then why would you go ahead and do it, if you're putting your career at risk?

Another interesting area that we've just started to hear some things about anecdotally involves the fact that women in the Canadian Forces may be even more reluctant to come forward to get supports around mental health.

The Chair: Time has expired, so I'll just let you finish that comment, Ms. Evans.

Ms. Bronwen Evans: They may be more reluctant to come forward because they're already in a situation in which people look at them and say, "You're a woman. Can you really handle this?" For them to have to say, "I'm not handling this" is a sort of double whammy for them. I think this is an interesting area, one on which the White House is currently doing quite a bit of research.

The Chair: Thank you.

Ms. Gallant.

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

Earlier in your remarks, you mentioned that you are helping our soldiers with both mental and physical injuries.

In what ways do you help out with physical injuries? Are you there, or do you have some rehabilitation programs that you fund, or do you work directly with the hospitals? Could you elaborate on that?

Ms. Bronwen Evans: We don't provide funding for services that are covered by government, so it wouldn't be direct therapy per se. That's already covered by public dollars. There's a range of things that we do.

As I mentioned, some of it's around the retrofitting of vehicles and homes. We heard of an example where a soldier had to have a ramp. The government funded paving the half of the driveway that led up to the ramp, but not the other half, so we paid for the other half that didn't lead up to the ramp. It's a quality of life type of thing; it's sort of embarrassing to have only half your driveway paved.

The other area that we're looking at more—and actually I just had a conversation with the representative from the Paralympics today—is providing soldiers who have been seriously wounded with the opportunity to see what's possible. Through Soldier On, we did help to send some injured soldiers to the Paralympics in B.C. I think it was in our first year. The ability to witness that and see what's possible was quite amazing for them. In fact, one of the soldiers who attended is on the Paralympic sledge hockey team for the coming Olympics.

There's that piece of it too. A bit of it is, “Wow, look at the things I can do, and if I put my mind to it, there's still quite a meaningful life ahead of me.”

Mrs. Cheryl Gallant: Have you worked at all with the Canadian adaptive sports organizations?

Ms. Bronwen Evans: We haven't, but it has come up. They have never approached us for funding, although I'm trying to think....

Our ski program, Mariane?

Ms. Mariane St-Maurice: They are the ones who—

Ms. Bronwen Evans: Was it the ski program? Okay. Yes, we have provided funding for skiing for soldiers who have been injured.

Mrs. Cheryl Gallant: What is the process to apply for the funding?

Ms. Bronwen Evans: We have an application process that's laid out on our website. This year, there are three different rounds of applications that are happening. In order to receive funding, you need to have charitable status and you need to be able to issue a charitable tax receipt. Really, it's a question of looking at our criteria and filling out the application. Then it goes through our internal review process and we come back with a decision.

Mrs. Cheryl Gallant: To both of you, had you been involved in the rehabilitation of our soldiers, both mentally and physically, before you were a part of True Patriot Love?

● (1710)

Ms. Bronwen Evans: No. Really, this initiative.... Part of the reason we don't deliver programs is that it's not our area of expertise. We rely on charities that are experts at delivering these kind of programs to make sure that the funds are disbursed to the right people who need the programs.

As for the original intention of True Patriot Love, there was this feeling that there was such a disconnect between Bay Street and the military. We're Toronto-based, and we saw this really strong desire by corporate Canada to do something to give back to the men and women who have served and to their families. That was where it came from. It was almost that lack of experience that the group felt they had with this that made us want to do something.

Mrs. Cheryl Gallant: The reason I asked was that I wanted to know if over the course of the last 10 years, so maybe in the course of your career with this organization, whether or not you've seen significant.... What improvements have you seen, being a part of this organization, over how our troops were treated beforehand as to how they're treated now?

Ms. Bronwen Evans: Do you mean by the public?

Mrs. Cheryl Gallant: No, I mean how they are cared for.

Ms. Bronwen Evans: How they are cared for....

Mr. Chris Alexander: Across the board.

Ms. Bronwen Evans: I think that's a difficult thing to answer. What I would say is there are programs being funded that would not be funded if we weren't raising dollars to do so.

As Mariane mentioned, the actual health care services are only one part of being a healthy individual, so there are supports that we can provide for families. When a soldier is over in Afghanistan and is worrying about their child who might be struggling with homework, or their child with special needs back home, or about a spouse who has left their family in another part of the country to move to a different base and doesn't have any child care help from immediate family members, if we can provide that kind of support so the soldier can just focus on what they need to be doing without doing that worrying, that benefits the mental health of the whole family.

Mrs. Cheryl Gallant: When you see—

The Chair: We're out of time. I do apologize.

Madame Moore.

[*Translation*]

Ms. Christine Moore: Thank you.

I have two questions, and my colleague Mr. Larose will then have a question for you.

[*English*]

The Chair: Are you bilingual?

Ms. Mariane St-Maurice: Yes.

The Chair: Good.

[*Translation*]

Ms. Christine Moore: So I was saying that my colleague will also have a question for you, and then we will allow you time to answer.

My first question is a technical one. I took a quick look at your website. The French site is not as complete as the one in English. Not all the same information is there. When do you expect the website to be equivalent in French and English?

My second question is more general. What are you doing to reach the reservists and offer them your services? There are no family resource centres when someone is a reservist in a remote area. What are you doing to reach them and offer services, both to the reservists and to their families?

I will let Mr. Larose ask his question.

Mr. Jean-François Larose: You can answer and then I will ask my question.

Ms. Mariane St-Maurice: Regarding the website, we are working on it. We have already added the funding application form and the FAQs. So we are working to get it done as soon as possible. That is the best answer I can give you at the moment.

On the question of reservists, I recently spoke with representatives of the 30 resource centres for military families across Canada, and that is a need that is often mentioned. I am talking about the need to reach reservists and their families who are in remote areas and not on a military base. Some people from the resource centres have said they would need an employee whose job would be to reach these people or look after funding for programs. When reservists or their families arrive on the base or in the region, the programs would be used to form a welcoming committee to show them that resources are available. Someone would communicate with them regularly.

I have not seen any stable programs anywhere in the country whose goal is to reach reservists in remote areas. However, the resource centre in London has two satellite offices: one in Hamilton and one in Windsor. Its representatives have just applied for funding to keep the satellite office in Windsor open so they can have access to all the reservists and young people attending university in the Windsor region, who otherwise would not have access to these services.

● (1715)

Mr. Jean-François Larose: Thank you, Mr. Chair.

I am going to make a comment rather than ask a question.

I applaud what you are doing. In addition to my duties on this committee, I am the NDP philanthropy critic. I think what you are doing is extraordinary and all soldiers deserve this, given all the sacrifices they make.

However, there is one thing that concerns me about your foundation. You were invited today by the government, and surprisingly, each time the committee wants to tackle the problems that exist at the Department of National Defence, the government paints a somewhat rosy picture of the situation. Why do they do that? We wonder about this all the time. It may be to distance itself, as we saw earlier with the ombudsman.

As well, although I think your initiative is extraordinary, I do not think it is reasonable for soldiers to beg for money, given all the services they perform. They have to beg for money because they are excluded from those services while they are on active duty and again after they complete their service. The government is shirking its responsibilities. On the one hand, it does not want to admit anything, in committee, but on the other hand, it recognizes your importance and everything you are putting in place. Honestly, I am very embarrassed today, and I will tell you why.

I am not a member of the government, but that may change in 2015. In any event, I would like to apologize to you, in all sincerity, because I don't think the situation is at all reasonable. On the one hand, it recognizes everything they do, but on the other hand, there needs to be a foundation to help them. That is a major failure, seriously.

Honestly, I would like to thank you from the bottom of my heart for everything you do.

Thank you.

[*English*]

Ms. Bronwen Evans: Could I respond to that?

No matter what area, we can always think of ways that government could be doing more. I'm not really judging whether they should be or not.

One of the things that I would say is that if you've ever been to one of our tribute dinners.... Our tribute dinner in Toronto had members of the Canadian Forces and their families. There were about 1,500 to 1,700 people from the corporate world. It does an incredible thing for the morale of our military members and their families to see that.

If we left it all up to government, you wouldn't have that. We are creating a bridge between these two groups that's never really existed before in Canada. I hear what you're saying, but at the same time too, I think there is a role and it isn't all up to government to make sure there is that connection.

One of the things that has been so wonderful to see, as we've gone around and raised funds for this cause, is that people want to give and do something. We're apolitical. When we had our first dinner, we had the leaders of all parties there, including the Green Party. It's something that we're quite proud of. We think there's a bigger social benefit to having a charity involved.

The Chair: Okay, the bells are ringing, and as you guys know, it's my duty, pursuant to Standing order 115(5), to get you to votes unless there is unanimous consent to continue on with questioning.

Do I have consent to continue?

Mr. Jack Harris: What time are the votes?

The Chair: They are in half an hour. It's a 30-minute bell.

Mr. Jean-François Larose: I don't give consent.

The Chair: We don't have consent. Without consent we will adjourn.

Before I do that, I want to thank True Patriot Love for all the hard work that you do in supporting our forces members and our veterans and for making that connection between the corporate world of those who are philanthropists and want to give and want to help and to fill in the gaps where government can't be all things to all people. This is an important fundraising foundation, providing that go-between as well as funding some great organizations and providing services, such as the military family resource centres that we have right across this country.

With that I will thank you again for helping us with our study.

I'll take a motion to adjourn.

Mr. Chris Alexander: I so move.

The Chair: The meeting is adjourned.