HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on National Defence

NDDN • NUMBER 012 • 2nd SESSION • 41st PARLIAMENT

EVIDENCE

Tuesday, February 25, 2014

Chair

The Honourable Peter Kent

Standing Committee on National Defence

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● (1105)

[*English*]

The Chair (Hon. Peter Kent (Thornhill, CPC)): Thank you all for attending this meeting of the Standing Committee on National Defence as we continue our study of the care of ill and injured Canadian Forces members.

Appearing before the committee today are two witnesses, Colonel Russell Mann, the director of military family services, and Colonel Blais, the director of casualty support management and the joint personnel support unit. Gentlemen, thank you very much for your response to a rather late invitation. We appreciate your appearance today.

Perhaps we could begin, please, with opening statements of 10 minutes each. Colonel Mann, would you begin, please.

Colonel Russell Mann (Director, Military Family Services, Department of National Defence): Good morning, Mr. Chair and members of the committee.

[*Translation*]

Good morning, ladies and gentlemen.

[*English*]

I want to begin by thanking you for your invitation to appear again today and to bring additional insight about services for military families.

In particular, I want to thank you for your interest in regard to military families in the work you do as members of the House of Commons Standing Committee on National Defence.

● (1110)

[*Translation*]

As the Director of Military Family Services, a division of the larger Canadian Forces Morale and Welfare Services which falls under Chief Military Personnel, I am responsible for ensuring that the Canadian military family community is well supported and that military families specifically are able to lead positive, nurturing family lives comparable to other Canadian families.

On November 5, 2013, the Department of National Defence and the Canadian Armed Forces' Ombudsman released a report entitled *On the Home front: Assessing the Well-Being of Canada's Military Families in the New Millennium.* The report noted that three aspects of the military life style—recurring geographic relocations, relentless separation and elevated levels of risk—make military families appreciably different from other Canadian families.

[*English*]

Today, 80% of military families live off base, as opposed to that same number living on base several years ago. This brings a host of new realities for families as they attempt to integrate themselves into new communities every few years, from posting to posting. Where families might have once relied on a close-knit community on base, they now rely on their civilian communities far more.

The mobility inherent to the military lifestyle also prevents many Canadian military families from accessing primary health care resources and related support services. I'm happy to tell you that as a result of two years of behind-the-scenes work with provincial-territorial governments, we were successful in having them waive the 90-day wait period for provincial health insurance for military families.

Further, military families are also largely made up of dual income earners, which has a significant impact for families when relocating. Employment continuity, career progression, credential transferability between provinces, and income stability are issues that arise for military spouses and their families.

[*Translation*]

However, what is omnipresent for us at this time is also the fact that we have military personnel currently facing physical and mental health stresses and injuries following operations, including the past mission in Afghanistan. While mental illness indirectly affects all Canadians at sometime through a family member, friend or colleague, the stresses inherent within the military lifestyle can in many cases weigh particularly heavily on military families.

With spouses, parent, children and other family members who are often the ones to experience, first hand, signs of the mental illness in their loved ones, we need to make sure that the families standing with them are resilient and strong and that the Military Family Services Program is responsive and agile in meeting their needs.

[*English*]

That said, however, only when we consider families as the first and most important partners in the work we do can we truly achieve success in supporting families. The Department of National Defence and the Canadian armed forces are deeply committed to supporting families. Through military family services, the Department of National Defence and the Canadian armed forces provide support and resources to families either in person, at military family resource centres, by phone through the family information line, and online at www.familyforce.ca.

One of the most significant milestones achieved this year by the military family services team was the expansion of the family information line service to 24 hours a day, 7 days a week, in order to always serve military families. Building on a legacy that was founded in 1992, known as the mission information line, the family information line's expansion of confidential, bilingual services 24/7, by trained counsellors, is already making a real difference for families who can now access services any time day or night.

Questions range from how to find information about policies and procedures, which services are available in the communities they live in, to how to resolve a family crisis, to name a few examples.

The Canadian Forces member assistance program is also available 24 hours a day for members and their families, with referral to a counsellor within 24 hours.

Support to families following the illness, injury, or death of a Canadian armed forces member has evolved over the past several years, and the difficult experiences of families have influenced our approach in reaching out to families of the ill, injured, and fallen. The Canadian armed forces acknowledges that families' needs may continue to grow over time and that no two families will experience their recovery or grief in the same way.

In 2011 we put in place family liaison officers who are trained social workers, and embedded them into each integrated personnel support centre to be an integral part of the caregiving team. Family liaison officers are employed by military family resource centres and remain an important way of offering mental health support to families who need it. A total of 33 family liaison officers provide counselling and support to families, to assist them in dealing with a range of issues including their loved one's operational stress injury, transition difficulties, anxiety, and depression. From April 1, 2012, to March 31, 2013, some 1,680 families were served by family liaison officers. This approach is absolutely essential and integrated into the integrated personnel support centres' approach.

Along with access to family liaison officers, families can also access a multitude of resources and programs at their local military family resource centres, in their communities, their base chaplains, the family information line, the Canadian Forces member assistance program, and the public service health care plan. Ensuring consistency of services for families, regardless of where they might be posted, is of critical importance to us. In fact, we are currently holding the fourth annual training session this week for all family liaison officers, mental health providers, and other caring professionals, to enhance the availability and quality of mental health services at military family resource centres in direct support of military families.

At military family services, our commitment is to increase our communications efforts to ensure that families are well informed of the services available to them so they never have to wonder where they should go to get the support they need. At military family services, we have expanded our communications approach from relying solely on military family resource centres as our primary means of communicating directly with families, to more recently communicating with them through social media, advertising, and partnering with publications like *Canadian Military Family Magazine*.

● (1115)

[*Translation*]

The Canadian Armed Forces remain committed to ensuring that our men and women in uniform and their families receive the care, services and support they need, because they should fully benefit from the same lifestyle options as other Canadian families. Research has proven that supporting military families insures an operationally-ready force, which is to the benefit of all Canadian citizens.

Honourable members of the committee, ladies and gentlemen, I could go on for much longer, but I realize that my time is up. I would be pleased to respond to any questions or comments you may have for me at this point. Once again, I want to thank you for the time you have allocated to me today, and I look forward to seeing the outcomes of the study.

[*English*]

The Chair: Thank you very much, Colonel Mann.

Colonel Blais, please.

Colonel Gerry Blais (Director, Casualty Support Management and Joint Personnel Support Unit, Department of National Defence): Thank you.

Mr. Chairman and members of the committee, l am very pleased to have the opportunity to appear before you once again to respond to questions pertaining to the care of ill and injured Canadian armed forces personnel and the various forms of transition assistance provided to military personnel. The joint personnel support unit is dedicated to providing standardized, high quality, consistent personal and administrative support to ill and injured Canadian armed forces members, former members, their families, and families of the deceased, with the assistance of partner organizations. The support provided encompasses all areas other than medical care, which is the purview of the Canadian Forces health services. The director of casualty support management is responsible for the development, promulgation, and continuous improvement of programs and policies delivered by the joint personnel support unit.

When a Canadian armed forces member is seriously injured or suffers an illness to the extent that they will be away from their normal duties for a considerable period of time, they typically go through three phases: recovery, rehabilitation, and reintegration.

[*Translation*]

Recovery is the period of treatment and convalescence during which patients transition from initial onset of illness or injury to the point where they are stable and ready to receive longer-term medical care and optimize their functional capacity in many aspects of their life, vocational, social, and mobility.

Rehabilitation is an active process designed to optimize functional outcomes following injury or illness in order to regain maximum self-efficiency. Rehabilitation can take various forms such as physical, mental and vocational.

Reintegration is the transition to either progressively returning the ill or injured Canadian forces members to a normal work schedule and workload in the Regular Force or Primary Reserves, transition to the Cadet Organization or Rangers, or preparing for a civilian career and life.

There can be significant overlap between the three faces as ill or injured members move from acute recovery to longer-term clinical, physical, mental and vocational rehabilitative support, and often simultaneously prepare to reintegrate. The medical care provided to Canadian Armed Forces personnel is outstanding, timely and comprehensive. The provision of non-medical care and support is extremely complex. The three Rs are anchored to the principle of universality of service. The minimum operational standards associated with this principle include the requirements to be physically fit, employable without significant limitations, and deployable for operational duties.

● (1120)

[*English*]

The term transition does not strictly apply to release from the Canadian armed forces. The primary goal of the armed forces is to return as many ill and injured serving personnel as possible to full duties. In fact, since the stand-up of the joint personnel support unit in 2009, 1,291 personnel posted to the unit successfully completed a return to work program and as a result returned to full military duties. This return can occur in the individual's own occupation or, depending on the extent of their recovery, in a new occupation. In those cases in which it is determined that employment limitations are such that the person cannot meet the parameters of universality of service, they will transition out of the Canadian armed forces and into the care of Veterans Affairs Canada.

As soon as a medical officer determines that the ill or injured person can begin to reintegrate, a return to work plan is developed by the return to work coordinator in conjunction with the individual and their commanding officer. The plan is blessed by the medical officer, and the individual then begins employment. The intensity and complexity of their assigned tasks increases as the member's condition continues to improve.

The ultimate aim is to return the person to full duties. This step is vital, as the individual gains therapeutic, psychological, and social benefits from the return and may actually fully recover more quickly. There are currently more than 900 members of the joint personnel support unit participating in a return to work program.

In addition to the return to work program, there are numerous programs and services available to assist in meeting the needs of our ill and injured, including home modification, vehicle modification, peer support for those suffering from operational stress injuries and for their families, disability compensation for members of the reserve force, and a number of other programs.

[*Translation*]

For those who are unable to continue to serve in the Canadian Armed Forces, there are a number of programs in place to assist them in returning to gainful employment in the public service or the private sector. Among those are Priority Hiring in the Public Service, Vocational Rehabilitation and Training through the Service Income Security Insurance Plan which includes income support, the Canadian Armed Forces Transition Assistance Program which links those leaving for medical reasons to private sector employers, and programs offered by Veterans Affairs Canada. The private sector has embraced the armed forces and the list of initiatives in which we are jointly involved is impressive including the Military Employment Transition Program which will offer 10,000 jobs to those leaving the armed forces in the next 10 years, a week-long university level course for those looking to launch their own businesses, reduced franchise fees with numerous franchisers, agreements with trade unions, and others.

[*English*]

The stand-up of the joint personnel support unit and its 24 integrated personnel support centres, in which Veterans Affairs Canada is co-located, has greatly facilitated the completion of a seamless transition. Staff from both departments begin to work hand-in-hand on the transition six months prior to the member's departure. For those who will be leaving with complex transition needs, an integrated transition plan is prepared. The preparation of this comprehensive plan includes the serving member along with a wide array of service providers. The plan ensures that needs in the areas of medical care, education, post-release employment, and Veterans Affairs support are addressed.

Once the process is completed, the individual signs the plan to indicate his agreement or indicates why he feels that the plan may not be suitable. There have been very limited instances in which this has been the case. However, when it does occur, a review is conducted, and every attempt within the art of the possible is made to address the member's concerns. Based on the recommendations contained in the integrated transition plan, an individual may be retained for from six months to three years in order to ensure a successful transition.

l am extremely proud of the outstanding dedication demonstrated by the military and civilian staff of the joint personnel support unit. Without fail, their goal is to ensure the well-being of the ill and injured. The numerous letters, emails, and telephone calls of appreciation, as well as a client satisfaction rate in excess of 90% expressed through surveys by those leaving the unit to return to military duty or to civilian life, clearly demonstrate that the unit is achieving its goals.

● (1125)

[*Translation*]

Our systems may not be perfect and we will continue to strive to improve them with input from injured and ill personnel. The care of the ill and injured, including their successful transition remains one of my, and the Canadian Armed Forces', highest priorities and we continue to examine opportunities to improve and to work in collaboration with public agencies and the private sector to assist those who ultimately leave the Canadian Forces.

Thank you, Mr. Chair.

[*English*]

The Chair: Thank you you very much, Colonel Blais.

We'll now proceed to the opening round of questioning. Each questioner has seven minutes.

Mr. Norlock, please.

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

My first questions will be to Colonel Blais.

As most of us here know—however, I believe that most Canadians don't know—the JPSU system was only created some six years ago by this government.

What was the situation like for the ill and injured soldiers prior to the creation of the JPSUs in 2008? What programs were available prior to 2008?

Col Gerry Blais: Prior to 2008, services were delivered at each base, but I would say mainly on an ad hoc basis. Each base commander assigned the resources that he had available to him, and the programs that we had were much more limited than they are today. As we saw more and more serious casualties come back from Afghanistan, it became clear that a more consolidated approach had to be taken.

That is when the joint personnel support unit was launched. Since that time, a number of programs have been created: such things as the ability to reimburse people to modify their homes or modify their vehicles; the creation of the joint personnel support unit, whereby now all of the services are available in a one-stop shop concept such that the individual can walk into one unit and see either, as Colonel Mann mentioned, the family liaison officer or see Veterans Affairs Canada or the financial counsellor. All these services are now available. As the person arrives at the reception desk, the clerk there listens to their issues and points them in the right direction to get the services they need.

Mr. Rick Norlock: Thank you very much.

The second question is, what would you describe as the ultimate aim when members are posted to the JPSU, and what do we ultimately want to see for CF members when they are posted at the JPSU?

Col Gerry Blais: Our first goal is to return people to full duties. As an employer, we have spent a great deal of time, effort, and money in training personnel, and when we have people who are fully qualified we want to retain them. I would say we are averaging at the moment an approximately 25% to 30% return to full duties from those who begin a return to work program.

For those who unfortunately don't meet universality of service and cannot be retained, our goal at that point is to allow them to effect as smooth a transition as possible and, for those who either want to pursue their education or another career, to guide them down that path and assist them in securing that employment or the position in an academic institution.

Mr. Rick Norlock: Thank you very much.

The next question is about the ombudsman report. We know that there has been commentary, especially in the media but from others, that there's an understaffing with regard to JPSUs and that this has led to poor services for the ill and injured CF members. The chief of military personnel commenced an internal review in August of 2013 as a result of some of these complaints, particularly the complaint from the ombudsman report with regard to training and support.

Can you tell us what the outcome was or what has come to pass as a result of this and what we may or will expect coming out of this review?

● (1130)

Col Gerry Blais: I certainly can.

There are three separate reviews, if you will, of the JPSU that are ongoing.

The first is the ombudsman's. In the late spring, I believe, he is scheduled to release a second report looking at how things have changed.

The chief of personnel has asked the chief of review services for the Department of National Defence to examine the JPSU and the network of services that surrounds it to ensure that we are delivering the services as efficiently as possible and to determine whether there are changes that need to occur.

Third, I am appearing before the program review board of the department at the end of March; there we will again discuss the resources assigned to the joint personnel support unit.

Mr. Rick Norlock: Thank you very much.

I suspect that's it, is it, Mr. Chair?

The Chair: That is it. Thank you very much.

Mr. Harris, please.

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

Thank you both, gentlemen, for appearing before us.

We know that much has changed in the past number of years. Things are better than they were; let's accept that. Obviously it's overdue in some cases and a necessary improvement.

We had the ombudsman before us last March, and he talked about a study that was done in 2002 by Statistics Canada. He suggested that this Stats Canada study in 2002 pegged the ideal number of mental health care providers at 447. Now, we never got to that number. That was in 2002, before the knowledge of what was going to happen in Afghanistan, with respect particularly to mental health, OSI, and PTSD. That study was supposed to be done again in 2012. I'm wondering whether you can tell us what the outcome of that review was, by comparison.

What I'm getting at is that the goal was set in 2005. They set the exact number at 447, but we've never actually gotten there in terms of mental health professionals and we have a worse outcome for Canadian soldiers in Afghanistan and elsewhere.

Where are we now?

Col Gerry Blais: As I stated in my opening remarks, I am responsible for all of the care to the ill and injured other than medical care. That question would be best raised with the surgeon general. But we can take it under advisement and have the surgeon general prepare a response for you.

Mr. Jack Harris: Please do. Thank you.

The second question is related to family services and the family covenant that the forces has issued. It contains very noble words. I'll read part of it. It says:

> We honour the inherent resilience of families and we pay tribute to the sacrifices of families made in support of Canada. We pledge to work in partnership with the families and the communities in which they live. We commit to enhancing military life.

As I say, these are great words. There's a question of, as I think the ombudsman put it, the meat on the bone. There needs to be detail.

I'm only struck by this because we visited Petawawa recently, and one couple struck me as being very sincere and concerned about their own future. He was suffering from PTSD, but the spouse complained that it took four years for her to get counselling to even help to understand what her husband was going through so that she could help him. She said they almost lost their marriage, that she didn't understand what was happening, that she was in need of this service, that she had asked for it a number of times, but that it took four years.

I'm not trying to set this up as though everybody is like that, but how could this possibly be, in a situation in which it is recognized that these operational stress injuries could best be treated through families? How can it be? Can either of you help me understand how that could be?

● (1135)

Col Russell Mann: I think I can speak to that, sir.

First, I think it's important to understand that there is no silver bullet when it comes to mental health. Also, we're dealing with two systems of care here: the federal spectrum of care, which treats the member, and the provincial spectrum of care, which supports our families.

It may or may not be known to the honourable members that families do not go to bases for health care. Families are not able to go to bases for their mental health needs. They rely on the provinces to provide care, just as they provide care for other Canadians. That's an important difference from some of our allies, perhaps, but those are the cards dealt to our families in navigating the military lifestyle. One of the things that we have done is actively engage with the health and mental health communities to try to help them understand that, because oftentimes the caregivers in communities are not appreciative of the fact that our families can't simply go to a base to get care.

We also responded with internal programming. It was our surgeon general who led the charge on the road to mental readiness program, which helps families deal with mental stresses before, during, and after deployment. Although that's a very new and innovative product that may not have been an option at the time that the particular family you cite, sir, would have been seeking the help, it is there today. I'm happy to report that we have a working group in this calendar year that is engaged in developing unique family elements of the road to mental readiness program to build on the initial launch that was led by the director of mental health.

In addition, we put $27 million every year directly into family resource centres, which can help people access—

Mr. Jack Harris: Yes, I'm sorry. If I may, I only have seven minutes here, Colonel, and I want to quote Greg Lubimiv, the executive director of the Phoenix Centre, which provides mental health services, including at Petawawa. He says the majority of treatment for PTSD should happen at the family level, not as secondary to individual care. He says that It's at the family level that the situation starts to break down, and he goes on to talk about that. This is in a news article in *The Globe and Mail*.

Given that, how can we say, “Oh well, it's not our fault, the Constitution stops us from helping families”? Is that the situation? Is it because health care is a provincial matter that we can't provide services to families of soldiers who have PTSD?

Col Russell Mann: I would have to make it clear that I don't make any such statement that—

Mr. Jack Harris: You said that's the situation, that families are dealt with—

Col Russell Mann: The legislative framework says that health care and mental health for families of all walks are by provinces.

Mr. Jack Harris: You can't help them.

Col Russell Mann: We—

Mr. Jack Harris: You can't help them. Is that—

Col Russell Mann: I have put out there that we have programming that is there to help them and there to help them get connected. That's where the $27 million comes in. That forms a network of family resource centres. That's where our family information line comes in. That's—

Mr. Jack Harris: But that's to plug them into provincial services....

Col Russell Mann: —where our online resources come in.

What we do, sir, is make sure that we can help families navigate complexity within both provincial and federal systems of care and help get them connected, and it's not perfect.

Mr. Jack Harris: But you can't provide couples counselling.

Col Russell Mann: Yes, we do. We have a program called Inter-Comm, which was just launched last year. Last year was "train the trainer" and we've trained approximately 100 people already in 2014 in couples counselling and strength for couples in communicating with each other.

I hope the honourable members will know that we're not standing still on this because of legislation. We're trying to engage some of our partners who have a responsibility for care to the very families who are deeply affected. My own family would be one of them. I need the provinces to get on board and help us with providing support, and we do engage in that dialogue, sir.

The Chair: Thank you. Your time has expired, Mr. Harris.

Thank you, Colonel.

Mr. Chisu.

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

Thank you very much, Colonel Blais and Colonel Mann, for appearing in front of our committee.

I would like to ask a question regarding the military family resource centres. How do you plan to develop these resource centres and how will these military family resource centres take care of the reservists?

I served both in the reserves and in the regular force, but your presentation was actually.... I was reading it like it was for the regular force. How are you making these programs available for the reservists and their families? Because that is a problem. For example, I think 20% of the reserves served in Afghanistan and so on. How can we reach out to them in such a way that they and their families can benefit from this program?

● (1140)

Col Russell Mann: It's a very pertinent question. I just spent Sunday with all of the army command teams from the reserve communities across the country, helping to do just that, to reach out to help them understand what is available to their members and families, particularly to their families. I was quick to point out that one dimension that's very important with reserves, particularly young reserves, is the parents, and making sure the parents have access to good information.

That's where our family information line is a key connector. We have family resource centres that serve our reserve communities admirably—places like London, places like Calgary, places like Vancouver, where we do not have a military base but we have a family resource centre that's serving reservists in their communities. We have reserve outreach, which occurs from every MFRC across the country.

We also have recently launched, at a level above my level and Gerry's, morale and welfare services, deeply committed to connecting with reserves. We've started with Montreal, Toronto, and Vancouver. Since January we've reached more than 2,000 reservists in their communities, in their armouries, at their units. We've brought the services to the units and the command teams so they can get information, and in the case of the family, bring that back to their families. We had family information line representatives there. We had SISIP representatives there who could talk about financial education. We had Bank of Montreal there for Canadian community defence banking. We had a host of supports that could help the reserves better understand what services are available to them. Because they are part time and they have limited time available to become informed, we decided to concentrate that and reach out to the community.

It has received excellent feedback. We have had measurable changes in the use of services through that outreach. For me it's nothing but inspiring and encouraging to know that we are starting to get the word out. We need to continue this outreach in order to get to Calgary, to get to London, to get to the satellite offices of the London MFRC in Windsor and Hamilton, where we know reserves will only have one point of contact, because there is no other necessarily military presence other than the recruiting centre.

So we are working very actively to serve reservists, as we serve regular. The difference comes from the conditions of service. The ombudsman, as I mentioned in my opening remarks, highlights three. Two of those deeply affect reserves and three of them affect the regular force community. The factor that's less prevalent for reserves is mobility. Deployment and absence are very much real factors for their families. The risk that I referred to is very much a factor for their families, and we are doing everything we can to get the word to them.

The other factor that makes it an extra challenge for me in my role in family services is connecting with the families. The reserve population is more fluctuating, with people entering and leaving with more rapidity than the regular force. It's sometimes hard to keep up with where they are and how I can get in touch with their family.

Does that help, sir?

Mr. Corneliu Chisu: Thank you very much for your answer.

I'd like to go back a little bit to the regular force issue of spousal employment. That is a big problem. When you are deployed, when you are transferred from one unit to another, or from this part of the country to the other part of the country, if your spouse is working it's very difficult. For example, somebody needs to leave their work: either the member leaves the forces or the spouse leaves their job. Sometimes that can be a big strain on families.

How are you prepared to deal with spousal employment, or how are you improving?

Col Russell Mann: We have known for some time.... This is not a new challenge, but it is more poignant in today's military lifestyle because of dual income families and the added cost of living. We have been studying it, and our researchers have looked at a spousal employment income study over three phases to really dive deep into this aspect and find out what things that we can do. How can we shape policy and programming to help blunt that impact? We know that on average they earn $5,000 less than other Canadians. The only reason we know that, though, is from having embarked on the study.

Now what we're trying to do is engage key sectors and key implementers in employment to talk about career continuity for spouses, rather than a "job". We're hopeful that we may have the opportunity to participate in other transition services. We are hopeful that we will be able to incorporate spousal employment opportunities into job portals. We are trying to get the dialogue and get the right partners who can help shape and influence the employment environment.

At a family resource centre level, they're very much engaged in employment counselling, prior learning assessment, and educational upgrading to make their employability more attractive in a community that they find themselves in. For example, if they're in a remote community where the job market is depressed, they could also upgrade their academics, anticipating the next move back to a centre where they might be able to continue employment. We try to turn these negative challenges into positive opportunities through the family resource centres and the staff and counsellors who can help them navigate that and access municipal and provincial supports and services. As you know, education and employment largely fall in the provincial realm and in the municipal realm.

● (1145)

The Chair: Thank you, Colonel.

Ms. Murray, please.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you.

I appreciate your testimony.

I have some questions for Colonel Mann first.

In terms of the importance of supporting families, we know that the ombudsman reinforced that it's core, and you've said so in your remarks. I'm interested in funding for programs that do that. I wonder if you could tell us about the change in the budget for programs: the integrated relocation program, the home equity assistance program, the military family services program, the military family resource centres funding, the Canadian Forces member assistance program, and the program for rent subsidies. These are all critical pieces of support for families.

I'd like to know whether the budgets are the same or greater, and greater by how much between 2010 and 2014, with the recent budget. Do you have any information on that?

Col Russell Mann: I can partially answer your question, Ma'am, but I'll have to advise the chair that the director general of compensation and benefits is the authority for integrative relocation and home equity assistance. The "rent subsidies" are not clear to me; perhaps that would be post living differential. Those are not areas that I influence or control, and I'm not able to answer what those funding lines look like.

I can speak, however, to the military family services program and to military family resource centres, if you will indulge me. On the family resource centres, I referred to $27 million. What is perhaps interesting to note is that for family resource centres, that envelope of funding is provided through the chief of military personnel. It has grown in each of the years between 2008 and 2012, and since 2012 has remained stable. That's why we're at $27 million today. We disburse that to the 33—

Ms. Joyce Murray: Yes, no details about how it's used. I'm just trying to get a handle on it—

Col Russell Mann: Okay.

Ms. Joyce Murray: —because we can't find this in the way the government's budgets are laid out. I would appreciate.... May I request that the committee receive answers on the budget differences between 2010 and 2014 for each of those programs?

Col Russell Mann: I'm able to respond to the MFSP and the MFRCs. I'm perhaps not the right authority to be asking the question to on the others.

Ms. Joyce Murray: Okay.

Col Gerry Blais: We'll take the question under advisement and get you a response.

Ms. Joyce Murray: Thank you.

I'd like to ask Colonel Blais a couple of things.

In the national defence committee's 2009 report on PTSD, recommendation 12 was that injured Canadian Forces members should have "the use of a designated advocate chosen by the member" and that the CF will "provide an appropriate level of cooperation with such advocate" and forces members "should be advised of their right to an advocate".

The JPSU obviously is designed to do some of that work, but we've heard in the committee that the system is understaffed and the staff are overworked. We also heard from the military ombudsman that there are staffing issues: staffing shortages, gaps in staff training, and so on.

This recommendation was not followed through on by the government. Colonel Blais, can you explain why not and whether you're prepared to reconsider that?

● (1150)

Col Gerry Blais: I believe it has been followed up on, although not in assigning someone specifically to each individual. As you correctly mentioned, the joint personnel support unit does provide that advocacy.

The other good link for individuals is through the operational stress injury social support program. Anyone suffering from an operational stress injury is welcome to use the services of the OSISS program, which is our peer support program. In the peer system, they understand each other very well, because the peer has come from the same situation that the person with the operational stress injury now suffers from and can greatly assist them in that.

Ms. Joyce Murray: Okay. So the committee's observation that it was not adequate to have a whole set of programs that needed an advocate's help to manoeuvre is not one that you see as necessarily useful.

Recommendation 13 says, "The Canadian Forces should give primary consideration to the continuity of quality care for recovering soldiers, over career development options." The way I understand that from my reading of the 2009 report is that redeployment elsewhere or relocation should not be considered during the period when there's a continuity of care that's required.

This committee has received no update that this recommendation has been applied in any way. Can you speak to that?

Col Gerry Blais: Yes. For personnel posted to the JPSU, one of the important things we've able to do now is that each one of the locations provides the same framework, the same programs, and the same methodology. So if an individual does need to move because their family, for example, which is his or her support network, is in another part of the country, when we do move them to be with their support network, they come into a situation that is very familiar to them. The staff may be different, but the approach and the way they're treated is exactly the same, so that's a great positive, and we don't move them—

Ms. Joyce Murray: So it's a partial response to that recommendation—

Col Gerry Blais: Well, that is one aspect. The other is that people are given.... As I mentioned in my remarks, once the condition is stabilized, they can be given from six months to three years to release. But until the point of stabilization, there can be a prolonged period of three, four, or five years when the individual is undergoing treatment to get better. During that time, we don't send them back to full duty. They are able to take the time they need to recover, until they get to a point where they can either return to duties or leave the armed forces.

Ms. Joyce Murray: I have one more question. Do I have time, Mr. Chair?

The Chair: Yes, for a brief question.

Ms. Joyce Murray: In terms of the JPSU, I noted in your remarks that the "primary goal of the Canadian armed forces is to return as many injured and ill serving personnel as possible to full duties".

In the 2009 report, the committee encouraged the Minister of National Defence "to allow the continued employment of recovering soldiers" and to have a more "compassionate application of existing regulations regarding universality of service". The ombudsman has noted that only 5% to 10% of military members were returned to their unit, which means that 90% to 95% were released from the forces.

Are the ombudsman's numbers not correct, in your view? Or if they are correct, do you believe that your goal is being met? If not, what's being put in place to increase the number of people who are able to be retained in the forces?

The Chair: Give a brief answer, if you will, please.

Col Gerry Blais: Absolutely.

With respect to the ombudsman's comments, I was speaking with his staff last week, and we have reconciled the numbers. They are in fact higher. You will note that in my comments I said the minimum is 25%, and we are there. We want to continue to increase that, and we will work diligently to do so.

● (1155)

The Chair: Thank you very much.

Ms. Gallant, please.

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

I'm going to ask some very pointed questions, because the purpose of this study is to get to the bottom of the problems and make recommendations.

As Colonel Mann mentioned, military families rely on the civilian community. People in towns such as Petawawa take the care of soldiers and their families very seriously. This is evident by the generosity of the local businesses and individuals to particularly the Petawawa family resource centre.

My questions relate specifically to OSIs suffered by Canadian armed forces members and the consequences of seeking treatment. Our committee has been told that soldiers who obtain treatment for OSIs, including PTSD, are treated without negative impacts to their careers, yet we hear repeatedly in the House of Commons—in the chamber during question period, for example—that getting treatment for an operational stress injury is a career terminator. We also hear unhelpful comments from the opposition, even the Liberals saying that PTSD is all in their heads.

Please explain to me why some soldiers are told at their very first appointment in seeking treatment for an OSI that it's likely they'll be medically released in three years. Why is that the experience of some soldiers, whereas others are able to be successfully treated, and continue on, and grow in their careers?

Col Gerry Blais: I would say that it absolutely is not a career ender. There are, of course, some cases where an individual will not recover. The problem is that the longer it takes to seek care, the more the illness develops, and it's harder to get to a point where you are well enough to return to full duties. So the quicker we can get somebody into care, the better it is. That's the goal.

Unfortunately, there is still the perception by some that if they go to seek treatment, that will be the end of their careers. We are working diligently to get the word out to everybody that this is not the case. We encourage people to come forward, because the quicker you do get that care, the quicker the chances are that you will get back to full duties.

Mrs. Cheryl Gallant: So that fearmongering isn't helping the soldiers. It's deterring them from getting the treatment sooner. Thank you.

We also have situations where soldiers go through a complete treatment plan, are deemed fit for universality of service by their psychiatrists, return to the job, work in live-fire exercises, are recognized as fully competent by their commanders, but then an Ottawa panel, called DMCARM, issues an order to have them medically released.

What is this panel, what are their qualifications, and how do they have the power to veto the decisions of psychiatrists and the commanders on the ground?

Col Gerry Blais: I can speak to the process as a whole.

The organization to which you refer is the directorate of military career administration. When a person goes through treatment, at the end of that treatment the medical officer assigns a medical category. When that medical category has changed from what the person had previously, medical recommendations are made. The doctor sends that up to the directorate of medical policy in the surgeon general's office.

Based on national standards, that directorate looks at the condition, at what the limitations are that are assigned to the individual, and then they send to the directorate of military career administration a medical recommendation as to whether that person can pursue military service.

At that point, with both the chain of command's and the individual's comments, the directorate of military career administration examines all of the evidence before it and renders a decision as to whether the person may or may not be retained.

● (1200)

Mrs. Cheryl Gallant: So even if the person has demonstrated that they're fully capable, that sort of decision can still come down and determine the end of their career?

Col Gerry Blais: In most cases, if the limitations are such that release is going to be recommended, it is quite rare that an individual would have met the standard to which you refer.

Mrs. Cheryl Gallant: I was very pleased to hear Colonel Mann talk about the family information line. We have more and more military families who are living off base, in the communities, and many of them never attend or even associate with the military family resource centres. So how are you going about trying to get the word out about the family information line to these families who often have an armed forces member who is suffering and who are suffering along with them?

Col Russell Mann: We're trying to use what I would call a multi-channel approach. We know that relying solely on the member to bring information home will get us some families who become informed, but not necessarily all. That's why we advertise in *Canadian Military FamilyMagazine*. That's why we advertised in all the base newspapers last year. That's why we put information about how to contact the family information line on our social media and our website.

We've tried not to use a single approach. In every visit my staff and I make to bases, we underscore that message—be it in town halls, in focus groups, or in feedback forums. We've asked the MFRCs as well to help us get the word out through their local channels and through local media. So my answer would be that we're trying to use any and every means available, including command teams and individual members, at the end of the day.

The Chair: Thank you, Colonel.

Thank you, Ms. Gallant.

Mr. Harris, please.

Mr. Jack Harris: Thank you, Chair.

Colonel Blais, perhaps you can help us with the reconciliation of the numbers that you undertook with retired Colonel Daigle.

How many people or CF members have been appointed or assigned to JPSU since 2009?

Col Gerry Blais: I can't give you a cumulative number. The total posted to the JPSU right now is just under 2,000.

Mr. Jack Harris: Well, you gave us a cumulative number of those who returned to their service, so perhaps you could do it for the committee and send it in to us. I'd like to know the numbers of individuals who've been posted to JPSU since it stood up in 2009, how many of them returned to active duty within the force, how many of them were medically released, how many of them were retired out, and any other statistics that you could give us in terms of what their fate was. We are dealing with the ombudsman's statement that 5% to 10% are retained and everybody else is out. That reinforces, frankly, the statement that individuals make that when you're sent to JPSU, you're on your way out the door. That's what we're hearing from soldiers, and that's reinforced by the ombudsman's figure.

So if you have figures that are different from those, would you please provide them to the committee?

Col Gerry Blais: We will do so.

Mr. Jack Harris: Thank you very much, sir.

You give encouraging numbers, as well. Maybe they're futuristic, so I'll forgive you for that. With regard to the program you mentioned and the 10,000 workers who are expected to be taken up by the military employment transition program in the next ten years, has anybody been employed in that program yet?

Col Gerry Blais: A number of people have been employed, and that's not the only program—

Mr. Jack Harris: I know there are others, but what kind of numbers do you have so far?

Col Gerry Blais: I don't have specific numbers. I can tell you that we have close to 200 companies that have signed up for the program to employ people. We have not yet begun the performance measurement and we do not yet have the actual numbers of people employed to provide to you.

Mr. Jack Harris: There's another program that we supported from the beginning, the helmets to hardhats program. Can you tell us how many people have been employed through that program to date?

Col Gerry Blais: The question would be better answered by helmets to hardhats, because they deal directly with the individuals, but I do not believe that many members have successfully completed that program yet.

Mr. Jack Harris: Thank you.

Perhaps this is again for you, Colonel Blais. My colleague Ms. Murray mentioned the recommendation of this committee in 2009 with respect to a more compassionate application of universality of service. I think the ombudsman used the term modernization of the universality of service. What consideration is being given within the Canadian Forces to either of these recommendations to date?

● (1205)

Col Gerry Blais: Again, that is not within my purview. I look after the ill and injured. The universality of policy service question would have to be directed to the chief of military personnel.

Mr. Jack Harris: This next question is directed at employment, I guess, or continued employment of individuals who are engaged in support services.

A reference to peer support comes up from time to time. Is this an occupation that could extend someone's service to be employed within the military? Could someone who had perhaps suffered from PTSD be engaged in peer support as an occupation within the JPSU?

Col Gerry Blais: We are in fact employing some military personnel who doctors have told us have recovered enough to work in a peer support role. Within the JPSU we are using them.

All of the people who are employed as public servants in the OSISS program are former serving members who suffered post-traumatic stress. It's one of the qualifications to hold that position. To be able to be retained in the forces, one must meet universality of service, so it would not become a permanent occupation within the military to be a peer support person.

Mr. Jack Harris: We did notice in our visit to Petawawa that some of the peer support workers were actually doing this on a volunteer basis as part of an ongoing program, and no doubt assisting in their own recovery by having something specific to contribute to their fellow serving members. But it occurs to me that this is obviously a valuable part of the recovery process for individuals.

You say it can't be done within the military because of the universality of service rule, but it could be a post-employment job.

Col Gerry Blais: Absolutely.

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

I'd like to take the chair's prerogative to ask a follow-on question with regard to the one asked by Mr. Harris regarding the numbers.

Of the 1,291 personnel who have successfully returned to work, how many of them returned to the same trade and how many returned to other job situations?

Col Gerry Blais: Without having the statistics before me, Mr. Chair, I would say that at minimum, 95% would go to their actual trade. Much less frequently will people change military occupations.

The Chair: Thank you very much.

Mr. Williamson, please.

Mr. John Williamson (New Brunswick Southwest, CPC): Thank you, Chair.

Colonels, it's good to see you both today. I'm glad you can be with us.

It sounds like you have some good answers to some tough questions. This might be an odd question, but I want to understand this. Why is the perception out there amongst some Canadians—I met with a group of veterans last week—that the Canadian armed forces is pushing veterans who have mental difficulties out the door? Why do you think there's that perception?

Despite the programs and despite the level of support, there is that sense in some of the legions in my riding, and I read about it in the local press. What do you think is going on there?

Col Gerry Blais: As I mentioned earlier, one of the big issues is getting to treatment quickly. The quicker you can do that...and actually, to some of the perception, we have to convince people to get to care quickly. That's where groups such as this one, and the media and others, can be very helpful to us by stating the importance of it and by pressing forward the good programs that are out there to help people.

If you constantly hear the negative, if you read in the papers or hear it on the TV news that the armed forces is releasing everyone with PTSD, that will cause a reluctance in people to seek treatment. That's what we're trying to avoid. Getting the positive message out there as much as possible to fight the negative message would be a great boon to helping us solve that problem.

Mr. John Williamson: Is that something that you've begun to do or that you're preparing to ramp up? I've seen that more in the press recently. I've seen it in the House of Commons. It's being repeated, I think, far and wide.

What about within the forces? Are you actively getting that message out? Sometimes I find that when it comes to connecting Canadians with some of the programs, it's just a question of the knowledge that's missing. What's being done to increase that awareness amongst personnel?

● (1210)

Col Gerry Blais: A very important development that happened recently within the health services is that they are preparing a video with a number of people who've suffered from operational stress injuries, people who volunteered to come forward and tell their stories to incite others to seek care. From a very quick request, they received more than 200 people who were willing to speak on camera, very, very quickly. We are using our own resources of people who have successfully completed treatment to go back out, tell their stories, and encourage others to seek it as well.

Mr. John Williamson: In addition to the video, are you thinking along the lines of having these individuals perhaps visit bases and speak to the men and women in uniform to inform them about that? So that it's more than just a YouTube video, but something that's a little more....

Col Gerry Blais: Yes, absolutely. It's going to be a professional production.

On your other question, we have the joint speakers bureau. They go to all the leadership courses in the armed forces and to any professional development session that a commanding officer would ask them to. They will participate. It's a two-pronged approach. There's a clinician who speaks about mental health, but there is also, again, somebody who has walked the walk, who has suffered an operational stress injury and has come back. He speaks to his peers about his experience and where he's been. We are attacking it on that front as well.

Mr. John Williamson: Go ahead, Colonel Mann.

Col Russell Mann: To underscore that, we're not just doing that with the military member population.

Yesterday, one of the most inspiring stories that was told to the 150 folks who are going through mental health training was the story of a corporal who has returned to full duty following both physical and moral injury and his use of the Soldier On program, of the injured soldier network, of the IPSC, and of the family liaison officer in helping his son re-establish a new normal and overcome fear and anxiety about what was happening to his father. It gave everybody a source of strength and energy, because that story hasn't been told, but they're hearing it first-hand, not in a video, as you say, but right there on the floor. They're able to ask follow-up questions and engage in dialogue following his presentation to better understand what it took.

The key message he delivered is exactly what Colonel Blais said: seek help early. The earlier you go, the more hope there is to come through this process successfully. There are people who care, who can be qualified and want to help, but if we don't access them, we can't get through the process.

Mr. John Williamson: That's very good.

Thank you.

The Chair: Thank you, Mr. Williamson.

Ms. Michaud, please.

[*Translation*]

Ms. Élaine Michaud: Thank you very much, Mr. Chair.

I thank the witnesses for their presentation and I thank them for being here with us once again. I would like to continue the discussion we began here during various interventions.

The Valcartier military base is in my riding. As we know, a lot of people are coming back from Afghanistan. A lot of soldiers have come to my office. They were released or had asked for a time out within the Armed Forces. Unfortunately, they were released against their will, following a release process that included a deadline they found too short.

Everyone knows that post-traumatic stress syndrome can require very long treatment. Even if you avail yourself of services quite early on, it is a very long process. It may involve among other things, medication, psychological consultations, or different types of therapy. The process is very long. In my opinion, that is one of the things that contributes to the perception the military have that they are going to be released if they seek help. Quite honestly, I must say that if one looks at the figures provided by the ombudsman, military personnel are correct to fear that.

Do you think that the deadlines in the current process for members who return from combat experience are sufficiently long? Does this really allow soldiers to get back on their feet? Do you think that the process that is in place could actually hinder the reintegration of certain soldiers?

Col Gerry Blais: Thank you for your question.

The short answer is the following: yes, I think that the length of the process is reasonable. Each case is studied on its own merits. A physician does not make a final pronouncement until the individual's condition is stable.

● (1215)

Ms. Élaine Michaud: Certain timeframes still have to be respected. After a certain time, if the soldier is not considered fit, he or she will have to be released.

Col Gerry Blais: No, there are no set deadlines. Until the person is stable, treatment cannot progress. In certain cases, it lasts four or five years. For instance, some of the people who were injured in Afghanistan in 2006 will be released shortly. We had to wait until now for them to be sufficiently recovered.

Ms. Élaine Michaud: And when was the decision regarding the date of their release taken, at what point in the four- or five-year process, for those people?

Col Gerry Blais: For instance, in the case of a member who was in the armed forces in 2006 who is to be released soon, the decision will be made as quickly as possible. In fact, we give him at least six months after the notice of release. That is the strict minimum. However, if there are complex conditions, we strike a committee that prepares a transition plan, and the member participates in that.

Ms. Élaine Michaud: Yes, you mentioned that in your presentation.

Col Gerry Blais: Normally, when there is a transition committee, the member then has six months to three years. However, to reach that point, very often, three, four or even five years may go by until the person's condition stabilizes.

Ms. Élaine Michaud: Thank you for those details; I would like to raise another topic.

At committee meetings, we have heard a lot about various programs available to our military members who come back from combat zones. Do you have a specific approach for women, since the family dynamic will not necessarily be the same for them. Moreover, the way in which they experience post-traumatic stress and express it within the armed forces will not necessarily be the same. Do you have a specific approach to help women who return from combat zones and who are suffering from the same problems as the men?

Col Gerry Blais: Are you talking about medical treatment?

Ms. Élaine Michaud: No, because pills are pills.

I am talking, rather, about a psychological approach and a specific program adapted for women and their reality, which will be different.

Col Gerry Blais: All of our programs are for everyone, whether they concern a war injury, someone who has cancer or some other injury. We treat all of our injured and sick members in the same way.

Regarding women, there are women who work in each of our centres. So, if the person is more comfortable with a woman, she will certainly have the opportunity of availing herself of those services.

Ms. Élaine Michaud: So there is no specific program to deal with women's different problems in particular, as regards family life, separation from children, reintegration into work or even the way in which they are treated within the forces. They might be treated differently if they show more weakness. They could be perceived differently by their peers.

That is something I am submitting to you today, and perhaps you could think about it over the long term. It might be good to come back to this issue.

Col Gerry Blais: It is something to think about. I thank you.

The Chair: Thank you, Ms. Michaud.

[*English*]

Mr. Bezan.

Mr. James Bezan (Selkirk—Interlake, CPC): Thank you, Mr. Chair.

I want to thank both Colonel Blais and Colonel Mann for coming in today. I appreciate all the work that you're doing and that all the personnel under your command are doing with our military families, as well as what they're doing with our members of the Canadian armed forces who are in the JPSU. I had the privilege of talking with some members of the JPSU over the last week and to some of their family members as well. I can tell you that spouses are appreciative of the support they're getting through military family services.

There's one concern that was brought up to me from a family standpoint. They understand that they don't always have access to consistent medical care across the country and that it changes from base to base, and I know that it's a concern having to find a family doctor again and reintegrate into a new community. One of the concerns that did come up was on the training side of it. You know how we offer training to members of the JPSU and those who are transitioning out so that they can go out and get new courses. One of the issues that was brought forward that I think we may want to talk about and discuss is this: what if that member of the Canadian armed forces is not going to be able to work and the breadwinner is going to be the spouse? What can we do to help that spouse and their education aspirations in order to gain better employment to support their families?

Col Russell Mann: Veterans Affairs is very mindful of that and has established a vocational rehab program specifically aimed at spouses who will become the primary breadwinners following a transition where the member is in fact either not employable or less employable than they were while they were in uniform.

We have not sat on that either. What we're trying to do is pull out the information and insights from a spousal employment income study and do a gap analysis over what Veterans Affairs offers, in order to look at ways in which we may be able to fill gaps in what's available to families. That could be additional educational support. It could be additional counselling. We're trying, though, to find out where we fit in regard to helping that spouse, versus what Veterans Affairs already offers. We were talking as recently as last week with Veterans Affairs about the need to address this issue collectively so that we don't duplicate what's out there.

● (1220)

Mr. James Bezan: I think this is key to what the committee has been considering. One of the issues we're concerned about is that hand-off. As they're transitioning out of the forces and moving over to care under Veterans Affairs, how do we make sure that no one is falling through the cracks? Anything that you've learned through this process and that you can share with the committee would be highly beneficial to our overall report.

Colonel Blais, you mentioned the survey you did and the 90% satisfaction rate, which is huge. That's a great result. But I wonder if you could speak to the other 10%. What are their concerns? What are the lessons learned from that 10%?

We'll never satisfy everybody. I understand that. But out of that 10%, are there lessons to be learned there? Are there ways to improve services so that they would feel better about the JPSU experience and the transition into civilian life?

Col Gerry Blais: I would say that with regard to the majority of the 10% who are leaving and who not as happy, they either believe they should have been retained or they perhaps would have liked to stay longer in the armed forces, which in their case unfortunately just wasn't possible. Everything that could have been done from a health care aspect was done. They were set up for success as well as possible in the civilian world. Unfortunately, they would have liked to stay longer.

Mr. James Bezan: An issue that has come up is that in the larger communities where JPSUs exist, there isn't any cohesiveness. Everybody just kind of reports in once or twice a week, or whatever they're required to do.

But if they're not actively involved in a peer support group or OSI clinic, or actively engaged with activities happening on base, I'm wondering if there is a way that we can do outreach and let them again...because I think it creates some anxiety as well for them that they feel disconnected.

Col Gerry Blais: That's an excellent point.

That's the importance of the return to work program. The return to work program can be as simple as, at the beginning, somebody just going to the gym three times a week. A lot of those who are suffering from operational stress injuries want to be quiet, want to close themselves off from the rest of the world. Bringing them into any kind of social environment is a beginning. Those are the types of things we're trying to achieve through those programs. It's a slow progression.

In other cases, we've brought them out into the civilian community to work with animals. One young man in Petawawa was on a buffalo farm. Actually, from that came one of the happiest moments I've had as CO of the unit. The young man couldn't even put his uniform on, or see a uniform, and I was able to present him with his Sacrifice Medal while he wore his Canadian Forces dress uniform.

The Chair: Thank you, Colonel.

Mr. Larose.

[*Translation*]

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

Colonel Mann, earlier you mentioned the Inter-Comm program, which I find interesting. If I understood correctly, that program has been in existence for a year and consists in coaching for couples. About a hundred couples have taken part in it over the past year. Is that correct?

Col Russell Mann: Since January.

Mr. Jean-François Larose: So it is quite recent.

You only coach couples, but in fact the reality is much broader than that. Indeed, many soldiers are not members of couples. If they need tools, their families are often the ones that inherit that responsibility.

Is that program open to families, or only to couples?

Col Russell Mann: Unfortunately, I cannot answer you with precision, but I can attempt to determine what the current situation is. This program is quite recent and honestly, I must say that the only statistics I have right now are for couples. I don't know if single people may attend the training.

Mr. Jean-François Larose: I most of all wanted to know if the parents could take part in this. They also need coaching to know what to do, either regarding prevention or support.

● (1225)

Col Russell Mann: I will endeavour to obtain the answer to that question.

Mr. Jean-François Larose: Thank you.

I will continue in the same vein. Troops and families have access to the Joint Personnel Support Unit. There is information circulating about that.

[*English*]

When the red flag comes down, from the moment they get....

[*Translation*]

We meet those people, we give them information, this is sent up the chain of command, and then the question is studied. As you mentioned earlier, each case is examined on its merits. Examining each case is complex since each one is different; we have to compile data and then send it on after that.

This is what I would like to know. As for change and adaptation, what structure is there for all of the programs that are put into effect? It is a good thing that new programs are created, but they have to be adapted.

Do you have any idea of the time this can take? Does it take one, two, three or four years?

Col Gerry Blais: All of our programs are constantly reviewed. There is a continuous improvement process which is very important. We even have a group of people who devote themselves to improving our programs. We take into account the suggestions made by the injured, the chain of command, the families, and we then try to improve our programs continuously.

Mr. Jean-François Larose: How long does that take? That is good that you listen to suggestions, but then the programs have to be adapted, which involves costs and the need to set up mechanisms.

Col Gerry Blais: Oftentimes, we can make changes immediately. If we receive a suggestion that seems very reasonable and we can change something, we can do so immediately, so long as we are not talking about legislative change. In those cases there is no delay.

Mr. Jean-François Larose: Are there any cases where it will take much longer?

Col Gerry Blais: Certainly...

Mr. Jean-François Larose: The ombudsman's report took some time to be produced. This is not the only case where a report has recommended certain changes for a number of years. If these changes take a lot of time, there are necessarily people who fall between the cracks and suffer the consequences. I'm talking about the troops.

Col Gerry Blais: Here again, a specific program would have to be put in place for that. There are so very many programs that it is hard to answer your question in a general way.

We take all of these suggestions and recommendations we receive very seriously. When we provide training sessions, I invite people from the ombudsman's office so that they know what we are trying to do. By the same token, they give us their point of view and they share what members of the Canadian Forces have told them.

We are very interested in changing our programs. What we care about the most is providing good services to our military members. It is our responsibility.

Mr. Jean-François Larose: Unfortunately, I have to highlight another point.

Do you understand what happened in the recent suicides? These people were in the system. They had served as members and they should have been listened to proactively. They felt that doors were closed. They took a direction we find deplorable and I'm trying to understand why.

If all the programs are so constantly being adapted, if members are listened to and if people are there for them as much as we are being told, why did that happen?

Col Gerry Blais: I will begin by saying that all suicides are very tragic.

Mr. Jean-François Larose: Absolutely.

Col Gerry Blais: It is as though we lost a member of our family. That said, many cases of suicide cannot be explained. We do not have any answer, unless the person left a note where he explains the reason for his act. Members have a professional life, but they also have family lives. There are many aspects, many factors. It is very complex. And so it is very difficult to pin down the specific reason for such an act.

Mr. Jean-François Larose: I agree with you entirely.

I'd like to go back to Inter-Comm. You try to put programs in place, but they have to be accessible to everyone. For instance, the parents of those members should have been counselled. Inter-Comm is a very good idea, but if you want to adapt the programs, do it as quickly as possible because there is a heartfelt cry out there that has to be heard.

I don't need an answer to my question. Please adapt the programs as quickly as possible and that will help our troops.

Thank you.

Col Russell Mann: Mr. Chair, I would like to add something on that.

The information line for families is an example of programs put in place following the assessment of the community needs of our families. They told us that access to the mission information line five days a week and seven hours a day was not enough, and that they needed information 24/7.

We took about seven months to evaluate this situation and we adapted our budget internally. We did not ask for more resources. We set up a service plan and a communication plan. It took us seven months. We are human beings and we do our best. We assess the needs of all military communities on a three-year cycle.

I hope that this will make it easier to determine families' needs. They have a way of expressing them. We listen to them and we act accordingly.

● (1230)

[*English*]

The Chair: Thank you, Colonel.

Mr. Chisu.

Mr. Corneliu Chisu: Thank you. I have a question for Colonel Blais. In your presentation you were speaking about the transition. So the primary goal of the Canadian armed forces is to return as many ill and injured serving personnel as possible to full duties. And I completely agree with you on this statement.

You also mentioned the return to work program and said that this return can occur in the individual's own occupation or, depending on the extent of their recovery, in a new occupation. Also you mentioned somewhere in your statement that 95% of people return to their occupation.

We know well that there are four combat arms including the infantry, the artillery, and the engineers. You are looking at the universality of service, but you will not look at the same qualities that an infanteer needs or an engineer needs to blow up bridges and build bridges and so on. So how would you view the possibility, for example, of an infanteer who has suffered injuries returning to service but as a clerk? Of course they would need to be able to deploy and need to be able to fire weapons and so on, but they could be kept in the forces.

Col Gerry Blais: Absolutely.

Mr. Corneliu Chisu: So how do you see that you are working in that direction? Because if 95% are returning to service, that means a lot of people are released.

Col Gerry Blais: When a person's medical condition is established and the directorate of medical policy says that the person's limitations do not breach universality of service and there are occupations in which positions are available, at that point the person is offered the opportunity to train in order to assume an occupation, as you mentioned, as an administration or finance clerk, a cook, or something of that nature. They would then be given the training and begin to serve in that new occupation.

Mr. Corneliu Chisu: Is that being looked at a little more carefully now in the JPSU?

Col Gerry Blais: Oh, absolutely. It is a serious consideration.

Mr. Corneliu Chisu: I have another question. What do the JPSUs do to provide coordinated, seamless support services throughout the transition from Canadian armed forces to Veterans Affairs? As you well know, if somebody has a medical file in the armed forces, it's not necessarily transferred to Veterans Affairs right away.

Col Gerry Blais: Again, that's a little bit outside of my lane, because it is a health services issue, but I can tell you that the Canadian Forces health services information system is now automated and the information is transferred to Veterans Affairs Canada.

Mr. Corneliu Chisu: Did you complete the digitalization of this? I'm asking you though it's outside of your field.

Col Gerry Blais: Again for specifics on that, I'm not the right person to answer, unfortunately.

Mr. Corneliu Chisu: Speaking of training opportunities that you are looking at, have you talked to any organizations that can offer training or can DND work together with other organizations? I'll tell you that I'm not necessarily a great fan of unions, but unions do provide training. For example, the plumbers' union, which I visited, is doing an excellent job of training people, but have they ever had any contact with DND?

Col Gerry Blais: One of the transition programs we have involves working with trade unions, because we would like to see more of our trades—the pipefitters on ships, etc.—Red Seal qualified with the provinces. That's the main issue in that. The forces training has to be recognized as a Red Seal qualification. We are now dealing with different unions to obtain that qualification or to find out what is missing so that we can then provide the training, either ourselves or by sending people out to get it.

● (1235)

Mr. Corneliu Chisu: If I have time—

The Chair: Your five minutes has expired.

This ends the second round of questioning.

We'll conclude with the third round of NDP, Conservative, and Liberal for five minutes of questioning.

Mr. Harris.

Mr. Jack Harris: Thank you.

I have three quick questions, if I can get them in.

The occupations in the civilian world are very complicated. Someone in the military may not have knowledge of all of that. I met one young man who said he was turned down for an opportunity to get employment counselling. This was outside the forces. It surprised me, but let me let you answer.

What types of vocational counselling, occupational options, aptitude testing, or any number of things are there that would allow a soldier who would be leaving, for one reason or another, to find out what he or she might have an aptitude for, or be able transition into, or get training for? Where does that come in and what program do you have for that?

Col Gerry Blais: Through the military employment transition program, we have joined forces with Canada Company. On staff, they are bringing in a number of career coaches from the private sector—and already have—and any of our personnel who are leaving who want to take advantage of those services are more than welcome to do so. They will help guide them down the path.

Mr. Jack Harris: Is that new?

Col Gerry Blais: It is relatively new, yes; I would say probably within the last six months or so.

Mr. Jack Harris: I have another question for Colonel Mann. We talked about the availability of medical services. I note that the ombudsman was concerned about the families not getting any access to family doctors, particularly in remote communities. It's a problem for other people, but more so for military families because they're moving and they have to get on waiting lists and whatnot.

The ombudsman talked about developing incentives for medical practitioners to relocate to certain areas. I know that communities do that. I also note that, in praise of you, the CDS said that you were always looking for innovative ways to help families and family services. Have you been given access to money or a budget to provide these types of incentives to medical practitioners to have them be available in the areas where soldiers are on bases or to set up clinics?

I know that communities do it. They give you an office that you can operate out of. They provide certain incentives for you to be there as a medical practitioner. Do you have a budget for that? Is this something that you think should be part of the services that you are able to provide for families?

Col Russell Mann: It's a great question. The short answer is no, but we do have resources to facilitate access. We've partnered with the Ottawa MFRC over the last 14 to 16 months to launch a program called “Operation Family Doc”. Op Family Doc has been able to successfully connect about 1,000 families with doctors throughout the Ottawa region. As you can appreciate, it's a quite dispersed and very large population, and we don't have a lot of money to invest in the family resource centre in the Ottawa area because it's large, urban, and fairly stable.

But finding a doctor is quite complex. Through the MFRC and a pilot program we did with them, we're able to get doctors to say that they're willing to take families. The family resource centre added value in helping families navigate where to find those doctors who would take new patients. For us, it's a successful pilot. We're now trying to get the Ottawa family resource centre to help us adapt that model to rural populations, where we know there are a number of bases—

Mr. Jack Harris: There's a bigger need there, I would think.

Col Russell Mann: —and start to apply it to the rural population context.

Mr. Jack Harris: I have one other question on family. We have people coming to us, obviously soldiers and direct family members, but there's also the case of a soldier who is of mature age, 20-plus, 21, 30, or 35.... A mother is still a mother, and we have mothers coming to us, and fathers. We've had fathers appear at this committee. They're concerned about the welfare, and usually the mental health welfare, of their son or daughter in uniform.

Is there a protocol for dealing with that? Obviously they are family and they have concerns, and they often have a greater knowledge than the individuals do themselves. How do we deal with that?

● (1240)

Col Russell Mann: Well, I think on the parents there may be a two-part answer, one from me and one from Colonel Blais.

From my point of view, parents are a population that is an extra challenge for us, because they aren't necessarily located where the member is or where the rest of the family is. However, the best advice I can offer is to call 1-800-866-4546. Call the family information line. They can help that parent navigate to get the information they need whether or not they're in the same city or the same vicinity.

They have access to programs like what is done from Gander in outreach all over greater Newfoundland to connect with parents who may or may not have their loved ones sitting in their basements or who may or may not have access to information about their loved one on training and deployment. The family information line can play a role in connecting the network of information and support for that parent who may not be near an MFRC and who may not be near a base.

The Chair: Thank you very much, Colonel.

Mr. Bezan....

Ms. Élaine Michaud: I have a point of order, Mr. Chair.

[*Translation*]

I will be very brief. I see that you have limited the interventions. If I am not mistaken, there are two left. However, according to my calculations, there should be at least 10 minutes left in the committee's proceedings. I still have a few questions to ask and I think that my colleague has some also. Would it be possible for us to stay until 1:00 p.m. to use all of our time?

[*English*]

The Chair: Let's see where we are at the end of this round of questioning. Merci.

Mr. Bezan.

Mr. James Bezan: Thank you, Mr. Chairman. I understand that you probably want to ask some questions, as is the chair's prerogative.

I'll split my time with Ms. Gallant, but first I have a question.

We were talking about transitioning and about the training and education component of it, which Mr. Harris was talking about. What educational opportunities are there for members of the JPSU before they hit their three-year leave? Is it just certificate training, diploma training, or can they actually go for a university degree?

Col Gerry Blais: We are open to anything, to whatever the member finds. He sits down with people from SISIP financial services, and they look at what his vocational rehab plan is. Based on where the individual wants to be, the plan is put together. We assist them, perhaps through their vocational rehab plan. We also have education reimbursement plans in the armed forces, which can go up to degree certification.

Mr. James Bezan: Perfect.

The Chair: Ms. Gallant.

Mrs. Cheryl Gallant: Thank you, Mr. Chairman.

Earlier in the study we had the Canadian adaptive snow-sports people here, the Canadian Association for Disabled Skiing. They host a clinic for injured soldiers and veterans annually for a week. This includes amputees and/or people suffering from PTSD.

They told us, though, that they have a difficulty in connecting with the people who can be best served by this week-long event. Earlier you yourselves mentioned how the different activities that take people away from their isolation and bring them into the community or to an activity help to lift them from where they are at. This includes the spouses. All of the financials get taken care of by the organization. They just had it a couple of weeks ago. It was a wonderful event. But it was under-subscribed.

What can you recommend this organization do in order to better connect with the people who would benefit from this program?

Col Gerry Blais: It is a very fair question. The short answer, and specific answer, is to deal with the Soldier On program that works within the JPSU construct, because we have a number of activities. Unfortunately, the activity to which you refer was scheduled at the same time that we were hosting a national ski camp on the west coast. The majority of the ill and injured were at the Soldier On camp that was on the west coast, so we didn't have quite as many who could have participated.

As well, the activity was organized outside the realm of our programs, without working with Soldier On. It's more difficult for them, then, to contact the soldiers. If they deal with our organization and contact Soldier On, we will help them organize their activity.

Mrs. Cheryl Gallant: The other aspect that was mentioned was that many of them are attached to the JPSU, and in order for them to participate they're required to use vacation time, which might not necessarily coincide with the week of the event.

Again, here we have a situation where they would really benefit from this activity, but because of the confines of when they're allowed to leave JPSU, they may not be able to participate.

● (1245)

Col Gerry Blais: I can answer that one specifically as well.

If it is for the ill and injured population, if an activity is organized with the Soldier On program, they don't have to take leave. It's part of their rehabilitation. If it is something organized by a civilian organization outside of Defence, without dealing with Soldier On, then it becomes a civilian pursuit and they have to take leave.

Mrs. Cheryl Gallant: Thank you.

The Chair: Thank you very much.

Ms. Murray.

Ms. Joyce Murray: Thank you.

I've got some questions for Colonel Blais.

The context of this, of course, is the some 13.2% of the total deployed to Afghanistan who were predicted to suffer from OSI or PTSD, according to the department's *Report on Cumulative Incidence of Post-Traumatic Stress Disorder and Other Mental Disorders*, a sample that took place of people deployed from 2001 to 2008.

With the JPSU, I'm going to just lay out a set of questions, if you don't mind.

How many forces members are currently posted to the JPSU? Do you have numbers for what you anticipate will come forward for posting over the coming three years? What are the number of service providers currently employed? I know that management, administration, and logistical support are also important, but I just want the number for service providers directly dealing with people being posted.

There were staffing shortages that we are aware of. In terms of those staffing shortages how many medical professionals have been hired since the hiring freeze was lifted last fall? Would you recommend increasing the number of service providers, given the estimate of need for the JPSU, if increased budget were available to you? In other words, is budget a constraint? I'm not just talking about medical, I'm talking about service providers.

Lastly, the fall report from the Auditor General of Canada recommended improvements to performance measuring and reporting by the JPSU and the IPSCs. Have you implemented that recommendation? If not yet, how do you plan to move forward and do that?

I'm trying to get a handle on what's going on with the JPSU.

Col Gerry Blais: Understood.

To your first question, at the moment we are just under 2,000 people posted to the JPSU, and we have roughly an additional 3,500 walk-in clients. That means that their daily administration and command is done by their own unit, but they come in. They may have an injury where they need some form of service or program, and we provide that for them.

How many people are going to be posted to the JPSU in the future? It's very hard to predict. What we know is that there are 1,000 people released medically per year. Based on that, a certain number of those can remain in their units because it's a chronic thing, such as back pain, where they don't need a posting to the JPSU. So how many are going to come to us? It's very difficult to pinpoint that trend, but it's constantly monitored. I have direct contact with the chief of personnel and if I do have needs I go straight to him to advise on what our needs are.

In terms of the number of service providers directly, the staff of the JPSU is about 300. But to give you a further breakdown I'll have to take it under advisement and come back with the specific numbers.

Ms. Joyce Murray: I'd appreciate it if you would do that and table it with the clerk.

Col Gerry Blais: Absolutely.

On staffing shortages, when you mentioned the medical health service providers, they don't work for me, they work for the surgeon general. Again, unfortunately, we will have to take that question under advisement to get those numbers for you.

As far as staffing of the JPSU is concerned, when the problem was announced in the media back in July, at that point we were basically at an apex of a number of policies that were implemented at the same time. What the policy was before for reservists hired in the unit was that you could receive your superannuation pension that you received as a regular forces person, become a reservist, and work as a reservist and continue to draw that pension. That policy was changed. As a result, a number of people decided that they didn't want to work under those conditions. There was a shortage for a time. We've received exemptions to that policy to a certain degree so that we've been able to backfill those positions. We've also got ongoing competitions to fill the few military positions. If I remember correctly, there are only about 10 in the entire unit that are vacant at the moment.

As far as civilian staff are concerned, again, there were hiring freezes in place. We did receive authority from the deputy minister. The freeze does not apply to the JPSU, so as soon as we have vacancies we can run competitions to fill them.

Now, at the moment, we've got about 25 vacancies, both military and civilian combined, but that's just through the normal flow of things. When someone leaves, we still have to follow competitive processes to hire, so there's a little bit of lag on that. But we don't have an issue in hiring. As I said, there are a number of studies ongoing to see what the optimum number of service providers is. It's being followed very closely. I know that the chief of personnel personally holds this to heart and has assured us that we're going to get the people we need to do the job.

● (1250)

The Chair: Thank you, Colonel.

That ends the third round. As chair, I will exercise my prerogative to ask a couple of follow-up questions before we conclude the meeting.

Colonel Blais, with regard to the questions just now from Ms. Murray on the number of civilian positions filled since the hiring freeze was lifted, can you tell us how many of these are mental health care professionals?

Col Gerry Blais: No, I cannot because the mental health care professionals work for the surgeon general.

The Chair: So, when he appears next week—

Col Gerry Blais: He would be in a position—

The Chair: —with the chief of military personnel, we'll ask the question.

With regard to civilians as clerks and receptionists, admin positions within the JPSU—

Col Gerry Blais: There are also service providers because the JPSU, the military staff, exercise the leadership function because that's what soldiers know. When they go to the unit, you still want to have that chain of command, you're comfortable with that, you know that. But all the programs and services are provided by our civilian cadre. In those positions we currently have, if I remember correctly, approximately eight vacancies, but all the positions are being competed for and should be filled shortly.

The Chair: When we visited Petawawa late last year, there were comments from some military personnel and their families that civilian mental health care workers sometimes lacked the experience of the traumas that the troops would have experienced.

Is there an effort within the JPSU to somehow provide either military mental health specialists, and I know there are shortages in those areas, or to provide more consistent civilian mental health specialists in these very sensitive areas within the JPSUs?

Col Gerry Blais: Again, unfortunately, the medical care is the surgeon general's responsibility and he is the one who would answer that for you, Mr. Chairman.

The Chair: I'm sure we'll pursue that next week.

Finally, Colonel Mann, one of the primary recommendations of the ombudsman was to establish a modern definition of the military family. You've addressed this in a number of ways and from a number of perspectives today.

I'm just wondering what your thoughts are with regard to what the modern definition of the military family might be.

Col Russell Mann: Defining a family is deceptively simple. When we look to the body of legislation in law that surrounds compensation and benefits, insurance and others, everybody seems to have a very specific definition. That's part of the problem the ombudsman encountered. We have a very clear and inclusive definition for the family service program, but we have decided that we would like to lead the charge with that specific recommendation in trying to energize the department to find one definition.

I am particularly taken by the ombudsman's observation on that one, that said the Canadian government has a definition of family. We also note that the Vanier Institute of the Family, a non-profit organization set up to serve all Canadians, has a modern definition of the family, which we believe may apply to the Canadian military family context as much as other Canadians.

We are taking that and we are trying to look at it, but there are more than 12 definitions the ombudsman found. I suspect as we delve into statutes and policies, we may find in fact more. I have committed, sir, to lead the examination of that and to respond to the ombudsman within a year as to what we think is an appropriate definition.

● (1255)

The Chair: Thank you very much.

Point of order, Mr. Bezan.

Mr. James Bezan: No, not a point of order.

I just wanted to thank Colonel Blais and Colonel Mann for coming in, and that we were able to get their full testimony this time without being interrupted by bells.

With that, Mr. Chair, I move that this meeting stand adjourned.

The Chair: The meeting is adjourned.