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Chair

Mr. Anthony Rota

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• (1105)

[English]

The Chair (Mr. Anthony Rota (Nipissing—Timiskaming, Lib.)): Good morning. *Bonjour.*

I'd like to thank everyone for coming out this morning, especially our three guests. We have Mr. André Marin, who is the ombudsman for the military forces; Brigadier-General George Sharpe; and Barbara Finlay, director general of operations in the Office of the Ombudsman. Thank you, all three, for coming.

Before we get on to the business, I'm just going to mention that there is a binder in front of everyone that was put together by the clerk and that has a bunch of information in there. We'll deal with that later. In case you're wondering what it is, it's just to facilitate the operations and keep you in line and allow you to get all your information when you need it, where you need it, and go from there.

I'd mentioned earlier that I was talking to Mr. Marin and mentioning why we're here. What we're looking at are different areas to specialize in or to concentrate in within the committee. One of the areas we're looking at is the operational stress injury, and we've asked Mr. Marin and his staff to come out and speak to us today.

Without any further ado, thank you for coming out, and we'll let you start.

Mr. Marin.

Mr. André Marin (Ombudsman, Office of the National Defence and Canadian Forces Ombudsman): Thank you very much.

[Translation]

Good morning. I appreciate the opportunity to address this committee on a subject my office considers of primary importance to the men and women who serve in the Canadian Forces.

[English]

The close rapport between the veterans and defence subcommittees of the House and our office has been crucial for us to effectively do our job, so I'm grateful for the support of the committee.

[Translation]

The Department of National Defence and Canadian Forces Ombudsman position was established in 1998. The Office serves as an independent and objective sounding board, mediator and reporter on issues of importance to current and former members of

the Canadian Forces and their families, as well as civilian employees of National Defence. Simply stated, the Ombudsman's mandate is to contribute to long-lasting and substantial improvements to quality of life for DND/CF members and veterans and their families.

The Office receives approximately 1,500 complaints per year, dealing with benefits, release from the Forces, medical issues, recruiting and harassment.

[English]

The office assists our constituents in a number of ways, many of which are not highly publicized. For example, we provide information referral to resources and services available through both the Canadian Forces and Veterans Affairs Canada. We provide advice, guidance, and expertise to the chain of command. For example, at the request of the Chief of Maritime Staff, but after I had raised the issue, we sent senior members of my staff to Scotland to brief the HMCS *Chicoutimi* board of inquiry into the lessons we'd learned from our investigations into the conduct of boards of inquiry. We will be releasing in early 2005 the report of an investigation about how the military investigates itself and flaws into how the military has investigated itself in circumstances of serious injury or death—non-combat deaths—and how to improve the process. I'm pleased to note that our advice in this intervention was very well received and acted immediately upon.

We investigate individual complaints where compelling circumstances dictate, such as those causing financial hardships. We investigate and report on systemic issues that affect DND/CF members as a group, including our upcoming report that I mentioned earlier on how the CF investigates fatalities and serious injury as well as the treatment of family members who die unexpectedly. We've also conducted several major investigations into how DND/CF deals with members who have operational stress injuries such as post-traumatic stress disorder. I'm also completing an investigation on how the Canadian Forces deals with complaints about environmental exposure during deployments.

As an organization that is focused on DND/CF, how do we interact with Veterans Affairs Canada?

[Translation]

The Ombudsman's mandate is contained in ministerial directives implemented through a Defence Administrative Order Directive. The Ombudsman reports directly to the Minister of National Defence and has a mandate to deal with all matters relating to National Defence and Canadian Forces. The ministerial directives provide that where the complaint falls within the jurisdiction of Veterans Affairs Canada or the Veterans' Review and Appeal Board, the Ombudsman may not deal with the complaint, but shall refer the matter to Veterans Affairs Canada.

Since we began operations in 1999, we have received 276 complaints that fall into this category. The bulk of these complaints are about pension issues. In these cases, the Ombudsman's Office provides the complainant with information on Veterans Affairs Services and refers them to the appropriate resource including the Department of National Defence/Veterans Affairs Canada Centre for the Support of Injured and Retired Members and their Families.

In urgent complaints, the Office will communicate with VAC staff on an informal basis to attempt to facilitate a resolution of the problem. Over the years, we have developed a collaborative approach and we have established positive working relationships with VAC staff.

• (1110)

[English]

Although in dealing with veterans affairs issues we are relegated to using the back door to intervene, because our mandate specifically excludes our involvement in Veterans Affairs Canada issues, there have been good examples of cooperation between ourselves and the department, including our intervention in the mustard gas test. In this instance, we worked very closely with VAC staff to investigate complaints from former members and their next of kin regarding the mustard gas tests to which members were subjected in Suffield during World War II. More than 3,500 Canadian soldiers were involved in the tests. Many sustained horrific injuries.

Our joint efforts led to the Minister of National Defence and the Minister of Veterans Affairs to accept my recommendation to compensate survivors and next of kin, who had to wait over 60 years before an acknowledgement and reaction by the Government of Canada on this issue.

In some cases, complaints falling within the ombudsman's mandate also raise issues within Veterans Affairs Canada. In those cases, the ombudsman's office will refer the persons to Veterans Affairs for assistance, while we continue to work on the other aspects of the file that relate to DND/CF. We've also received cases where staff working at DND/CF and the VAC centre for the support of injured and retired members and their families have referred veterans to our office for assistance, as they have received unfair treatment but were not aware of other mechanisms to deal with that unfair treatment. As there is no ombudsman for Veterans Affairs, a number of VAC clients have appealed to our office for help directly and have been referred by members of Parliament.

The office encountered a number of cases where there is an overlap between DND/CF and VAC: for example, complaints about difficulty in establishing pension entitlement as a result of lack of

documentation held by DND/CF of medical conditions or service-related injuries; secondly, complaints about delay in DND/CF providing information on medical conditions, injuries, or duty area in order to support pension entitlements or entitlement to other benefits and services; third, concerns about confidentiality of medical information flowing between VAC and the Canadian Forces, including cases where CF members have applied for pensions while still serving; and finally, concerns about the transition of care of members from CF to VAC upon release, particularly those members who suffer from operational stress injury.

In 2004 operational stress injuries suffered by members of the Canadian Forces continued to be a major concern for my office. We are currently examining for the third time how the CF and, inevitably, because of the close interaction between both the departments, Veterans Affairs Canada are dealing with operational stress injury today. The report will be released in the new year and will update progress on the 31 recommendations we made when we first looked into the systemic issue in 2002.

Why are we doing this again? Because as no doubt this committee has also recognized, the problem continues to exist. Numbers are hard to identify with authority, primarily because the Canadian Forces ceased the manual collection of statistics with stress-related injuries in 2003, yet the automated system that is supposed to now track these numbers has yet to be perfected. We're told it could be up to five years before that's perfected.

We do know, however, that Canada continues to create military psychological casualties in significant numbers. There is every indication that this will continue for the long term and that the number of people requiring care will increase. As with physical casualties, those military members are injured in the nation's service.

On the national level, both the CF and Veterans Affairs Canada continue to make progress in implementing most of the initiatives that have been designed to deal with operational stress injury. I am encouraged by the number of local initiatives that have sprung up on bases and units across Canada, which are making a real difference. As such, we are finding good news to report. A number of initiatives taken by the operational stress injury social support group, otherwise known as OSISS, are demonstrating an exceptional level of success.

•(1115)

The excellent cooperation between DND/CF and VAC in staffing the centre and in implementing the OSISS program, as well as the efforts to establish the Ste. Anne de Bellevue veterans centre in Montreal, have shown that both are willing to work together to improve the quality of service for serving and retired members.

Before I open up to questions, Mr. Chair, I would like to introduce the two individuals I brought with me today. They are retired Brigadier-General George Sharpe, who served in our office for many years as special adviser on operational stress injury and is one of the leaders of our current and ongoing investigation into operational stress injury; and Barbara Finlay, who is our director general of operations and who oversees all our investigations, including the one dealing with operational stress injury.

The Chair: Very good, thank you.

We'll start with the first questioner.

Mr. O'Connor.

Mr. Gordon O'Connor (Carleton—Mississippi Mills, CPC): What's the timing again, Mr. Chair?

The Chair: It's seven minutes. We're going to go through one session of seven minutes each, and then we're going to move to five-minute questions, alternating between the government and the opposition parties.

Mr. Gordon O'Connor: Thank you very much.

Mr. Marin, I know little about the topic. I know in general that there's been a history of this as long as war has existed; we called it different names. Now it seems that this stress problem is on the increase, but I don't know that.

I was just wondering if you could tell me, in your opinion, how extensive this stress problem is now.

Mr. André Marin: I think the problem is quite extensive. I think it's always been there, but people are now better educated and they're more on top of things and we have a society that's a lot more concerned with how we're treating our soldiers. So for those reasons, we're hearing a lot more about it.

Unfortunately, what's happening right now is that there are brief spikes of interest in the topic, which prompts the Canadian Forces to react; but what we've yet to see and would like to see from National Defence headquarters on this issue is a centralized, consistent approach to it.

In our first report dealing with post-traumatic stress disorder, we made 31 recommendations. It's an over-200-page report. We're taking a third run at it right now, but in our first report we had 31 recommendations. Two of the most important recommendations, unfortunately, have not been acted on; one was to have a special adviser to the Chief of the Defence Staff on operational stress injury to centralize...and ensure that the momentum is kept on this issue. Unfortunately, that did not happen.

So what we see on this issue right now is that when a committee such as this one convenes, it gets reaction. When we do an investigation and release reports, it gets action. When General Dallaire shares his experiences, it gets reaction. But between these

spikes, we are concerned that we're not getting consistency of interest from National Defence headquarters on this issue. As long as that's not there, I think we won't be on top of the issue.

•(1120)

Mr. Gordon O'Connor: Perhaps you or General Sharpe might be able to answer this question. Is there any way we can prepare our soldiers, sailors, and airmen better in training to harden them, or whatever you want to call it, to the stresses they're going to undertake so that there might be fewer casualties at the other end?

The Chair: George Sharpe, do you want to respond?

Brigadier-General (retired) George Sharpe (Special Advisor to the Ombudsman, Office of the Ombudsman, Department of National Defence): Yes, okay, I'll touch on that very briefly.

In terms of inoculation for operational stress injury, in a sense there's still a lot of research under way, but there appear to be two different kinds of training that have an impact here, ultimately, on both the numbers and the severity of this injury. One is in fact awareness training, starting at a very junior level, where people are really educated about themselves and their own signs and symptoms and so on, and working its way up the chain of command in terms of greater levels of awareness, and so on and so forth.

What that ends up doing is identifying operational-related stress in the very early stages and allowing actions to take place that can resolve that. The majority of people who suffer from an operational stress injury are in fact recycled and sent back with no really long-lasting problems. The challenge is getting them to recognize the problem and to come forward, to look for assistance early on. That's what leads us to the culture-change issue and so on, and to try to develop an organization where it's okay to suffer psychological injury as well as physical injury, and to have that dealt with. A very serious complication here is that it often takes months or even years for the injury to manifest itself after the actual event took place, and that works against this early treatment side.

The other type of training is in fact inoculation itself. From my simple navigator perspective that is still in the very early stages. There are opinions out there, but very little hard research that would indicate that you can actually train people to increase their level of stress resistance. Rather, most of the research tends to indicate that it is largely related to where you come from. Your childhood, your experiences growing up, and a variety of other things tend to indicate your vulnerability to serious stress injury.

Mr. Gordon O'Connor: Okay. Beyond the stress disorder, the other area wrapped up in this, and they may be two distinct problems, is related to the terms Gulf War syndrome, or perhaps Bosnian War syndrome. People returned from both these areas and complained about a whole series of problems. Now, they may or may not also be suffering from stress, but they seem to have additional problems. I was wondering if you've investigated this.

Mr. André Marin: We are also currently investigating how the Canadian Forces respond to complaints by soldiers that they have been exposed to an environment that has consequences on their health. We call it the environmental exposure investigation. We'll be reporting on that in the beginning of the new year as well.

We haven't specifically investigated Croatia or the Gulf War, but rather how institutionally the organization responds to this. What is the onus placed on members to demonstrate a connection, to document what has happened on their health? How do we expect them to prove something that science can't prove, and is the system fair? So we'll be reporting back on that in the new year.

The position of Veterans Affairs Canada and the Department of National Defence is that there's not a formal recognition of the Gulf War syndrome, as such. The approach we prefer to take, the angle into the issue is this. Given the fact that the science may not be advanced enough, how can we make the system as fair as we can possibly make it to the soldier who feels that there's an issue?

General Sharpe, do you have anything to add?

BGen George Sharpe: Yes. What we call it is probably less significant than how we deal with it, quite frankly. We do tend to send people away healthy and to bring them back and many of them are injured. There are physical manifestations of stress that can be easily confused with other things. I think that leads to some of the problem. It tends to be easier to say "I was exposed to something in the environment" than it is to say "I'm having a psychological issue".

Interestingly, there's a study that has come out of Walter Reed Hospital in the United States, the U.S. army hospital, that indicates that in Iraq right now between 17% of U.S. marines and 19% of U.S. army participants are self-reporting incidents of serious stress. They believe they will have problems with that. That's a very high number, but it's again a culture issue, where people start to self-report when they have what they believe is a stress injury.

In 1990 in the Gulf War, that was not an option, and in essence—a personal opinion—the Gulf War syndrome developed. There may not be an Iraqi War syndrome as a result of this more open approach—a personal opinion—but that would appear to be what Walter Reed is looking at right now.

• (1125)

The Chair: Thank you, Mr. O'Connor.

[Translation]

We will now give the floor to Mr. Perron.

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): Good morning, Mr. Chairman. Ladies and gentlemen, good morning. Welcome to the committee.

Mr. Chairman, I must say at the outset that I am not a seasoned veteran like Peter, but rather a young recruit like yourself. My first comment would be to Mr. Marin or to the group seated in front. Are your studies on Gulf War-related stress and on everything else affecting veterans available? I would like to have a copy, as I am a new member of this committee.

In your opening statement, you mentioned something that really caught my attention. If I understood correctly, you say that insofar as veterans are concerned, in your studies you are obliged to go in through the back door. That is more or less what you said. What could you do to be able to come through the front door, so to speak? Are you prepared to officially assume responsibility for veterans as well as for National Defence?

Mr. André Marin: On Remembrance Day, this very issue was raised by veterans of the first Gulf War. They issued a press release asking for the creation of an ombudsman's office, and asked that we be entrusted with the task if possible. We are prepared to accept that task.

Some time ago, the Royal Canadian Legion stated publicly that it served as ombudsman to veterans. Since that time, I have had discussions with the Legion and it would seem that they are currently reviewing their position. However, as long as the Legion is opposed to veterans having an ombudsman, the Department of Veterans Affairs will feel no particular interest in creating such a position or in expanding my role to include veterans.

Would I be prepared to take on that role? Yes. However, the Legion and the Department of Veterans Affairs must agree. I don't see any problem with an ombudsman, whether myself or someone else, taking on that task and supporting the Legion in its efforts. I do not see how the creation of an ombudsman would in any way undermine the work of the Legion. That person's job would be to support these people.

I said in my opening statement that we had been able to help veterans who were victims of mustard gas tests. Despite the efforts of the Legion over the last few years, the government had not admitted that these tests on Second World War veterans had taken place. The Office of the Ombudsman had to intervene. In my opinion, through that initiative, we have demonstrated the role that our office can play, and we are prepared to play that role. However, the Minister of Veterans Affairs and the Minister of National Defence will have to give us the mandate.

Mr. Gilles-A. Perron: In your statement, you also mentioned having received 276 complaints directly from veterans, which you then referred to the veterans' unofficial ombudsman, the Royal Canadian Legion. Of these 276 complaints, how many have been successfully settled? Do you have that number?

Ms. Barbara Finlay (Director General of Operations, Office of the Ombudsman, Department of National Defence): I will answer in English.

[English]

For the most part, they're referred to VAC and we try to work with them using an internal mechanism to resolve them. It's almost impossible to say, but I would say probably about a half of the complaints we're able to resolve or recommend to VAC. The half we are not able to resolve easily are those having to do with a pension. As you know, there is a very regulated process for the pension. It's not an area where we have the authority to investigate or to require documents to be provided to us, so we're not able to investigate complaints that have to do with the pension process. With many of the other complaints dealing with treatment and services provided to members in transition, we're able to intervene and make sure that people get the assistance they need.

General Sharpe can probably add to that statement.

•(1130)

BGen George Sharpe: I'll add just a word to what Barbara has said.

The informal approach we're using to resolve complaints deals largely with personal relationships that a number of the ombudsman's staff have developed with the people who work in the Veterans Affairs organization. I think it would probably not be overly dramatic to say that it works because of the people, not because of the organizational structure.

In terms of resolution, I would say we get a very high percentage of successful resolutions based on that personal contact and personal one-on-one interaction with people at Veterans Affairs, and using the auspices of the CF-VAC centre, which is a jointly manned VAC-DND organization.

[*Translation*]

Mr. Gilles-A. Perron: This question is primarily for the general. Earlier, you referred to the Gulf War syndrome. I don't know if you are aware of a study done by a retired judge whose name escapes me, for the United Kingdom Defence Department, or if you have read it. This study was tabled in November; it is hot off the press. Speaking of the Gulf War syndrome, the author stated that in his opinion, this is not a syndrome but a reality which was perhaps caused by vaccinations against different gases that might have been used there, etc. He feels that this is an illness. This report has put the defence departments of the United Kingdom and of Canada on the defensive, but it seems to have been well received by the Germans and the French.

Are you in a position to comment on what I have just said?

[*English*]

BGen George Sharpe: If I can give a very general answer to that observation, I am familiar with the study, and in fact there are studies from Australia and other countries as well that come to similar sorts of conclusions.

Again on a personal opinion, when we start to worry about cause, we end up with a number of very difficult and grey areas to deal with. Our focus tends to be on how people are treated, as opposed to how they ended up becoming injured. It's important to understand how people are injured, in order to prevent further injuries if one can do that. But quite frankly, whether it's an inoculation, an exposure to some chemical in the environment, stress, or something else, if soldiers—men and women representing their country—are deployed and sent out to do the country's duty and come back injured, regardless of how that injury has been created, they deserve to be treated fairly, and basically not made to feel they have to sort of beg for a response.

In terms of whether or not there is a Gulf War syndrome, quite frankly I think it's very difficult for us to draw that conclusion, as lay people.

The Chair: Thank you.

Mr. Perron wants to just throw a little bit more in. I'll grant him 30 seconds.

[*Translation*]

Mr. Gilles-A. Perron: We are more or less aware of everything you have said. What concerns me is that while everyone is doing studies and hoping, what are we doing for those who are currently struggling with the problem? Young people my son's age come to my office almost daily. I think they have Gulf War syndrome. What are we doing for them?

[*English*]

BGen George Sharpe: I'll pass that back to André and Barb, but my personal opinion is we need to take care of these people. We need to make sure their families are taken care of. We need to treat them with dignity and respect. We need to quit forcing them to continually rejustify that there is something wrong with them. We took them in healthy and we brought them back sick; it's that simple. We need to treat them properly. We need to care for them and their families, and we need to quit worrying about whether or not the injury, whatever it is, was created as a direct result of service.

I think when we try to prove the negative we end up with a problem. I won't waste much time on this, but if we try to prove that these inoculations didn't cause the injuries, for example, we create all kinds of conspiracy theories and other things. We need to quit worrying about what didn't cause the injury, and start worrying about how we treat people. That will solve most of the problem.

As for the people who are suffering today, they deserve to be treated properly. They deserve to be taken care of, and they deserve to have their families taken care of.

•(1135)

[*Translation*]

Mr. André Marin: The concern you raise is the reason we are currently investigating the way in which the Canadian Forces treat those who say they have been affected by some environmental exposure. We will be making concrete recommendations to the department so that these people can be dealt with immediately. We will be able to address the issue when our report comes out.

The Chair: Thank you very much.

Mr. Stoffer has the floor.

[*English*]

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you very much, Mr. Chairman. I apologize for stepping out for a second.

With Minister McCallum going around looking for nickels and dimes under the couch pillows, is your department slated for any budget cuts in the very near future?

Mr. André Marin: We are of course bound by any policy issuing from Treasury Board, but we certainly haven't been informed that beyond that we will be cut back in any way.

Mr. Peter Stoffer: As you know, last month there was a press conference by some groups asking for an ombudsman for Veterans Affairs. You indicated in your statement that you're doing little cross-utilization, although you're not mandated by Veterans Affairs, you're mandated by the CF. If your department had additional resources and manpower, would you be able to meet what those individuals were asking for?

Mr. André Marin: Absolutely. They called upon me as well when they issued their statement, and asked me the same question. My answer was yes, certainly.

I don't think you've seen any movement beyond the call by these groups, because the position of Veterans Affairs Canada is that the Legion oppose the creation of the ombudsman or the additional area of jurisdiction by office. They oppose it by saying they are the ombudsman.

I find that position to be difficult to reconcile, because I don't think we would be threatening to the Legion; I think we would be supporting the Legion. Just as members of Parliament here refer cases to us all the time, the Legion would refer cases, and we'd be working with them.

The perfect example where the Legion proved unable to assist veterans was in dealing with those who were subjected to mustard gas. The Legion had been calling for years and years for some kind of government recognition and compensation. It was not until we investigated the matter and issued a report publicly that the Prime Minister announced the creation of a fund to compensate and recognize these people.

So I see our roles as being complementary. In the last month or so I've been engaged in discussions with the Legion to try to sensitize them a little more as to how we could work together, and I'm hopeful they will revisit their conclusion. My sense is that as long as they don't revisit their position, Veterans Affairs will not move to address the issue.

Mr. Peter Stoffer: Thank you.

I guess, to put it on the record then, you would support your office handling both the CF and Veterans Affairs, if indeed the manpower and resources were there, as an ombudsman.

Mr. André Marin: Absolutely. I can tell you that members have a hard time understanding that one day they're in uniform, and the next day they hang up the uniform and lose access to the ombudsman. They don't understand that. They think it's some kind of artificial line in the sand—you know, why could I go to you then, but now I can't? Don't you need it most when you retire, take your release, and look for a pension or a benefit?

The number one category of cases we deal with, year after year, are issues of compensation and benefits. What are the issues that veterans normally raise? They're issues of compensation and benefits. So sure, there are appeal mechanisms and formal structures, but nothing can replace the informal approach that office can take in these kinds of cases to resolve things quickly, without calling into action lawyers, rigid forms, and rigid processes that we force complainants into.

• (1140)

BGen George Sharpe: Not to digress, but in the pursuit of what we do, in the last year we have been approached by a number of senior personnel in Veterans Affairs Canada. They have expressly stated that they believe there should be an ombudsman acting for the men and women who served in the Canadian Forces, as well as in DND-CF. The primary reason for that is it would allow the soldiers, sailors, or airmen to have a place to go when it looked like all doors were closed. It creates a tremendous amount of frustration, perhaps

even unhealthy and dangerous frustration, when they have no place to go when they've been turned down. That has come directly to me from people who work at Veterans Affairs Canada.

Mr. Peter Stoffer: Thank you.

Sir, as you know, in regular society we're short of medical professionals, doctors, and trained nurses, as well as psychiatrists. Does the CF, in your opinion, have enough psychologists and psychiatrists to deal with the ongoing issue of PTSD? Should they or could they use a lot more in that regard? Are they doing anything in order to recruit psychologists and psychiatrists to deal with this issue?

Mr. André Marin: The last time we looked at this issue in depth, we certainly noticed that the resources were very strained, and that they were challenged to recruit the right people with the right qualifications to deal with this issue. General Sharpe has been assisting in my latest investigation.

On that particular point, General Sharpe, is there an update to committee members?

BGen George Sharpe: There is, and in the report we'll indicate that, but there is still a tremendous shortage of mental health professionals right across the spectrum. It's reflected in Canadian society as well. But we end up with a significant problem for members of the Canadian Forces.

They're treated inside the organization for a period of time. If they are going to be released, then at the transition point the CF ceases to deal with them, with the mental health professionals that they have come to know, and they then are put into the civilian community and go in search of mental health professionals there. Often that transition does not go well, and often it results in a serious delay in care. It's a significant problem for people.

So the shortages are a problem for both civilian society and within the military, but for the military it's increased because of that transition from one set of caregivers to an entirely different set of caregivers, who may or may not use the same medications or may or may not use the same kinds of approaches to deal with this.

Mr. Peter Stoffer: How many professionals, in terms of mental health capability, are in the CF now?

We have x number, thousands of troops, and those on various types of leave. If I had PTSD, or felt I had it, how many people in the military could I go to?

Mr. André Marin: That's a good question. We can research that and provide you with that information. Off the top, I wouldn't know that exact number.

BGen George Sharpe: But there are five operational trauma and stress support centres across the country.

Mr. Peter Stoffer: I'll get back to you on that.

Mr. André Marin: We will look that up.

The Chair: Now we'll move on to Mrs. Ur.

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Thank you, Mr. Chair.

I thank you for your presentation. Sorry I was a little late, but I was battling an ice storm coming here.

I think I heard you right. Did you say, Mr. Marin, that the legions are against an ombudsman?

Mr. André Marin: The official position of the Royal Canadian Legion is that they are opposed to an ombudsman to assist former members, veterans, because they consider themselves to be the ombudsmen. I have since engaged in discussion with senior personnel at the Legion, and certainly I've had a very different response from them, but their official response, as I speak today, is that they are on the record as opposing the creation of an ombudsman.

Mrs. Rose-Marie Ur: Okay.

I find that interesting, because I certainly have a good working rapport with the 22-plus legions in the riding I represent. As you had indicated in your presentation, they certainly find it difficult to find someone who will listen—the personal approach, the respect that these individuals want. They're not asking for the world. They just want to be heard, understood, and respected, and to not have this body...

Even with them having ombudsmen in DND and CF, I think it's important, but between those two, to even have a co-link as an adviser so that there's a go-between... As I was quickly reading your presentation, trying to catch up—and I'll reread it later—there appears to be a lack of sympathy between DND-CF and VAC. It seems the one group is there for the one group of individuals, but there isn't a continuum with the VAC. There seems to be, as you said, a gap there. That is where I think there is a bit of a sinkhole, where we're not getting what we need to get for our veterans.

•(1145)

Mr. André Marin: When a member goes from being a member to a veteran, they don't want to be told, "Well, you know, there are two different bureaucracies. We can't help. You lose your ombudsman."

Mrs. Rose-Marie Ur: Exactly.

Mr. André Marin: They only want the bottom line: "Am I going to get what I need, or why not?"

As I said in response to an earlier question, I think we certainly would be in a position to assist, and I'm hopeful that the Legion at one point recognizes that we could work together on these issues. Certainly we have good rapport as well with Legion personnel in the regions, but when it comes to the formal, national position, they say they are the ombudsmen.

On Veterans Day this year, several veterans groups issued calls for an ombudsman, so I'm hopeful that could be resolved, because certainly the Department of Veterans Affairs will not be moving on it if the Legion opposes it.

Mrs. Rose-Marie Ur: It's sometimes the situation where individuals are making decisions who have not walked the walk. They're talking the talk, but if you haven't walked the walk, you can't do the talk part of it. Unfortunately, it's hard sometimes for them to put themselves in the place of those individuals.

Do you find, too, with the veterans that it's more feasible and more logical to have them receive medical attention through the military

source, rather than a public source, because they're better equipped to understand their stance coming back from various services?

BGen George Sharpe: I'd like to say a few words about that. There are obviously problems in terms of that with the Canada Health Act, and so on, but the reality is, yes, it would be preferable.

We've been approached during this last investigation, looking at how OSIs—operations stress injuries—are being treated today. We've been approached by at least two of the medical facilities in the Canadian Forces with their ideas of how they can continue to care for people even after they're released, and they're hoping to be able to push that forward. We've actually checked at the other end, on how well that will be received, and it will not be received well for a lot of those other reasons.

So the simple answer is yes. Many of the veterans we talked to who are trying to deal with the psychological injuries particularly are very, very frustrated by the fact that they are talking to people who haven't a clue. Not to be unkind, but they don't understand the sorts of things that happened in Croatia in 1994, or in Afghanistan, or anywhere else.

Mrs. Rose-Marie Ur: So should we be looking more at people who've been in action to play a larger role in understanding these individuals? It's all right to have the textbook information, but it's also good to have the hands-on information. Would that help the situation more with these individuals?

BGen George Sharpe: We talk a lot about the outreach types of activities that take place within some of the organizations. André referred to the operational stress injury social support group. These are all veterans with a psychological operational stress injury. They've put together a speakers bureau that sends well-known veterans out—again, suffering from OSIs but recovered—to speak at various medical institutions, and so on, across the country. But it's somewhat like a drop of water when you're trying to put out a forest fire. There's an awful lot of work to be done there, and not a lot of assets and resources to go to.

Mrs. Rose-Marie Ur: When these individuals are assessed when they come back from service, are they allowed to have a second opinion, or is the information that is delivered to them upon examination within the military the sole criterion they go on?

BGen George Sharpe: Yes, they are in fact allowed second opinions, if that's desired.

One of the comments I should make, just as an observer... And again, I'm not a medical person at all; I'm a navigator by trade, and although navigators are very skilled people, they're not particularly smart when it comes to medical issues. What we have actually seen across the country, without exaggeration, is that the care the men and women of the Canadian Forces get while they're in the military is exceptionally good. It's probably much better than the care they're going to get when they get released from the Canadian Forces, in terms of mental health as well as the physical side. Certainly in terms of mental health, the ratio of caregivers and so on is higher than it is on the outside, and the quality of care is better.

That said, though, if the individual is not happy, he or she can in fact get a second opinion, and outside caregivers are contracted to provide that.

• (1150)

Mrs. Rose-Marie Ur: It was nice to hear, when you stated that there's help for the individuals coming back, as well as their families, because quite often we forget about the family trauma that happens as well, not just the individual who has been serving.

The Chair: We'll stop there, and maybe I'll ask a couple of questions as the chair, if that's okay.

One of the comments I'd like to remark on was made by Brigadier-General Sharpe. You mentioned that it takes years to manifest a post-traumatic stress disorder. Does it take years to manifest, or does it take years to identify?

The reason I ask that question is that sometimes the people themselves are run down. They're not sure why. They're having a hard time.

Also, there was something mentioned about an environmental exposure investigation. Is that like an exit interview, where people coming out of the forces are maybe asked questions and checked over once, just to see if there's any indication of what's going on? Can you comment on that?

BGen George Sharpe: The years-to-manifest comment is really a combination of both issues that you raised.

I heard a briefing last Wednesday from a sergeant who has recently been released, who initially suffered some psychological injuries in Yugoslavia, in Sarajevo, in fact, in the early part of the nineties. He actually collapsed coming back from Kosovo in 1999. So it took, really, in his case seven or eight years for injury to actually take him out of service. But over that period of time his family dissolved, a lot of his performance started falling off. There were a lot of these things happening, but he didn't know until about two years before he was actually diagnosed that he had serious psychological injuries he had to deal with.

It really is both of those factors. It takes years to manifest itself in its fullness and it takes a long time to recognize in many cases. In other cases it can be recognized much more quickly.

Part of the process in terms of educating and working on the culture is to make it obvious to people sooner, while it's still an injury that can be treated and dealt with and have the individual recovered and back into the organization.

The Chair: So you are trying to identify it upfront as early as possible?

BGen George Sharpe: There are some tremendous initiatives taking place in terms of education and awareness. The problem is they're very poorly coordinated at this stage. Everybody has great ideas. No one is actually tying those ideas together into a single integrated plan at this stage, and we've been working at it for three or four years.

In terms of the environmental investigation, this is looking more at specific incidences such as the Afghanistan deployment and so on, and looking to see how the Canadian Forces are dealing with that.

We had an issue in 1993 or 1994, an operation called "Op Harmony" when we deployed forces to Croatia. The troops came back very concerned about some red dirt they had been exposed to, a high rate of injuries, follow-on injuries, and so on. Matt Stopford is the soldier who continues to carry that banner, in fact. You may recognize his name. There was a board of inquiry that looked into it and made a series of recommendations to the Canadian Forces and Veterans Affairs Canada as to how they should change how they deal with this particular issue. That's really what we're looking at—how well those changes been implemented and how soldiers are being treated today when they come forward and say they think they've been exposed to radioactive dust or fecal matter in the environment in Afghanistan.

The Chair: Very good.

I'll just put in one more short question to Mr. Marin. This relates to an incident I heard about, I guess, in 2003 in Winnipeg. There was a parade, and one of the floats was "the crazy train". I looked at that and read that name and I thought that was really insensitive.

The question I have is on the leadership in the military at the ground base. How sensitive are they to these problems, and are they reacting, or is this just an isolated incident?

Mr. André Marin: We're not aware of anything coming close to what happened in the crazy train incident that you were mentioning, but we've seen improvements out in the regions. I think since the crazy train we've seen improvements.

The problem is, as I mentioned in response to Mr. O'Connor's question earlier on, is that the National Defence headquarters response right now is the one that needs to be dealt with. We think there's a lack of coordinated way for National Defence to deal with operational stress injury in a coherent, consistent fashion.

When we looked at this issue some years ago in our initial report, we recommended that there be a PTSD adviser to the Chief of Defence Staff. If I can quote one line as to the rationale we provided at the time, we wrote:

A single overseeing authority, mandated to take a holistic approach to PTSD and related issues, is necessary to effectively deal with this complex challenge in a military context. While most CF decision makers with whom the investigative team has met are willing to make improvements, a co-ordinated approach, CF-wide, is needed.

That's from page 197 of our original report.

The CF opposed the recommendation to create one PTSD coordinator because they said that's the job of the assistant deputy minister in charge of human resources, and they wouldn't create a separate function. Instead they created a committee to monitor progress. That committee initially met a few times under the glare of the publicity dealing with the issue and met I believe last week for the first time in 18 months. It met as a result of our pending investigation into these issues.

We were concerned that there's a lack of attention given to this particular issue by National Defence headquarters in between the spikes of publicity on the issue. If we're going to get on top of PTSD, we have to make sure there's a coordinated national approach to the issue.

● (1155)

The Chair: Very good. Thank you.

Now we'll go on to Mrs. Hinton.

Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC): Thank you, Mr. Chairman.

First of all, I'd like to apologize for my lateness. I had to speak in the House. I'm sure, with the job that you do, you understand that trying to do two things at the same time—

Mr. André Marin: Absolutely.

Mrs. Betty Hinton: — is not always easy. So I apologize for the lateness of my arrival.

I've listened with great interest to a number of the questions that have come forward, so if I'm repeating something, please forgive me.

The second thing I want to make clear before I ask you a question is that I have absolute and complete respect for the Canadian Legion. I think they do a remarkable job. I suppose where we may differ with the Legion perspective is that I don't see this as an either/or. I see this as a combined effort between the Legion to do what they need to do for their members—and they've been outstanding spokespersons—but I also see the need for an ombudsman, for a number of reasons. Having listened to what you've had to say, I've come to the conclusion that the only thing preventing you from doing that is the lack of funding.

First, what sort of funding would you require? And I'll just ask you a few, if may, and then I'll go from there.

I have my own ideas about how I think the Legion and the ombudsman position could coordinate together—and I've heard from a number of people across the country and I would be glad to share those thoughts with the minister, which might make it easier for her to make a decision one way or the other—but from what I've heard from members who are having difficulties getting the help they need, one of the things that I've been told over and over again is that it's the paperwork that drowns them.

What happens is they have to fill out so many forms and they have to jump through so many hoops and they're going to doctors and they're dumping all of this paperwork on the doctor in the private sector—it's a different case when they're still active in the force—who simply hasn't got the time to deal with it, so they have more and more difficulty getting help for whatever their particular need might be. I think that's something that has to stop. We have to find a way to do something about that.

You also mentioned earlier the fact that sometimes it takes a long time for the symptoms to appear or for a member to suggest to you that this is what they're suffering from.

By the way, I don't call it Gulf War syndrome; I call it service syndrome, because it has affected people who were in Afghanistan and Bosnia and other places, as well.

I think you have to look at the mindset of the military people. They are very strong. They are very disciplined. They don't tend to complain. What I've heard from people who have served and are now in a position where they're extremely ill is that they didn't say anything for the longest time because they didn't want to appear weak. They wanted to be able to continue on in their job and they wanted the respect of their fellow soldiers or whichever the case may be—naval men. That's the reason it takes so long sometimes for this to come to the front.

Now that I've said all of that, I ask you two questions. First, what sort of funding would you require? And second, how do you see yourself coordinating with the Legion, which has done a remarkable job to date and certainly needs to be involved? Are there still problems in terms of medical records and documentation when individuals exposed to environmental hazards leave the force and apply for a disability pension or other services from Veterans Affairs Canada?

● (1200)

Mr. André Marin: Well, I'll answer the two first parts of your question, and I'll ask General Sharpe to address the final part.

In terms of funding, we'd have to do an analysis to give the exact funding, but my impression today—our budget's a little over \$5 million—is you'd be talking about perhaps something in the area of a couple of extra hundred thousand dollars. It's not huge funding. On our 1-800 line we're getting calls from people who believe that we're their ombudsman, too, so it wouldn't necessarily add to the number of calls. We'd just be dealing with those calls.

In terms of the investigation and the rapport with VAC, we have the points of contact we've established informally. We perhaps need a few more investigators. We'd have to do a proper assessment, but on the face of it, I don't see it as a funding issue and I don't think VAC sees it as a funding issue. It's more an issue of being accountable to a civilian overseer. That's the issue. If you deal with an organization that now doesn't have someone looking over its shoulder and is asked whether it would like to have someone looking over its shoulder, I think it's human nature to want to resist that tendency. I think it's more that issue than one of funding.

Mrs. Betty Hinton: Are you telling me that for less than a quarter of a million dollars, with no duplication of bureaucracy and no duplication of secretarial duties, that kind of thing, you could put this in place?

Mr. André Marin: Yes.

Mrs. Betty Hinton: Okay. Thank you.

Carry on.

Mr. André Marin: There are three parts to the question, and that would be the first part. The second part is how do I intend to relate to the Legion.

If this happened, I think we could have a superb relationship with the Legion. The Legion runs awareness campaigns and fundraising campaigns. We have nothing to do with those things. On issues where the Legion is having a hard time galvanizing support for different initiatives, we could help. If there are issues involving individual veterans that they want addressed, they could forward the cases to us, as MPs from all parties do here.

The difference between a non-governmental group, such as the Legion, and the ombudsman's office is that we have access to all levels of the organization, under a duty to cooperate, and we have access to the people, documents, and places. We're independent of government, but we are mandated by government to access all these different things. We have the moral status of being able to issue reports and draw people's attention to different issues. We're completely different. We don't run fundraising campaigns, and our mission is very separate from the Legion's mission. I can see us working in harmony without any difficulty whatsoever.

Mrs. Betty Hinton: You're harder to stall.

Mr. André Marin: On most days.

BGen George Sharpe: One comment I would add to André's response is that the ombudsman is not an advocate, and again, I've heard that from the VAC employees. The office is respected for that impartiality, because sometimes the complaints aren't founded. In a sense, the problem with the Legion is that they are advocates and they need to be advocates, although that's not a problem from the perspective of the members and the other veteran organizations, and they do a heck of a fine job. But if you're the bureaucrat under pressure from that organization, you would prefer to have a non-advocate involved—and not necessarily only a non-advocate, but someone who is an impartial investigative body and can actually come up with a fair response.

The Chair: We'll move on to Mr. Bagnell.

• (1205)

Hon. Larry Bagnell (Yukon, Lib.): Thank you.

Thank you for coming. You provide a great service.

I want to get a better idea on the size of the scope. You said that your budget is now roughly \$5 million. In what year did you start, and roughly what was the budget then?

Mr. André Marin: We started in 1998. We weren't operational the first year, and we were a bare-bones operation of four people, because our office was stood up without a mandate. The first year was taken up consulting with members of Parliament, the public, and various stakeholders on what kind of mandate we needed. We

became operational in 1999, and we've had a constant budget since then. Our budget hasn't doubled or tripled. As soon as we became operational and reached a steady state, our budget has consistently operated at \$5 million since then.

Hon. Larry Bagnell: How many employees, roughly, is that?

Mr. André Marin: Fifty.

Hon. Larry Bagnell: I only want to ask questions about one area. I was a little upset at one of the brigadier-general's comments. It seemed to suggest that more of your resources and time, and perhaps even your priority, were placed on dealing with stress, as opposed to prevention.

In the Walkerton case, for instance, we had to deal with some sick people. Of course, you couldn't do much for the ones who died. We couldn't even do much for the sick people. They probably would have become better anyway, once they stopped drinking the water. We have thousands of governments across Canada, spending all their money on prevention. That's why nothing like Walkerton happened for decades, because most of the money in Canada is spent on prevention, not on a cure.

Of course, you need to have a cure. I agree with the general's comments that we need to have a cure. What exactly is the type of investment and the nature of your investment for prevention?

Mr. André Marin: I think that because operational stress injuries are very unique, there's only so much you can prevent. You can't anticipate every possible exposure to incidents that will cause operational stress injury, but it's continuous from pre-deployment to post-deployment. Perhaps in dealing with prevention, we include post-deployment as being as important as pre-deployment.

When people come back from operations, what happens to them between the time they're exposed to an incident that may cause operational stress injury, or a series of incidents, to the time they're back in their living rooms in their houses? We are making a lot of effort on that, because it is extremely important. Prevention before they leave Canada is important, but we believe the section of time between deployment and coming back to Canada is as important, or even more important.

We invested a tremendous amount of effort in urging the Canadian Forces to decompress their soldiers before they come back home. It's one of the things that I came back with after my trip to Afghanistan two weeks ago. Perhaps it's a point we should have mentioned in our response earlier on. It's an area we spend a lot of time on.

Do you want to comment on that?

BGen George Sharpe: Yes, I'll comment just quickly.

I think due to the inherent nature of military operations, today particularly, we're going to continue to generate casualties of this nature, but in fact one of the most effective ways of preventing long-term serious stress casualties is to have an effective way of dealing with those casualties if and when they do arise.

In other words, the way the system deals with soldiers who are psychologically injured now will dictate the numbers of casualties in the future. That's a serious part of prevention, actually dealing with it properly now. In other words, it's a culture change issue again. It's how you encourage people to come forward, treat them once they do come forward, and get them involved in early treatment programs and back to work without long-term injury.

I didn't mean to de-emphasize the prevention. If you can prevent it, that's great, but the nature of military operations is such that you cannot prevent all casualties. You need to minimize them where you can, and where you can't you need to learn how to deal with those inevitable casualties when they return.

Hon. Larry Bagnell: Do I still have time?

• (1210)

The Chair: Yes, 30 seconds.

Hon. Larry Bagnell: I don't quite understand that reply, though. Maybe in the next round we'll get back to this.

You said part of the prevention is how you deal with the stress when it occurs. To me that sounds like saying you can help stop people breaking their legs by fixing the people who have broken their legs. I don't see the connection.

Obviously you're going into awful conditions, and people know that in advance. Are you doing any in-depth studies on how you could prepare people for those types of conditions, so they don't come out with this stress at the end?

BGen George Sharpe: This office is not. We are aware of and have come across a number of studies where they are in fact looking at that.

The analogy with the physical injury doesn't quite hold up in the case of psychological injuries. One of the contributing factors to psychological injury is concern about how the injury is going to be treated. What happens to my family if I get thrown out of the military? We call it the universality of service rule: if you're not physically and psychologically fit to deploy, you are released from the Canadian Forces. That in itself creates stress.

If you in fact have a way of integrating these individuals back into the forces, so they don't lose their jobs, you reduce the amount of stress and thereby reduce the seriousness of the stress injury in the first place. There is a bit of a loop there.

The Chair: Monsieur Perron.

[*Translation*]

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

Like Rose-Marie and Betty, I believe that the Royal Canadian Legion is doing a good job. Unfortunately, I would be one of the youngest if I were a member. Let me describe the situation, of which you are no doubt aware. The presidents are elected at the annual general meeting. Therefore, there is a certain lack of stability in local legions. The president may be there for a year or two or meanwhile he may pass away. The duty officer has the same problem. And his job is to meet the members' needs. Does this prove the point?

In Quebec—and I'm going to get a little political here, by the way—we are perhaps distinct, but the regional president for the province

of Quebec, Mr. Norman Shelton, was elected two years ago. The duty officer, Robbie Robertson, whom you must know and who is a wonderful man, was doing a fabulous job. However, he is now sitting at home with his feet up in front of the wood stove: he's retired. I don't blame him: he deserves his retirement. But in the meantime, waiting for Francis, who replaced him, to be as good as he was could take 10, 12, 15 or 20 years, because Robbie did the job for 20 or 25 years, I believe.

These facts have led me to the conclusion that we absolutely need an ombudsman, because even though it is doing a fantastic job, the Royal Canadian Legion is not equipped to cater to the needs of its members.

I have another concern. In a friendly way, I like to refer to veterans of the Gulf War and the war in Kosovo as "my young veterans". They feel rather young to belong to the Royal Canadian Legion: they are only 30 years old. Their age, their training, their principles or their way of thinking do not make them true members of the Legion. For young people in the army, the Royal Canadian Legion is something else. Who do these young people count on to defend them? On a member of Parliament such as myself? On each other? People like Jean-François Gignac, like Marc Steben, like Nathalie whose last name escapes me, were here on Parliament Hill in 1997. I have been working with them since that time and they are still here. They have made some progress, but very little.

Take these thoughts and add them to your arguments when you try to plead the case that we really need an ombudsman for veterans' affairs. In a few words, there they are. I'd like to hear your comments.

Mr. Chairman, that was my last question.

Mr. André Marin: I thank you for your intervention.

Everything you have said is quite valid. I have certainly heard similar comments from others as well. As I told you, we are prepared to take on that additional duty if we are asked to do so. I believe that one of the advantages of our office is indeed the continuity of its approach.

I am appearing before this committee as the first ombudsman, having founded the Office of the Ombudsman of the Canadian Armed Forces in 1998. We have at least established a good data base on the trends. We are giving you figures as to the number of complaints. I am often called upon to testify before the Standing Committee on National Defence and Veterans Affairs, where I am asked for data, for statistics, for trends related to systemic problems of various origins. The office is an institutional response that can provide the necessary recourse in order to make things move forward in a way that the Royal Canadian Legion cannot do. We remain available and ready to work with the Royal Canadian Legion if we are asked to do so.

• (1215)

The Chair: Thank you very much.

[*English*]

Mrs. Ur, did you have a few questions?

Mrs. Rose-Marie Ur: Yes.

You had indicated in your presentation that numbers are hard to identify with authority primarily because of the CF's manual collection of stats. Why did that happen in this age of computer systems? Why was this not continued?

Mr. André Marin: I'm not sure what the answer to that is. I'll ask Brigadier-General Sharpe to help me out in a moment.

I can tell you that one of the concerns we had from day one on PTSD is the lack of a coordinated approach. I think if there had been a closer scrutiny of what has taking place, we wouldn't be in the position we are in today. I think one of the ways to provide that scrutiny would have been to appoint a PTSD coordinator. I hate to say "we told you so", but we did tell them. We were concerned about the lack of direction—

Mrs. Rose-Marie Ur: A chairman.

Mr. André Marin: Yes. It takes someone to keep an eye on all these things. To have a committee that hasn't met in 18 months, and which met in the last week or so because of the impetus we've created behind a future study coming out, is of concern to me. If we all agree that this is a serious issue, how can it be allowed to slide, with all the people we have at NDHQ?

I'm concerned about the lack of proper data. We identified it as an issue some years ago.

Brigadier-General, do you have something to add?

BGen George Sharpe: I'm going to practise my really short answers here.

The manual system is hard to do, and they ceased doing it because they were fearful of some over-reporting or double reporting if someone is treated in Petawawa and also in Ottawa. Quite frankly, it was hard and it was taking a lot of time to do.

What we found interesting in terms of communication that goes with the reporting system is that half of the organizations we visited didn't know that they had ceased collecting manual data and were still sending it somewhere off in Ottawa.

We were able to actually go out and contact the OTSSCs and get some information ourselves directly, which we haven't entirely processed yet. It would appear that the number of people suffering from PTSD is either stable or increasing, depending on the region, and significantly increasing in some other regions. In one OTSSC, for example, they're getting about an average of 20 new diagnoses a month, in fact the one here in Ottawa.

Mrs. Rose-Marie Ur: That's unfortunate, to say the least.

In your presentation you mentioned the Ste. Anne's Centre in Montreal. How many facilities of that nature are there throughout Canada, or is that the place?

BGen George Sharpe: Right now there's one, in Ste. Anne de Bellevue. The Deer Lodge Hospital in Winnipeg is coming online in a very similar fashion, and there are probably a couple more that are in the process of being developed. The Ste. Anne's Centre was the initial trial. I believe it worked quite well.

Mrs. Rose-Marie Ur: What does it give that say Parkwood Hospital hasn't given to its veterans?

BGen George Sharpe: It probably gives a better understanding of the modern veteran and the circumstances he or she has been through and so on, but there are still a lot of deficiencies. For example, it doesn't provide a secure facility. If the individual still has trouble with alcohol or drugs, which many of these folks do through a sort of self-medication approach, then he or she is not acceptable there.

Mrs. Rose-Marie Ur: Just listening to the conversations here this morning—and I'm not a military person, and I'm very naive when it comes to that facet of the department—my view is we're putting a heck of a lot of emphasis on sending our military off to battle. When we send them off they are very knowledgeable and very strong. When they come back, we don't have the same strength in the way we receive them as we had when we sent them off. That seems to be the really serious situation here, and we should put as much emphasis on it.

I'll come back to my first meeting I had here. I thought that perhaps, rather than be a child of or an umbrella under DND, we should have our own separate identity, so we could have a stronger voice for our veterans. We are here because of our veterans; but what I've heard here this morning makes me think that there seems to be a little bit of a dysfunction between DND-CF and Veterans Affairs.

• (1220)

BGen George Sharpe: There was a question that came up earlier about documentation. If I could take advantage of your question, I'll give that as an example.

Within the Department of National Defence the medical folks are severely overworked, underpowered, under-administered, and so on and so forth. When they start to talk about documentation, they're looking at taking care of the individual who's still in uniform. Veterans Affairs is looking for an entirely different type of documentation. They want to be able to link the injury with the operation within which it occurred. DND is worried about diagnosis and treatment, and the documents that are passed along are often of little use to Veterans Affairs as a result of that. Yet when they go back and ask for them, the military medical folks are so tied up doing what they do on a daily basis that they don't have time to deal with that in a timely manner.

An individual sometimes ends up waiting six months to a year for proper documentation to be transferred from one organization to the other. That's not something where you can point a finger and say they're at fault or they're at fault. It's really a result of the organizational structure.

The other problem we touched on earlier, which I can perhaps re-emphasize now, is that when you have many people responsible for an activity, you have many people accountable and you have nobody accountable in the end, in fact. That's what we are finding here as we dig into these things, that there is virtually no single person or no single office accountable for the things that go wrong.

Mrs. Rose-Marie Ur: Thank you.

The Chair: Mr. O'Connor.

Mr. Gordon O'Connor: I just have a couple of quick questions.

First of all, on the matter of an ombudsman for veterans, I don't have any problem with the concept, but I have a problem organizationally with the idea that you as the National Defence ombudsman would also be the Veterans Affairs ombudsman. What that causes is that you're reporting to two ministers. Now, a quarter of a million or a million dollars at this level of government doesn't mean much if you're going to be efficient. If Veterans Affairs is going to have an ombudsman, I would advocate that Veterans Affairs have its own ombudsman, because I don't know how an individual can have two bosses.

The other one is—and maybe I've interpreted it wrong—that the DND ombudsman lives a precarious life; the DND ombudsman can cease to exist by a memo from the minister. There doesn't seem to be any stable legislative basis for these ombudsmen.

I'm just throwing those out as my comments. Perhaps you could respond, and then I have another quick question.

Mr. André Marin: I think your comments are very astute. There's no doubt there'd be an issue regarding the reporting relationship, and you'd have to have a boss. That would have to be worked out, there's no doubt about it. I think it could be a challenge to have two ministers to report to. Maybe the solution is to find another kind of reporting relationship or to have a separate ombudsman, as you pointed out.

As to your second point, about our mandate, you're entirely right. When our office was stood up in 1999, Minister Eggleton at the time said within six months the office's mandate would be translated into a document that had the effect of law. I think six months was put in at the time because there were concerns that our mere existence would throw the chain of command into distress. I think Minister Eggleton wanted to give an opportunity to see how we would be able to relate to the chain of command.

We still have a chain of command, only we have willed it away, and the chain of command is operating very well. However, we never came back after the six months to provide our office with the statutory or legal authority it needs to do its job, and it's something we've pointed out in every annual report since then. That matter needs to be addressed and it's inevitable it will be addressed, but certainly we'd like to see it fixed sooner rather than later. We've been raising it whenever we've had an opportunity to do so.

Mr. Gordon O'Connor: My other question has to do with Matt Stopford, whose name was brought up. He may have stress but he was also poisoned by his men, which is documented. I'm wondering if your office ever got involved in that investigation and whether anybody who poisoned him claimed they were suffering from stress or anything like that.

• (1225)

Mr. André Marin: We were involved in providing support to Matt Stopford earlier on. At one point he initiated a lawsuit, and according to our mandate, when a lawsuit is begun on an issue, we have to let the courts deal with it because it becomes a legal issue. We were involved in providing him with support and we worked very closely with him, but of course we had to desist when the lawsuit began.

BGen George Sharpe: If I can, I'll just add a bit there.

He has recently contacted me to ask if the ombudsman would take the case back on if he ceased his lawsuit, and we haven't got back to him yet with an answer.

His situation is exactly the reason we need to worry about how we treat people, not what caused their problem. The issue of the poisoning and so on has been the subject of a variety of investigations, but regardless of how he was injured, we treated him shabbily and he deserves better than that.

I think that's really the message we try to bring across to these guys, that we really don't care what happened to you—I mean, we care what happened to you, but we don't really care about the precise causation. Obviously, there's something wrong with you and you deserve to be treated better than you have been, and that's really the case with Matt Stopford.

Mr. Gordon O'Connor: I just have a final comment and I'll get out of this.

It also of course questions the chain of command inside the army at the time, that somebody could be poisoned by his men. It was well known within the unit and organization, and basically nothing was done.

Thank you.

The Chair: We'll move on to Mr. Bagnell.

Hon. Larry Bagnell: Thank you.

I just want to keep on the theme of prevention. I don't know what the other committee members think, but I wouldn't mind a longer, written report later on concerning some of the activities you're doing prevention-wise. We spend millions of dollars on simulators for our airplanes and our submarines, and everything is state of the art, but I'm not sure we do it for the stresses. Sometimes, I know, in a lot of medical and other operations they hook people up to sensors and things to test their stress in those situations. I'm just suggesting certain things that might be done if you're not already doing them.

First of all, you said you didn't have a compilation of all the academic studies to date. I'm sure some high-stress industries might have some documentation that could be used on prevention. Maybe there's an internal study that coordinates different backgrounds and proclivity to have stress in the end. An ounce of prevention is worth a pound of cure, and I know you're doing some of that. Maybe, as you're saying, at the end, when a person comes off the stressful situation, there are post-posting interviews and studies to see what their stress level is. If they're back in Canada for so many months and the stress does not show up then, it would be good to study when it actually occurs.

Studies have shown that one of the most stressful items in a person's life is when they leave their employment, no matter what type of employment it is. I'm wondering how people undergoing the stress of leaving the military—which is quite the fraternity or sorority, with great comradeship and it being a great part of someone's life—might compare statistics-wise with people who get stressed when they leave other kinds of employment. That's why I'm saying, if they get back in Canada, you study them, they don't have that stress at that time, and it shows up later, could it simply be from leaving a very nice employment situation with a lot of friends?

Mr. André Marin: With respect to the first part of your intervention, I appreciate what you're saying about prevention. We're in the middle of our operational stress injury investigation, and I will take back those points of view to the investigators. I will ensure they follow up every possible lead in terms of prevention. I will take that message back, and I thank you for those comments.

In terms of the stress members could feel when they leave the Canadian Forces, my impression is the stress isn't due to leaving the institution but rather is either due to their not getting something they believe they deserve in terms of benefits or due to exposure and the time it takes for the exposure to manifest itself in the individuals. Sometimes it happens once they've left.

One example that comes to mind that's very high-profile would be General Dallaire. Years after leaving he continues to suffer the effects of the psychological injury he felt for a while in Rwanda.

But I haven't been made aware there are pressures or stresses that are due to leaving the camaraderie of the forces, as you suggest.

Do you have anything to add to that?

• (1230)

BGen George Sharpe: Not much of value, other than saying the transition is always difficult. It's natural when you change jobs or lose your job. If you're healthy, it's difficult. If you're psychologically injured, it's a horrendously difficult time; if you're injured going into the transition is when it's worse.

I think for most people, it's no more nor less stressful than changing other jobs.

Hon. Larry Bagnell: To just use ten seconds to close, I would say that in addition, a review of the academic health literature on that might be useful for you too, to compare it to other occupations.

Thank you.

BGen George Sharpe: Thank you.

The Chair: Very good.

Now, Mrs. Hinton.

Mrs. Betty Hinton: Thank you, Mr. Chairman.

It's always a pleasure to work with a colleague who has expertise in an area you don't have expertise in, and I find this happens over and over with my colleague from the Conservative Party. As a brigadier-general, he looks at the chain of command issues and the history. I look at what's happening today, and don't have that background, so it's a wonderful partnership we have going here.

There are two questions I'd like to have answers to. I asked them originally, and we didn't get to the answers. I asked you, are there still problems in terms of medical records and documentation when individuals exposed to environmental hazards leave the forces and apply for a disability pension or other services from Veterans Affairs Canada?

The second question I want to ask you, and I hope I don't seem too insensitive, is what is the suicide rate among the people you deal with?

Mr. André Marin: On the first part of your question, yes, there are still difficulties in obtaining documentation from the military as to what they've been exposed to.

When the troops were leaving Kabul in January 2004, there was a lot of concern, for example, concerning the air to which troops had been exposed, and there was a lot of media attention concerning the fact there might have been fecal matter in the air they were breathing and that there could have been some long-term effects as a result of that. The military tested the air and reassured the troops that, no, in fact there was no immediate health concern regarding this issue.

When I came back from Kabul, it was certainly the number one thing on soldiers' minds at the time. Soldiers were told that regardless of whether or not the medical community thought the concerns were founded at the time, their files would be annotated and that information would be put in their files, so that if in ten years they found out there was actually something in Kabul that would be of concern, it would be there.

When we were conducting this current investigation on operational stress injury, we were looking at the issue of documentation. To our knowledge, those files are not being documented medically, despite reassurances to the troops at the time by the major-general that their files would be annotated. So we are concerned that the documentation remains a serious issue. Again, it comes back to coordination. What is the last word from NDHQ on this? Should they or should they not be documented? Because, as Mr. O'Connor would be very well aware, bear in mind there are two chains of command: you have the chain of command in theatre and then you have the medical chain of command. You have all of these various chains of command at play. Which one at the end will impose its will or give the direction to the whole organization? That's why we come back to the issue that we need to have a coordinator in charge to ensure there's a consistent approach.

In terms of your question... Was it how many complainants commit suicide?

• (1235)

Mrs. Betty Hinton: Yes.

Mr. André Marin: We don't track that kind of data, nor to my knowledge do the Canadian Forces track those with operational stress injury who commit suicide, or attempt to do so. We have urged them in our earlier report to hold statistics on that. For us it's impossible to track, because we don't have the contact with next of kin that happens when the military deals with a complainant. But it's an area we have urged the CF to keep data on.

I stand to be corrected on this point, but I think it's not something that is being done right now—or is it, General Sharpe? Are you aware?

BGen George Sharpe: The centre tracks statistics on suicide, but when we asked them the question about this, one of the problems was that they only get the data that is reported to them through military police or special investigation types of responses. That would happen if someone committed suicide on duty; it may not happen if someone commits suicide off duty. It also misses the individuals in the reserves; in some cases, such as the Croatia deployment, 40% of the troops were reservists. They are not tracked under those statistics, which are also not able to track the individuals who have taken their release or have been medically released and perhaps subsequently commit suicide.

So I'm not sure the figure itself is useful, but even if it were useful, it would be very difficult to get with a degree of accuracy. That's the current response from DND.

Mrs. Betty Hinton: I think the figure itself might be useful, regardless of whether it's suicides or deaths of people who have been waiting. My understanding is that there are a number of people who simply have given up, and that's their only recourse. If you're not tracking it inside the military, and you're not tracking it outside the military, and you're not tracking it because you don't have the resources to do that, then obviously we're not compiling any data.

Thank you.

The Chair: The normal process at the end of every round is the chair has his five minutes of questions. With permission from the other members, I'd like to offer my five minutes to Mr. Stoffer.

Mr. Peter Stoffer: Do you mean there's not a second round?

The Chair: No. I'll discuss that in camera. I've written it down.

I know you have some good questions, and I don't want to miss them. If I can pass them on to you, I'd appreciate it.

Mr. Peter Stoffer: Mr. Chair, I think you should also use the chair's prerogative and ask questions as well. Don't hesitate.

Ms. Finlay, with the *Chicoutimi* incident that happened, and being the director general of operations, would your office kick into gear, as Mr. Bagnell talked about, with prevention? You know that an incident happened on board, and you know that these submariners are going to have concerns to deal with. Would you, in advance, go and meet with them and their families, or would you wait for instructions from the military before you speak to them regarding the issues? This is not in terms of the investigation process, but basically asking, how are you doing?

Ms. Barbara Finlay: Normally, how the office works is that we're complaint-driven, so we rely on people to contact us. We did several things after the *Chicoutimi* incident. One of the things we did was the ombudsman contacted the Chief of Maritime Staff and offered our services to the board of inquiry that was convening to examine what happened in the *Chicoutimi*. With one of my directors, I travelled and gave a brief to the board of inquiry on our lessons learned from studying other major inquiries. That included concerns that members and their families had raised with us from other experiences about that.

In terms of services for members of the *Chicoutimi* and their families, I made sure that our office had an intake team that is quite up to date on resources and things that are available. We're actively monitoring what's happening with the *Chicoutimi*. One of the things

the ombudsman's office does is it allows the existing mechanisms and investigations to take their course before it gets involved. We're actively monitoring what's happening with the *Chicoutimi* board of inquiry.

We took steps to make recommendations to them that they be as open and transparent as they possibly can to provide information to the members, the crew, and their families. They've done that through their website. They have regular updates on that. Based on our experience with previous cases, we have encouraged them to take steps to include the Saunders family in the process so that they can attend different meetings and make contact with them. They did that and followed that.

It's easiest for us, rather than being a conduit in these cases, to facilitate people getting information that they need directly. For example, it's probably far more valuable for the Saunders family to be able to sit in on the board proceedings themselves and hear directly what's happening than to have us filter the information. We were very happy that the board was receptive to that and jumped right on it.

● (1240)

Mr. Peter Stoffer: As you know, the military has restricted the submariners on the *Chicoutimi* from speaking to the media. If indeed they spoke to you and gave you very personal or confidential information, would that stay confidential within your office, or are you bound to tell the inquiry what you have heard?

Mr. André Marin: No. We are not bound to tell anybody. Any complainant who comes to our office is entitled to do so confidentially. We will only divulge information that could lead to their identity if they've waived that entitlement to confidentiality in writing.

About generic concerns that come to our office, we have, on occasion, brought them to the board of inquiry without disclosing the identity of people if we feel that could assist in getting to the bottom of them.

Mr. Peter Stoffer: Do you have the budget or the personnel in order to reflect upon what other countries do on PTSD in terms of the British armed forces, the Dutch, New Zealand, Australia, and the Americans? How do we rank?

Mr. André Marin: I think we rank probably slightly above average. I think there are some militaries that are still behind us considerably in dealing with that issue. Part of what we've had here is that we as an office have given the issue a lot of momentum. We have worked with this committee to give it momentum over the last few years. There's been General Dallaire's experience. We've had things that have given our military the prodding it needs to be able to move on the issue more than it would have otherwise.

Mr. Peter Stoffer: You mentioned the Legion isn't supportive of you becoming the ombudsman for Veterans Affairs. Have you spoken to the ANAF branches, or Cliff Chadderton's group, or aboriginal groups in regard to this proposal?

Mr. André Marin: We've had various veterans groups who have spoken to us about the need for an ombudsman, whether it's us or others. They've been very supportive. The Gulf War One veterans, for example, want an ombudsman, and there are other groups as well that do want an ombudsman. For example, the mustard gas veterans were very pleased when we were able to resolve their issue and they're great believers in the ombudsman concept. So there are many subgroups that support the idea of an ombudsman.

Mr. Peter Stoffer: I'd like to get a response to Mr. O'Connor's concerns about the ombudsman having two masters. I think that could easily be done. I don't see a problem in that at all. The setting up an entire new bureaucracy still gives us that thing—who do I go and speak to? If there's one door they go through, and then that door can go to wherever, I think that would be the way to go.

The last time I spoke with you at a committee was regarding depleted uranium. Where has that gone now? That seemed to drift off the radar screen, but I know there are a couple of members in my riding who still bring it up, almost on a monthly basis. Where is it now?

Mr. André Marin: Depleted uranium, the experience in Croatia, the Gulf War syndrome, all these issues have the common theme of how the military responds to claims that members' health has been adversely affected by operations. We've responded to that common theme by initiating our environmental exposure investigation. So when we issue that report it will deal with exactly the kind of issue you raised. Those are all examples of people who raise issues where their health has been affected and how the system has not assisted them once they've raised the issue, and this will be addressed in that report.

The Chair: One minute, Monsieur Perron.

[Translation]

Mr. Gilles-A. Perron: This is a comment in response to Ms. Finlay, who is of the opinion that people from the armed forces tend to go and see them. Personally, I do not believe this is the case, quite the contrary.

I will give you two examples. The first deals with *HMCS Chicoutimi*. I was in Halifax about three weeks ago and I met with some sailors who were onboard *HMCS Chicoutimi*, who told me that they would have a great deal to tell, but that they feared reprisals. They added they would talk about it when they had retired. I could quote three people.

When I was involved in the whole post-traumatic stress issue, I was invited to attend a nearly secret meeting of soldiers from the Van Doos from Valcartier which was taking place in a hotel in Quebec City. When they found out I was there, they decided not to have their meeting in my presence. So I left. The reason they gave me was that they were afraid of reprisals. They said that if, unfortunately, their names were mentioned afterwards, they would be finished. And they were active military personnel.

I don't think it is right that when there is a problem at National Defence, soldiers can only speak out once they retire. I've asked myself a lot of questions about this. I think there may be some kind of arm-twisting going on, as was the case 10 years ago, when the crew was told that they should not speak to the press or they would be punished. I think I recall that this turned up in the papers, but it was not supposed to have been published. However, I have the impression that this occurs regularly, unfortunately, within the Canadian Forces, and perhaps also with our international forces, because the armed forces tenet has always been: do as I say and not what you think. This is the principle, and it is applied all the way. However, in the year 2005, this principle no longer holds water.

Those are my comments on the subject. I did not want to criticize you, Madam, but I simply wanted to share something that I have experienced with you.

●(1245)

The Chair: I don't know if there is an answer to that or if it was actually a comment.

I would like to thank Brigadier-General Sharpe, Mr. Marin and Ms. Finlay. Thank you for coming today.

[English]

You were a great help to us in collecting some information and finding out exactly where we're going. Your answers were very straightforward and very helpful. Thank you for coming out.

Mr. André Marin: It was a pleasure to be here, Mr. Chair, and we're always available to the committee to be here at any time to assist you. Thank you.

The Chair: Thank you.

We're just going to suspend for a minute while you leave and then we're going to go in camera for a second.

[Proceedings continue in camera]

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