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Chair

Mr. Neil Ellis

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• (1105)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good morning, everybody. I'd like to call the meeting to order.

We're resuming our study of barriers to transition and measurable outcomes of successful transition. Today we have one panel joining us. Hopefully, we'll get a round and a half in. Then we have some committee business to do.

Joining us today are the Veterans Affairs and National Defence departments. From the Department of Veterans Affairs, we welcome Faith McIntyre, director general, policy and research division, strategic policy and commemoration, and Robert Cormier, director of field operations, strategic affairs. From the Department of National Defence, we welcome Dr. Alla Skomorovsky, Dr. Dursun, and Colonel Maurais.

We'll begin with the five presentations. Dr. Dursun will start.

Dr. Sanela Dursun (Director, Research Personnel and Family Support, Defence Research and Development Canada): Mr. Chair, Mr. Vice-Chair, and members of the committee, my name is Sanela Dursun. I am the director of the personnel and family support research organization at the Department of National Defence, responsible for the Canadian Armed Forces psychosocial health dynamics research, conditions of service and the work environment, and military family research. We conduct research in support of effective and affordable programs, policies, and services for military personnel and their families that enhance individual and family well-being, care for the ill and injured, and prepare members for transition to civilian life.

In the last couple of years, we've pioneered research on the experiences of Canadian Armed Forces members and their families in the transition from military to civilian life. We've developed many external relationships and an international reputation, having collaborated with federal departments such as Veterans Affairs and Statistics Canada, and we have contributed to and led conferences on veterans' health and family well-being. Our defence scientists have participated in numerous international initiatives, including research-sharing groups such as the technical co-operation panel, known as the TTCP, for example, and NATO research task groups. I am a co-chair of the NATO research task group on the transition of military veterans from active service to civilian life.

Today I'd like to highlight two projects, two initiatives, in our organization. In particular, the focus is on the transition of ill and injured members and their families.

The Canadian Armed Forces transition and well-being survey, which was administered this past summer by Statistics Canada, was led by our organization in consultation with our Veterans Affairs partners. The survey sought to compare a sample of 1,000 veterans who were medically released in 2016 with 1,000 veterans who were not medically released in the same year. Spouses were also included in this sample.

Survey questions asked about their health and well-being, activities undertaken to prepare for transition, use of transition services, and family well-being. This study will provide population estimates on the utilization of services, in addition to service barriers or gaps, and various health outcomes. It will also provide baseline estimates for the longitudinal component of future surveys.

Data collection was completed this summer. We had a 70% response rate. The first results will be released by Statistics Canada in March 2018, in just a few days.

The next project I would like to highlight is the assessment of the operational stress injury social support program, known as the OSISS program. We examined in detail participants' experiences with this specific National Defence and Veterans Affairs program, using semi-structured interviews with about 100 participants in the operational stress injury peer support and family support programs across Canada.

We found that participants commonly valued the fact that the program allowed them to meet others with similar backgrounds and experiences. They also valued the fact that the program allowed them to make social connections, to have increased access to support, to exchange information, and to speak openly in a safe environment about their experiences with an operational stress injury.

In addition to the overwhelmingly positive experiences of OSISS participants as well as their family caregivers, some key challenges and barriers were identified. As illustrated by the above examples, National Defence and Veterans Affairs have been engaged in an increasing number of coordinated research activities to better understand the experiences and needs of Canadian Armed Forces members and their families during the transition from military to civilian life. Collectively, these efforts have filled an important knowledge gap and have contributed to a stronger evidence base for enhancing policies, programs, and services aimed at making the transition from military to civilian life more seamless for military members and their families.

Thank you for the invitation to appear before the committee today.

• (1110)

The Chair: Dr. Skomorovsky.

Dr. Alla Skomorovsky (Department of National Defence):
Thank you, members.

My name is Alla Skomorovsky. I have been a defence scientist in the Director General Military Personnel Research and Analysis at the Department of National Defence for 13 years now. Since 2009, I have been working as a researcher and a team leader for the military families research team. Specifically, my responsibilities include planning, conducting, and communicating social science research on the issues related to Canadian Armed Forces families.

The military family research team's program of research covers three primary domains: the health and well-being of Canadian Armed Forces families, which includes the well-being of spouses of CAF members and children from CAF families; programs and services available for CAF families, which includes evaluating the effectiveness of programs available for CAF families and their awareness of and satisfaction with those services; and, finally, the impact of occupational stressors faced by CAF members on their families in general, which includes CAF families' transitions to civilian life and their well-being and caring for ill and injured military members and their families.

In the remainder of this presentation, I will focus on the research program being developed under this third domain.

To date there has been little research that examined transition-related issues in military families from the perspective of the spouse/partner and from the military member and spouse/partner dyads. Therefore, a research program was developed in the Director General Military Personnel Research and Analysis that examined the impact of transition and illness and injury of Canadian Armed Forces members from the dual perspective: the member and the spouse or partner.

The first phase of this research program that I would like to highlight is the pilot study that we conducted in the fall of 2015. This study examined the key determinants in the well-being of CAF members and their families from both perspectives: the member and the spouse. We administered paper-and-pencil versions to CAF members and spouses who self-identified as ill or injured, and they were completed by 170 full CAF members and 69 spouses or partners.

The results showed that the members' illness or injury did in fact affect their own overall well-being and the well-being of spouses and had an impact on the relationship between the spouses. Spousal caregiver burden was also found to play a major role in the path between the members' health and well-being and the spousal health and well-being.

To follow up on the study, a second phase of this research program, this time an in-depth qualitative study, was conducted to examine the needs of families with an illness or injury going through transition to civilian life. This study had a particular focus on their use, awareness of, and satisfaction with various services and programs available to CAF families going through transition to civilian life. The study aims to examine both perspectives: once again, the medically releasing member or veteran and the family members, and this time including spouse or partner, parents, and, if applicable, siblings.

The qualitative study is in the data collection phase right now. Interviews are currently being conducted across Canada in various locations, including Ottawa, Halifax, Vancouver, Galetown, Petawawa, Quebec City, and Edmonton. The interviews last about 60 minutes and are being conducted either in person or over the phone, based on the participant's choice. We developed separate moderator guides for the military member and the family member, given the focus of the questions. The participants have a choice of having an interview together or separately.

To date, we have conducted 41 interviews with medically releasing or already released CAF members, or veterans, as well as with 21 caregivers, largely spouses. We are expecting an additional 20 interviews with CAF members or veterans and 15 family members. They are already planned.

Although the study is still in progress, there are already several common themes that we've observed through collecting data. We are observing the impact of military members' illness and injury on their well-being and overall life satisfaction, and on the overall life satisfaction of their spouses or other family members. We also see that there are some issues in obtaining a civilian family doctor for military families and in terms of a lack of clarity with regard to the release process itself.

• (1115)

We believe that examining transition experiences of medically released members and their families in more detail will allow us to better understand the unique changes these families face in the transition process.

Ultimately, this research will place the Canadian Armed Forces in a better position to prepare military families for this important transition and help CAF, DND, and Veterans Affairs Canada, deliver its mandate to provide care and support to CAF members and veterans following the process and following their release from the military.

Thank you.

The Chair: Colonel Maurais.

[Translation]

Colonel Sylvain Maurais (Department of National Defence): Mr. Chair, ladies and gentlemen, good morning.

I'm Colonel Sylvain Maurais, a member of the Royal Canadian Chaplain Service. I have served the Canadian Armed Forces as a military chaplain since 1985. Presently, I fulfill the duties of Director of Chaplaincy Services and of Chaplain Branch Advisor. In these functions, I lead the administration of Canadian Armed Forces chaplain recruiting and training, as well as the development of policy, communication, and strategy for the Chaplain Service. The Chaplain Branch is composed of over 200 Regular Force chaplains and over 150 Reserve Force chaplains coming from diverse Christian, Jewish, and Muslim faith traditions.

[English]

The Royal Canadian Chaplain Service mission is to exercise moral leadership by offering care, support, and advice for the spiritual well-being of all members of the defence team and military families, always respecting the freedom of conscience and religion of each person.

Our vision is to be a caring and compassionate interfaith chaplaincy that empowers our people morally and spiritually to be strong, resilient, and ready in their noble mission for the defence of security and the protection of freedom and peace at home and abroad. We serve those who serve and as chaplains we are with them in all stages of their military life and career. It begins at basic training where we train with them, we deploy with them, and we also have direct access to family members. We accompany them in times of joy: when they get married; when they have children; for baptisms; and also in times of grief when people are dying and offering their life for the cause of security and peace and when they are injured. We care for the spiritual well-being of all, and we also promote the moral and spiritual development of all, respecting the freedom of conscience and religion of each person.

[Translation]

The care of the moral and spiritual well-being of the Defence Team and families calls chaplains to exercise what we refer to as a "ministry of presence". Chaplains have nothing to offer but to be with people. We walk with them, we journey alongside them, we accompany them, we know them, and we offer them an attentive, sympathetic, and non-judgmental ear. The more we get to know our flock, the better equipped we are to offer compassion to those who are suffering, to those who are in need, be they sick, wounded, detainees, prisoners of war, or bereaved. We have assisted all the commanding officers in every situation where loved ones needed to be notified of a death.

Chaplains are often on the front lines when dealing with cases of conflict, abuse of power, or professional misconduct in the workplace or at home. Chaplains also make recommendations concerning compassionate cases. In addition, we promote religious freedom. We facilitate the celebration of important moments in people's lives, according to their own spiritual and religious traditions. We facilitate and encourage the promotion of spiritual and religious diversity within the Forces, which includes not only diverse beliefs, but also the freedom to not believe, because that too is a spiritual dimension of human beings.

We do all this work in collaboration with all the Canadian Armed Forces specialists, including those working in health services, the Defence Ethics Program staff, and everyone in personnel support.

• (1120)

[English]

The promotion of the moral and spiritual development of all members of the defence community calls on our chaplains to advise the defence leadership on all moral, spiritual, and religious issues that affect the operational effectiveness of the Canadian Armed Forces, the morale of our people and their well-being.

We lean also on the great research that is done by the director general of military personnel research and analysis. We have done great research recently on what we mean by spiritual well-being, spiritual wellness, and spiritual resilience in order to have a common evidence-based definition from psychosocial research that allows us to have a spiritual fitness continuum, with indicators on how people are morally and spiritually healthy. Thank you, DGMPPRA.

Also, based on this, chaplains are developing new capabilities to provide training and education on spiritual resilience and moral development. We don't want to have people come and see us just when people die or when people are in great need. We have to be stronger in being part of the prevention of the risk of moral and spiritual injury, through training and education.

Finally, spiritual wellness helps our people, and all of us, to find meaning and purpose in life. It helps us to remain hopeful in hopeless situations. It is the capacity within us to inspire faith in ourselves; in others; and for many, in a higher power, or transcendent reality. It sometimes gives us the strength to forgive ourselves and to forgive others. It is the central development aspect of our moral character, of our values and beliefs. It helps us not only to honour our own beliefs but to be open and respectful of the beliefs of others. Also, it allows us to express the joy and the sadness of life through sacred rituals that help us to believe that there are things that go beyond time and space.

I'm very proud of what we do. I love what I do. And mainly, I love the people of the defence community for what they do for our country. They deserve all the best support they can get.

The Chair: Ms. McIntyre.

Ms. Faith McIntyre (Director General, Policy and Research Division, Strategic Policy and Commemoration, Department of Veterans Affairs): Good morning, Mr. Chair, vice-chairs, and members of the committee.

My name is Faith McIntyre, and I'm the director general of policy and research with Veterans Affairs Canada. I am also the co-chair of the ministerial advisory group on families, with Sergeant, retired, Alannah Gilmore.

I am pleased to be here today with my colleague Robert Cormier, who is the director of strategic affairs for field operations; as well as my colleagues from the Canadian Armed Forces and the Department of National Defence.

We're very pleased to speak to you today on a very important topic in regard to your work on transition, and specifically in the area of families. Robert and I will briefly touch on research on families, the ministerial advisory group, and programs and services available to families.

A critical part of Veterans Affairs Canada's mission is to provide exemplary client-centred services and benefits that respond to the needs of veterans, our other clients, and their families. Our goal is for veterans and their families to receive the care and support they need when they need it.

Veterans Affairs Canada recognizes that family members play an important role in supporting members of our armed forces while they serve and as they transition to civilian life. The most successful transitions occur when a veteran has a positive state of well-being—a balance of financial, mental, spiritual, physical, and social factors, with family supports being critical.

Research has shown that most veterans transition well from military to post-military life and that military families tend to be resilient, loyal, resourceful, and proud. However, for some, it can be an especially difficult time on the member and the family. Negative impacts of service-related conditions, and military service, in general, on families have been identified. They include divorce, financial insecurity, stress, low life satisfaction, mental health problems, among others. Recent research has focused on the role of interventions aimed at improving family resilience in mitigating the impacts of service-related conditions and military service in general.

●(1125)

[*Translation*]

In 2016, on behalf of Veterans Affairs Canada, Statistics Canada conducted the Life After Service Survey, which included new content on families. The data were gathered through telephone interviews with veterans who had released from the Regular Force between 1998 and 2015. The family questions that the veterans were asked concerned a variety of subjects.

The majority of veterans, specifically 87% of them, said they were satisfied with their family support. Spouses or partners are the main source of social support for 71% of veterans and the main source of support for daily activities of living for 76%. However, it's worth noting that 28% of veterans reported that their spouse or partner had difficulty adapting to the transition, and 17% said the same about their children. We also reviewed the documentation on the impacts that operational stress injuries have on family mental health and well-being.

In doing so, we found more and more clear proof of the negative effects that operational stress injuries, primarily post-traumatic stress, have on families.

[*English*]

Further to this literature review, Veterans Affairs Canada initiated a qualitative study. Twenty-seven in-depth interviews and three focus groups were conducted. The study examines family impacts of Canadian Armed Forces veterans with mental health problems and whether their families are accessing supports and, if so, whether they are beneficial.

The report will be issued in the coming months. The initial indications support and validate previous findings and anecdotal information: families are resilient; they are important to veteran well-being and to adjustment to civilian life; they can feel isolated and misunderstood; and, families want information and support directly provided to them, not through the veteran. We expect to also see new findings that will help us focus on how best to engage with families and how they can help us to better understand their needs.

Veterans Affairs Canada has six ministerial advisory groups. The one pertinent to note today is the ministerial advisory group on families, whose mandate is to provide advice to the Minister of Veterans Affairs to ensure that families of the Canadian Armed Forces and RCMP veterans are considered when developing policy, programs, and services and that family members are treated with care, compassion, and respect. You have heard from members of this group, including Nora Spinks and Jenny Migneault.

The advisory group identified several recommendations grouped under three themes: recognize and compensate; inform and engage; and, serve and support. These recommendations were presented in October 2016 at a stakeholder summit. The important insights of this group, along with the recommendations of these individuals, who all have a very distinct background, helped shape policy development and programming and will continue to do so in the future.

I will now pass this over to my colleague Robert Cormier, who will speak in particular about the Veterans Affairs programs and services available to veterans and their families.

●(1130)

[*Translation*]

Mr. Robert Cormier (Director of Field Operations, Strategic Affairs, Department of Veterans Affairs): Veterans Affairs Canada recognizes the importance of the family and its significance in the health and wellness of individuals. Established best practices recognize the importance of involving family in treatment plans, as families are, in many cases, the first source of support for veterans and are integral to successful recovery. Mental health services are intended to support veterans in becoming or remaining independently functioning in the community. The veteran's family members may be included in mental health services when the veteran's treatment or rehabilitation plan has established that doing so is required in order to achieve positive treatment outcomes for the veteran's condition.

Veterans Affairs Canada offers families a wide range of mental health services. The Veterans Affairs Canada Assistance Service is a consultation and referral service that is available 24 hours a day, 365 days a year. The Veterans Affairs Canada Assistance Service is for veterans, former members of the Royal Canadian Mounted Police, their families, and caregivers and is provided at no cost. In addition, peer support coordinators for families across the country can put the family member in touch with peer support groups. A two-day course on mental health first aid for the veteran community is tailored to address the immediate mental health needs of veterans and the people who care for, and about, them.

Many online tools have been developed to help caregivers, such as the Operational Stress Injury Resource for Caregivers, a self-directed tool designed for caregivers and families of Canadian Armed Forces members or veterans living with an operational stress injury. The mobile application PTSD Coach Canada is a dependable resource when used together with professional medical treatment. Furthermore, a new online tool for caregivers is currently being developed in collaboration with Saint Elizabeth Health Care, in response to recommendations to do more to help veterans' caregivers.

[English]

With the knowledge of the fact that when veterans experience difficulty with transition, it is likely that the family also faces challenges and requires support, Veterans Affairs Canada and the Canadian Armed Forces implemented a pilot project in October 2015. The veteran family program includes access to services available through the military family resource centres. The program also provides access to the 24-7, phone-based family information line and the familyforce.ca website, now updated to CAFconnection.ca website. As of April 1, 2018, these services will become available to all medically releasing members and their families.

Partners of transitioning members are welcome to attend second career assistance network sessions as well as transition interviews with a releasing member. For those who are unable to transition successfully, Veterans Affairs Canada's rehabilitation services and vocational assistance program provides eligible veterans and their spouses or survivors with medical, psychosocial, and/or vocational services.

As of June 30, 2017, 196 spouses or survivors benefited from rehabilitation services. These vocational supports may include help to identify suitable employment, job search skills, resumé development, and financial support for training and related costs.

In conclusion, Veterans Affairs Canada recognizes the importance of the family as a veteran's most important ally on the path to transition.

•(1135)

I want to note that every veteran and family's situation is different. However, one unifying experience is the major life change that results from the journey to life after service. Veterans Affairs Canada needs to be there when they need us. The most successful transition occurs when a veteran has a positive state of well-being, a balance of financial, mental, spiritual, physical, and social factors. Financial security is critical. The family plays a key role in supporting a veteran throughout their journey, and Veterans Affairs Canada continues to find more ways to provide support and

services to families in recognition of their role in supporting the veteran.

Thank you again for the invitation to speak to you today. I very much appreciate the opportunity to support the work of your committee and to consider what it may hold for the future of Canada's service to veterans and their families in recognition of their extraordinary contributions and sacrifice.

The Chair: Thank you.

We'll begin with questions starting with Mr. McColeman. Six minutes.

Mr. Phil McColeman (Brantford—Brant, CPC): Thank you, Chair.

Mr. Cormier, in your title, I noticed that it says director of field operations. Does that mean you're responsible for how the connections are made between VAC and the veteran?

Mr. Robert Cormier: Correct.

Mr. Phil McColeman: Okay, that's fine.

On that front, do you keep statistics in terms of how veterans connect with you as a director? Are there statistics of how many do it on line, how many do it by walking in the door of a back office? Do you keep those statistics?

Mr. Robert Cormier: We do.

Mr. Phil McColeman: Okay, thank you.

I want to move on to Ms. McIntyre.

Recently there's been one private member's bill and one other motion put on the floor of the House of Commons. The first one, the private member's bill, is to recognize a sacred covenant between Canadians, not just the Government of Canada but all Canadians and those who have served us in military life. This is as much to follow the European example of the British Parliament passing such a covenant within legislation.

I don't want to pull you into a political argument here. That is not my intent. However, the one thing that struck me between the eyes in your comments today was that you used three words: "care, compassion and respect". I would think that characterizes most members of Parliament who spend any time around veterans and veterans' families, as many of us do across the country. When you boil down some of the issues they're facing, it boils down to respect. They would like to have the respect and know that.... That's what the British Parliament did. It enshrined it. That's what a private member was trying to do on the floor of the House of Commons.

My question is this. In your work, through families that you've described today and through veterans, how important are those three words?

Ms. Faith McIntyre: Certainly when we look at what we do within Veterans Affairs Canada, our values are based very strongly on care, compassion, and respect.

I must start by saying that care, compassion, and respect is not only outward facing, but also very much within what we do amongst ourselves within the departments and the partnerships we've built with others. I can't say enough about the staff that we have and the work they do in order to deliver the care, compassion, and respect that is outward facing. The words are very important.

Mr. Phil McColeman: Very important. Okay, that's fine.

I want to move on to Colonel Maurais.

Your work obviously is all facets of the human being. Can I have your opinion, sir, on how important those three words are in your work with veterans?

• (1140)

Col Sylvain Maurais: Sir, it is at the heart of our vision statement. Is it at the heart of leadership? It is absolutely essential. That's the reason we say it is a moral and spiritual component of the call to serve. It's the heart of the community.

Mr. Phil McColeman: I would take from those comments that you would have no objection to it being put into the legislation of Veterans Affairs, and that those be stated and forever recognized as a covenant between the people of Canada and veterans. Am I correct in saying that?

Col Sylvain Maurais: It's a good question, sir. I can speak for what the chaplaincy represents at the heart of the military community, which has an impact also on the people—namely, that when they leave the forces, they're still part of what I would say is the Canadian military community.

I know how dedicated the people of Veterans Affairs are. I cannot speak on their behalf, but I know they're trying to do everything to embody those vital virtues.

Mr. Phil McColeman: I don't want to make you feel uncomfortable because we know how the government voted and they voted against doing that, okay. I don't want to make you feel uncomfortable by trying to play one side of this argument or the other. In essence, I think what I've heard from all of you is, if there is something that's more important than anything else in terms of families, I've just got to say it, I've heard it so many times, and it's amount to really one word: "respect". I appreciate the work that you do that carries that forward.

On the study that you're doing, Madam McIntyre, you mentioned, or maybe it was Mr. Cormier, that 27 families were selected. How did that selection process work? How were those 27 determined? What were the criteria?

The Chair: I apologize [*Inaudible*] short.

Ms. Faith McIntyre: We contracted that work to the Canadian Institute for Military and Veteran Health Research at Queen's University. I can't speak specifically to how, but it has followed all required research protocols to be able to determine the 27 interviews and three focus groups.

Mr. Phil McColeman: Chair, through you, could I ask that you ask the witness to provide more details?

The Chair: Yes. If you could dig down on that and get that back to the clerk.

Ms. Faith McIntyre: Yes, certainly.

The Chair: Thank you.

Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you to all of you for coming.

My first question is about your work, Dr. Skomorovsky. You mentioned the difficulty that people have in finding doctors once they have transitioned. I'm a physician myself. I see not just military members but lots of people who come into our department because they can't find a family doctor. It's particularly problematic for veterans, who never had to look for a doctor and now have to, out in the communities.

When they do find a doctor, do they report any problems with their doctor being able to access either their medical records or Veterans Affairs records, and then getting the continuity of care once they have found that doctor?

Dr. Alla Skomorovsky: That's a good question. We don't know, because we only speak to these people once and we don't follow up with them. They may find a doctor and they may have no problems afterwards, but at the point when we do have interviews, they mention that they have those problems. So it's actually a very good question. If we had a longitudinal analysis, we would be able to get this information and follow up.

Mr. Doug Eyolfson: Do you know of any initiatives in the Department of National Defence, if a member is being released, in particular medically released, where they would try to make direct contact from the medical departments to any practitioners where that person will be living? Is there any initiative to try to make a direct connection?

• (1145)

Dr. Alla Skomorovsky: I'm not personally familiar with such an initiative.

Mr. Doug Eyolfson: Okay. Thank you.

In terms of the issues you mentioned, you said that the study is still in progress and there are several common themes emerging. You talked about the negative impact of illness and injury. That touches on a theme I've asked a lot of witnesses about. Let's say a member's injury was not absolutely devastating but it still meant they could not be in the army. Did they express the fact that if they were able to serve in another capacity, under the limited physical capacity they have, they'd still want to serve and still be in the army?

Dr. Alla Skomorovsky: Some of them did.

Mr. Doug Eyolfson: Okay, because I'm speaking to the concept of universality of service. We have heard lots of testimony of people who were basically minimizing or concealing symptoms in the early stages, because they were afraid that if they spoke up they'd no longer meet universality of service, and they'd be out of the military. They'd conceal this until they had a devastating injury that would have been minor had it been dealt with earlier.

Thank you for that.

Colonel Maurais, this is a very difficult question and I'm going to have to put a long preamble on it so that you understand what I'm getting at with this. The issue I'm getting at is not in regard to the practice within the chaplaincy, but in regard to perhaps faith groups in the community. I'm talking about the issue of suicide in the military. We know it happens and we know that in military and in veterans we do everything we can to prevent suicide, yet it still happens. It happens in the community.

I was at Yardah for 20 years, and dealt with a lot of suicide among patients and actually among a couple of co-workers. One of the things that was the trauma for families afterwards.... And, again, this is part of my preamble. I have no reason to believe this would be something in the chaplaincy, but in the community there are still today faith groups that have a tremendous stigma against suicide. I've had family members tell me that they were afraid the word would get out because there are churches today that will not bury family members who have committed suicide. It still happens today.

Has your department had any role in perhaps liaising with faith groups in the community to help remove this stigma that tends to re-traumatize families when they have to deal with this?

Col Sylvain Maurais: Not to my knowledge on your specific question, sir. However, you raise something that is extremely important. The chaplaincy is a key service that helps support the Canadian Armed Forces strategy on suicide prevention.

All our chaplains are trained and educated in counselling, and also we have spearheaded a great prevention program called Sentinels, which the military chaplains are providing. It's half a day of active listening to volunteers in order to increase the network of vigilance and try to get the people better equipped to be able to recognize signs of distress.

It's very interesting that chaplains bring this, because at the end of my statement I described someone who is spiritually healthy, but if you reverse it you have people who lose the sense of meaning and purpose in their life, who are hopeless, who have lost all faith in humanity and in themselves, who are isolating themselves, and who don't honour their own beliefs. This is the description of what moral and spiritual injury is about.

The chaplains we deal with are selected because if they raised any stigma they wouldn't be able to serve with us. We are also connecting with spiritual and religious leaders on the civilian side to say that we care for all in a non-judgmental way. The word is getting around.

• (1150)

The Chair: Thank you, sir.

Mr. Johns, you have six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you, Mr. Chair.

Thank you for being here and for your important testimony and the work you are doing.

I'm going to start with Dr. Skomorovsky. You mentioned that you're studying what causes stress in military families. What role

does unemployment or underemployment of spouses play? I think you can identify it as one of the high stressors, especially with the movement of the forces. Could you speak to that?

Dr. Alla Skomorovsky: Yes, actually one of our team's key initiatives involves conducting every three years a large survey of quality of life among spouses of regular force members. This survey goes to a random sample of spouses of regular force personnel, and we actually just administered one of those surveys to spouses. We are collecting the data. We're almost done the data collection, and we are asking spouses about their employment rate, their health and well-being, and the impact of military life stressors on their well-being.

As we know from our previous administration that happened three years ago, actually underemployment is part of the problem related to relocation and is an issue that spouses are mentioning as one of their key problems related to military life.

Mr. Gord Johns: Thank you. We know how important the family unit and it's great to hear that from you as well today.

We heard on Tuesday from spouses, as you're aware, and Ms. McIntyre, you spoke about the testimony that we heard there. We also heard that they're having a difficult time getting access to services, or hearing about services that might be available. They're not aware of them.

What is being done to make sure that the spouses and families are getting the information that they need to support them?

Colonel Maurais, is the chaplaincy reaching out to the spouses and the families? I'll it to the panel just to open it up a bit, if you want to speak to that.

Col Sylvain Maurais: We're getting better, I think, in trying to make accessible all the services that are there, but this is a capability that we're trying to further develop, because we know that there's a need. That's all I can say.

Mr. Gord Johns: Mr. Cormier, maybe you can add to that. Is there an outreach plan that is going to be expedited, because we're hearing the results are important, right?

Mr. Robert Cormier: Absolutely, and so, yes, at Veterans Affairs we do have an outreach strategy that we continue to try to improve, for the reason you state, that there are still individuals who are not getting the information when they need to.

We certainly are participating in a number of forums where we can speak about benefits to veterans and to their families to ensure they know what those benefits are and how to access those benefits.

Mr. Gord Johns: There was \$42.8 million announced in the budget for service delivery. There are a couple of things. First, we know there are 29,000 vets—according to a report in November that came through the media—waiting for disability claims to be processed. That was an increase of 50% over eight months prior.

Can you identify where that \$42.8 million is going? Will it be going to some of this outreach, and also to the backlog? Is that the right amount to get that backlog from 29,000 to zero, because I think we all agree that it needs to be at zero?

Mr. Robert Cormier: Yes. Certainly the resources that you're speaking of, we're still waiting for those details, but absolutely, the lion's share of those resources will be for the front lines where adjudication occurs, as well as in the area offices where we have that front-line connection with veterans, to ensure that the workloads are manageable so that they can access services quickly and that we're able to provide them with the services they need when they need them.

There's also an approach that we've called guided support. I'm not sure if you're familiar with that, but it's an approach that we are working at developing. Essentially it's to provide a personalized service to veterans and families to help them navigate through the system, through the complex system of VAC. We know that not all veterans and families require this support but a large number do. So for those who do, we were certainly—

• (1155)

Mr. Gord Johns: I appreciate that. What amount will it take for us to get that 29,000 to zero? Is there a number? Has the department done an analysis? Where did it come up with \$42.8 million? Do you know how it identified this amount?

Mr. Robert Cormier: Unfortunately, I can't give you the detail of that, but certainly we continue to try to improve and offer the best service we can.

Mr. Gord Johns: It would be great to get the amount we need to get to zero, so we know what the target is. As politicians, we're hearing numbers from the government side, but I think all Canadians agree that no one who served our country should be waiting, living with a disability claim. I think that's important information, and we would all appreciate finding out what that number is, what it's going to take, because we've got to get to zero. We heard from the DND ombudsman, Mr. Walbourne, and Mr. Parent from VAC. They've studied this thing to death. We've talked about transition over and over again.

Mr. Parent talked about a one-form method, going to one form to at least reduce the amount of bureaucracy and speed things up. Do you agree with that? Is that something you would support?

Mr. Robert Cormier: Anything that will simplify things for veterans and make our services more accessible, easily accessible, absolutely. I think that's an ongoing objective of ours. Certainly we remain open. The other point I think on those claims that are waiting for adjudication is that there is a triage that occurs of those. Those with more serious conditions, mental health conditions are prioritized. Also, a large portion of those receive benefits while they wait for a decision.

Just to be clear, there are number of veterans who do have claims in and are waiting for those claims to be adjudicated upon but who also receive services at the same time.

The Chair: Thank you.

Ms. Lambropoulos.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you for being here with us today and for sharing your experiences in the department. Colonel Maurais, thank you for the work that you do on the ground with the soldiers.

I have a couple of questions. First off, I'd like to ask, as Ms. McIntyre had informed us, seamless transition happens mostly when the overall well-being of the veteran is positive, financial, spiritual, physical, mental and socially. I'd like to know what the government can do to improve the well-being of veterans before they're released in order to help them through their transition process.

Either Mr. Maurais or Ms. McIntyre, if you can answer that question.

Col Sylvain Maurais: With the new defence policy—"Strong, Secure, Engaged"—there's a big initiative to have a total health and wellness strategy, which is a comprehensive approach to looking at health in all the dimensions that you have stated. It is very encouraging to see how the leadership of the department and the Canadian Armed Forces are taking extremely seriously how we can improve to have better care and support.

For us in the chaplaincy, it's very interesting to see that not only is there a focus on physical health but there's much more awareness now about the complexity of the issues of mental health, and a holistic approach is also developing. Again, I want to say thanks for the research.

What do we mean by the spiritual dimension in this?

It's going to take time to go there, but there's really serious investment being made to improve and to be more proactive not only in the assessment but also in prevention and promotion in order to have better care and support.

Ms. Emmanuella Lambropoulos: Thank you.

Another question that I have. You had mentioned that families prefer receiving information directly from VAC and not through the veteran. I was wondering if there had been any modifications to the way that VAC works in order to improve this transfer of information to families.

Ms. Faith McIntyre: I'll just add very briefly to what Colonel Maurais said. I believe you heard from Brigadier-General Misener at one of the conversations and as a witness. We're very much working collectively and collaboratively to enhance transition services moving forward, partnering from the start, whatever that start may be, depending on the needs of the individuals, so that the word "seamless" actually means something.

In terms of your question, we have to be very cognizant of the family unit, and certainly every family unit is different. I think the fact that we have an advisory group on families.... They are very strong spokespeople for their particular organizations and what their needs are. We need to be able to communicate, and we have been directly through that as one avenue. Then also, when we do provide information to veterans, it's to ensure that the family is engaged, that the family members know they can be present, that the family has a role through the expansion of the services through the military family services program.

One of the recommendations of the advisory group on families was to have that now moving forward for all medically releasing and to have that point right there where they can go and get information. Certainly within Veterans Affairs Canada, we are very open. Our staff believe in engagement across the family unit and in the multidisciplinary approach as well when it comes to all of the integration of services.

• (1200)

Ms. Emmanuella Lambropoulos: How much time do I have, Chair?

The Chair: You have a minute and a half.

Ms. Emmanuella Lambropoulos: Last but not least, you spoke about an advisory group led by Jenny Migneault. Can you be more specific about the policy development that it helps inform?

Ms. Faith McIntyre: Definitely, and I could go on about this, so I will try to be brief. I know that Jenny did speak to you.

I spoke to you a moment ago about their three themes: recognize and compensate, inform and engage, and serve and support. I'll start off by saying that we're certainly on the right path, but when it comes to family, there's still a lot more to do. Part of it is that there is evidence that we need to continue to gather. Canada has not been very strong in gathering the evidence on this particular population, hence that's why we're here today and certainly reinforcing that. I will give you three examples, one under each theme, where this advisory group has a very clear impact.

Under recognize and compensate, there's the caregiver recognition benefit, which I know Jenny spoke about. Again, it's a start, but I know that it is the first time that Veterans Affairs Canada will be providing, as of April 2, 2018, a benefit directly to the caregiver: a monthly non-taxable \$1,000. That's in direct correlation to what they wanted to see and, of course, is a start for where we need to go.

On informing and engaging, as Robert mentioned in his opening remarks, we have contracted with Saint Elizabeth Health Care for an online caregiver module called the "Caregiver Zone", which will be released shortly. It is the first of its kind. It's building on a model in the United States that is called "Building Better Caregivers". Our advisory groups on families were engaged in the development of the content of that module. One of the very particular pieces of this module is the fact that coaches who have had military cultural training and sensitivity awareness as well will be available to speak to caregivers.

Finally, under the serve-and-support theme, there is the reference we've made more than once, I think, for various witnesses in terms of the military family services program and the fact that program

needed to be broadened to include veterans. We did so. Medically released veterans will have access as of April 1, 2018.

Those are just a few examples.

The Chair: Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

First of all, Ms. Dursun and Ms. Skomorovsky, it sounded like the cohort numbers involved in the research were a little on the small side. Usually if we're doing a survey on politicians, you need to hear from 1,000 people or whatever. The polling is a little different, but nevertheless, are you satisfied that the cohorts you used were providing you with sufficient information? Would you like to make these groups larger? Is it a question of resources? What would you say on the numbers?

Dr. Sanela Dursun: For the study I mentioned, the transition and well-being survey was administered to 1,000 people who were medically released and 1,000 who were non-medically released. From a scientific point of view, those are sufficient numbers. We received a 70% response rate. Those will be sufficient numbers to provide us with population estimates.

This is the first large quantitative study focusing on the ill and injured—and on their spouses—while they are transitioning. This whole area of research is relatively new. Only recently we started recognizing the challenges of the transitioning process and started focusing on medical release, which is also consequential to the increase in medical releases in the past five years.

Mr. Bob Bratina: Right.

Dr. Sanela Dursun: Some of the studies that were conducted and that my colleague was talking about were at first exploratory studies, where we needed to do a small pilot study with 150 people in order to develop the instruments before investing in a larger study.

• (1205)

Mr. Bob Bratina: We heard one good outcome. What would you say to the translating results into policy recommendations? Is that working well?

Dr. Sanela Dursun: Absolutely. In our organization, our research is very client focused, in such a way that every initiative produces recommendations that are directly communicated to our clients. When I say "clients", these are the people in the Department of National Defence responsible for the policies, services, and programs.

For example, our very first study of ill and injured people conducted in 2012 with the participants in RTW programs under the JPSU umbrella gave us the first indication of the role of the spouses and the families in the recovery and rehabilitation of these ill and injured members. That initiated many discussions and definitely informed the decision-making, which ultimately led to opening MFRCs for these types of families.

We have many examples to show how our research informs the decision-making and influences the policies and programs.

Mr. Bob Bratina: Very good.

Ms. McIntyre, you mentioned RCMP. We talk about veterans and we typically think of the military services. RCMP can find themselves in unique situations, two-person postings in remote areas, the needs of indigenous communities around them. They might be quite different than, say, a military posting in Afghanistan or whatever.

Does the RCMP experience come up in the work that you do?

Ms. Faith McIntyre: I would say yes. I think you're aware that the RCMP, through their superannuation act, receive benefits through an agreement with Veterans Affairs Canada under the Pension Act.

Having said that, though, they are represented on each one of our six ministerial advisory groups. For example, with regard to the advisory group on families, we have a representative of the RCMP Veterans' Association who speaks very openly and actively about the situation of RCMP families. Despite the differences in context, it is still very similar in the way that family support is critical to well-being.

As well, we have an RCMP liaison officer who works full time at Veterans Affairs Canada and is integrated into all of our policy committees, our operational work, and service delivery.

Mr. Bob Bratina: I'm an RCMP family, so I know exactly what you're talking about.

Colonel Maurais, on the question of chaplaincy, we heard testimony earlier that chaplains are experiencing PTSD for the reason that the stigmatization of soldiers means they quite often can't share problems with anyone except perhaps their immediate family or the chaplain.

Are the chaplains being looked after?

Col Sylvain Maurais: Yes, sir.

A third pillar for our service is that we are there to empower and care for those who are called to serve. We have built, for years, in partnership with the Canadian Forces health services, a care for the caregivers program. I can testify that it has saved some chaplains' lives after operational deployment, either in Somalia or Rwanda or you name it. That program carries on.

I have some of my brothers and sisters in chaplaincy who have been diagnosed with PTSD. They've been released medically. The level of care and support they have received—I cannot comment for all the cases—has been very good.

However, it's very demanding. We are in a dangerous business. The risk of compassion fatigue is real. Vicarious traumatization is something that can haunt us. We are developing programs right now for vocational renewal for chaplains to be able to remain healthy and balanced in what we're called to do.

• (1210)

The Chair: Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you all for being here today and giving us an opportunity to ask some questions.

I've done an awful lot of writing and have many questions for all of you, but I don't think I'll have time for everything.

I am the product of a military family, so I'm grateful to hear the comments you make about the military family. I also am the grandson of a Baptist missionary, and my father served throughout the country. I remember when my father was the CO of the RCD in Gagetown. I was younger—that was only a few years ago—

An hon. member: Are you sure?

Mr. Robert Kitchen: —and I remember on the base we would go every Sunday to church. I was too young; I used to enjoy it because it was a chance to get out on Sunday and throw darts in the mess. I've grown up a lot since then and learned a lot more of the value of what I learned in those times.

Colonel, your comments are right on, because a lot of what you talk about is respect. It's respect for the job that our soldiers do, but also respect for life. Your job is a big challenge: to try to be there for them to support them. I want to roll that into the concept of this idea. We talk about respect for our families, and we talk about respect for our soldiers, but the soldiers, airmen, and seamen need to know that someone has their back. That respect comes with knowing there's confidence in that person and in the job they do. Believing in something is of tremendous value. Whether someone believes in whatever, it doesn't matter to me. The reality is the belief of our soldiers, who become our veterans, that the military would be there for them.

We're studying transition, and we're studying it again and again and again. I don't believe our veterans see that respect, because they aren't getting the benefits, and things are not changing. We're studying the same things that we studied weeks ago, months ago, years ago, and we haven't implemented those things.

I'm just wondering if you can comment, sir, on how we can enforce that respect.

Col Sylvain Maurais: First I have to say, in all my years of service, the very great majority of the people who have been called to serve are very good leaders. Enforcing respect is modelled the way of sound leadership, and that's something that, if we don't give the example, then it's not going to happen.

The other thing is professional development, training, and education. One of the things that I've seen is the complexity of the profession of arms, sir. Soldiers have to learn so many things right now, because it's very technical and it's very complex, so the time they have for self-reflection could be compressed because of the many things they have to learn, but now there's a realization that there's more training for the defence ethics that needs to happen for moral development, and there is a realization that the padres have to bring a spiritual dimension of what the moral development is.

Also, I have to say that the young people we're recruiting are a product of the values of our society. They have a bit of culture shock when they come to us with the high expectations of the values the profession of arms demands, and we need to really push them.

• (1215)

Mr. Robert Kitchen: So supporting that emphasis is extremely important—

Col Sylvain Maurais: Yes.

Mr. Robert Kitchen: —not only for our soldiers, but also for our families.

Col Sylvain Maurais: Absolutely.

Mr. Robert Kitchen: We train our soldiers from the day they come in, but we don't train them from the moment they go out. That's where we come to that transition. We train our soldiers, but we don't train our families to be part of the soldier life. I grew up in a sailor family. My brother served, my sister served, and my nephew serves—I have three nephews. It's part of the system. It's part of who they are. How do we get that information to families and include them throughout the whole process? As you've said, a lot of them don't know about what services are available to them once that soldier transitions out. They don't know, because maybe the soldier was so busy learning everything they needed to learn they didn't have the time to do it. We need to get that to them. How do we put the emphasis on that?

Mr. Robert Cormier: Absolutely, that is an ongoing challenge to ensure that the families are included in the work we do. An example of what has been done concretely and, you know, still needs to be improved, is the VAC employee or the case manager from Veterans Affairs, as well as a veterans service agent, being in the IPSCs, working side by side with CAF, with military members who are not even released, at that point try to engage the family as well as the member.

Mr. Robert Kitchen: Do you think you can maybe see that this is coming from my heart?

Mr. Robert Cormier: Sure, absolutely.

Mr. Robert Kitchen: We've got soldiers and families out there who have that, and they're not getting....

How do we get that to the people who are putting those services in place to understand it the way I do, so that they can push for it to say this has to be done?

The Chair: I apologize, but you'll have to make your answer short.

Mr. Robert Cormier: It's a very complex question. Certainly from my perspective—I'm a social worker, most of our staff are social workers—we approach the veteran as a member of a system.

We never see the individual, but we see a person within a system. We're always, from our perspective, philosophically, approaching it as a systemic....

Now, there are limits. The member may not want the family to be involved. We do confront that, unfortunately. We strongly encourage members to include their spouses and husbands in the transition process. There are times, however, when the member chooses not too. Unfortunately, we have to respect that. We continue to urge the member to include or at least make sure the family is involved.

I'm not sure if that responds to your point, but I certainly can appreciate your passion. It is a very difficult question. There's no doubt.

The Chair: Thank you.

Go ahead, Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you, Chair.

Thank you very much to all of you for being here today and assisting us in our study on barriers to transition. I know that most of my colleagues appreciate very much being able to ask you really pertinent questions to our study so that we can draw out the best information and make proper recommendations. We appreciate your being here.

I have one question for you, Dr. Skomorovsky.

You said in your presentation that one of the themes that has developed already in the research that your study is undertaking is the theme of difficulty for transitioning members or medically releasing members in finding family doctors. I wonder if you could flesh that out for us a little bit so we understand.

Is that an issue that's systemic for all Canadians, or is it because there are specific barriers when these veterans are transitioning that make it difficult for them to obtain a family doctor? That is a very crucial piece to stable family life and ensuring that successful transition.

I'm wondering if you could comment on that.

• (1220)

Dr. Alla Skomorovsky: When a military member was in the system they had a doctor in the system. Now it's a very new experience for the transitioning member and veteran. To find a doctor sometimes it may be a new location for them. They are not familiar how to find a family doctor. It is something they need to do also while transitioning, while they are finding their place in life and having changes in other areas so it's an additional stressor for them. It may be a unique situation for them that they need to do it in parallel this searching for other things. Sometimes another job, sometimes finding an education. It may be an additional stressor for them that may be uniquely different. In general, it may be problematic for every person to find a family doctor. For military members and veterans it may be a little more difficult because they need to do it rapidly while having many other changes in their life.

Mr. Colin Fraser: Ideally having these things in place before being released would be beneficial to that transition.

Dr. Alla Skomorovsky: Yes.

And sometimes they do it and realize is, and sometimes they don't.

Mr. Colin Fraser: Col Maurais, thank you very much for being here. I really appreciate the informative and passionate statement that you made. It really was important to show the work you do in the spiritual domain.

I'm wondering what we can do as a committee to make a recommendation to help support you and the important work that chaplains do in our Canadian Forces to assist veterans as they're transitioning. Is there something you think you can specifically recommend to the government that would assist you in your work?

Col Sylvain Maurais: Pray for us? No.

Some hon. members: Oh, oh!

Col Sylvain Maurais: We have some challenges right now in recruiting, because it is a priority of the chaplain general for us to be able to sustain the recruiting, and we want to keep fostering diversity, to have more women within the chaplaincy. I failed to mention, in terms of diversity, that we have a full-time indigenous adviser at the office of the chaplain general, who is doing fantastic work. For us diversity is not only for all the world religions that are outside, but the spiritual and religious diversity we have here at home, with the richness of the indigenous spiritual outlook and practices. Recruiting is an issue in that sense.

Another thing we have identified as a strategic priority for us is our chaplain school that we have in Borden. It provides excellent training in ethics, counselling, religious pluralism, and also for what the chaplains can bring in terms of analysis on religious area assessment and religious leaders' engagement in theatres of operation.

We're asking to say that the school will be a gem for chaplain training because we have chaplains coming from all over the world to see how we do business, because we are unique for being fully integrated with the three arms and the environment and working so well and so peacefully with a diversity of beliefs as well as honouring non-believers. We're unique in the world.

We're also asking to be able to say that the chaplain school will provide training and education not only for chaplains, but to become the centre of excellence for the whole of the Canadian Armed Forces on moral and spiritual development. We have asked for more resources to do this, but it takes some time to get this.

Mr. Colin Fraser: In your work and the work of other chaplains, is there any extra outreach or emphasis placed on that transition phase, where veterans could be facing more difficulty in handling the stresses?

• (1225)

Col Sylvain Maurais: Yes. The chaplains are fully engaged in the great new initiative on transition, where we want to be as effective as possible to help people make the transition from active service to civilian life, the same way we have the departure assistance group when we are preparing people to deploy. A trial run is going to happen very quickly for a comprehensive approach whereby we can best support people in transition. Chaplains have a key role in this, because people can talk to us and we can tell their stories.

The Chair: Mr. McColeman, five minutes.

Mr. Phil McColeman: Thank you, Chair.

Mr. Cormier, I asked you earlier about the statistics you said you kept about all the channels where you connect with veterans. I don't think I asked earlier: can we have you submit those to the committee, please? Can we have them in detail, by location and/or however you keep them? I don't know if you keep them on a monthly basis or an annual basis, but in as much detail as possible.

Chair, I'd like to yield the rest of my time to Mr. Clarke.

The Chair: Thank you.

Mr. Clarke, welcome back.

[*Translation*]

Mr. Alupa Clarke (Beauport—Limoilou, CPC): Thank you, Mr. Chair.

Hello, everyone. I am pleased to be meeting you today.

Colonel Maurais, I too was very impressed by what you said. In today's secular society, we rarely talk about the spiritual aspect and the need for all individuals to believe or not believe. I liked what you said about also serving non-believers. I myself served in the army, where I met other young people who did not believe in anything in particular, but what we did all believe in was loving and serving our country, and I think that is fantastic. Thank you so much for what you are doing.

By the by, I just want to mention that the chaplain of the 6th Field Artillery Regiment is a great chaplain.

Ms. McIntyre, I sat on the committee in 2015 and 2016. Even back then, we were already studying all the obstacles that Canadian Armed Forces members face in transitioning to civilian life. Both the national defence ombudsman and the veterans ombudsman told us it was time to take action and stop carrying out studies on this issue.

Given all your years of experience in this field, Ms. McIntyre, why do you think we are still having trouble eliminating transition barriers? We can assume it is not merely, or necessarily, a question of public policy or money. If that is indeed the case, and it is not a question of public policy, money, or respect, what is it? What is still blocking the way today? Why can't we ensure a harmonious transition?

Ms. Faith McIntyre: Thank you very much for the question. I think that question is central to everything you do, to your reports and the recommendations you want to present.

As we said, it's clear that efforts are being made. It's important to remember that there is a lot of work involved in a transition. There are transition or return-to-work interviews to be conducted in collaboration with the Canadian Armed Forces. All that is being done.

I think we need to take a close look at the culture aspect. What I mean is that as soon as an individual joins the army, we already need to be thinking about when that individual leaves. A career does not just last for the soldier's military service. It spans their entire lifetime. Sooner or later, the soldier will complete their military service and have to transition back to civilian life.

That is one way of thinking. We are getting there now. We need to be able to put all the systems in place to support that culture and that way of thinking.

Mr. Alupa Clarke: In your work, do you think that the current or former governments, whichever, and senior officials are communicating or have communicated with you as an expert, to seek your advice on how to improve the transition? Have you been asked to share your thoughts?

Ms. Faith McIntyre: I'm not sure I'm an expert in this field, but as director general of the department's Policy and Research Division, I can say that we have certainly been asked for recommendations and advice.

Mr. Alupa Clarke: Ms. McIntyre, I have another question for you.

In the United States, unless I am mistaken, the burden of proof is reversed. If someone has a psychological or physical problem, it's up to the U.S. government to prove that it is not real.

Ms. Faith McIntyre: Yes.

Mr. Alupa Clarke: Does it work the opposite way in Canada? Is it the soldier who has to prove to the state that he or she has a problem?

•(1230)

Ms. Faith McIntyre: Do you mean an injury or illness?

Mr. Alupa Clarke: Yes. Is it up to the soldier to prove that he or she is injured or sick?

Ms. Faith McIntyre: Yes, the soldier has to prove it. We've already taken several concrete steps. For example, in the case of a helicopter pilot who has knee problems from doing multiple parachute jumps, we won't—

Mr. Alupa Clarke: That's right, it's recognized systematically.

Ms. Faith McIntyre: Exactly.

Mr. Alupa Clarke: It seems to me that I've read more than once that in the United States, the burden of proof is completely reversed. What are your thoughts on that?

Ms. Faith McIntyre: I can't comment on that subject.

Mr. Alupa Clarke: I have 20 seconds left.

Colonel, the table at the end of your brief says that a distressed person believes life has no meaning or purpose. I do not quite agree with that. The philosophers Camus, Schopenhauer, and Nietzsche said life has no meaning, yet they had a very positive world view. It's possible to believe that life has no meaning and still be happy. I just wanted to make that comment.

Many thanks to you all.

[*English*]

The Chair: Thank you.

Mr. Johns, for three minutes.

Mr. Gord Johns: We've heard a lot from veterans, who have said that the front-line workers, the caseworkers, lack empathy or don't have the understanding. Maybe it's, as Colonel Maurais said, that compassion burnout may be happening, or also that, not having lived that experience, there's a lack of the empathy that's necessary.

I appreciate Ms. McIntyre talking about global programs like the Building Better Caregivers program in the United States. We can learn from the United States. I may be wrong, but I think 30% of their caseworkers are former veterans. They have a really strong return-to-work program.

Mr. Parent, when he testified, talked about the need for maybe a concierge program, to help that veteran, to walk them through those stages, especially in that transition piece.

You talked about the need for recruitment, Colonel Maurais. I think this could maybe help with recruitment for the chaplaincy. Some of those employees leaving the military could be converted into those roles or into other jobs that could be served. I know Canada is lagging behind in many of the countries in the OECD in terms of return-to-work policies and plans. Are those on the radar?

I've talked to you, Ms. McIntyre, about Pacific Coast University workplace health services, their global school, and return-to-work trainers. We haven't seen a lot of that around disability management and occupational health and safety. The opportunities are staring us in the face. I'm wondering if it's on the radar and where we're going. I see that \$42.8 million in terms of helping with service delivery. It seems to make sense, with so many veterans who are going to be needing to transition to the workplace. Maybe you could speak to that a bit.

Ms. Faith McIntyre: Thank you very much.

I'll start by saying that at Veterans Affairs Canada we recently put together veterans in the public service unit. It's a unit on behalf of the government that we have in our human resources division that really is there to be able to help veterans seek public service jobs. You most likely are familiar with priority hiring and some of the statutory and regulatory provisions that are in there. This unit will actually be a concierge service for veterans who want to be employed in the public service. We've already seen some benefits from that.

Mr. Gord Johns: Are you working with any of the private institutions to start to do that kind of work?

Ms. Faith McIntyre: Yes. The next piece of this is that we're very actively engaged in a career-transition employment strategy. Certainly at the heart of well-being—and we talked very much about what that means—is a sense of purpose. For some, that sense of purpose might be retiring and having a hobby. For others, that sense of purpose is returning to work. We know statistically that the sooner you return to work after an injury or illness, the more successful you will be in maintaining that employment and really having that sense of well-being. Our case-management and rehabilitation principles are very much built around the National Institute of Disability Management and Research.

Mr. Gord Johns: Is there a target number you want to get to in terms of caseworkers? The U.S. is at 30%. I know we're well off that.

Mr. Robert Cormier: To my knowledge, there are no targets that have been set. However, there are increasing numbers of veterans who are occupying these roles. We have a number of veterans playing a number of roles as employees.

Mr. Gord Johns: Will the government set a target? I think we need targets if we're going to get anywhere. We have to have a plan and we have to have targets. I think it's essential.

• (1235)

Mr. Robert Cormier: The veterans' perspective is an absolute invaluable one. They bring a perspective that we can't.

The Chair: Thank you. That is our time today.

On behalf of the committee, I'd like to thank every individual here who testified today and for all that you do and have done for our men and women who serve.

We're going to need to recess and clear the room and come back for committee business. Maybe we can just take five minutes and recess.

Thank you.

[Proceedings continue in camera]

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