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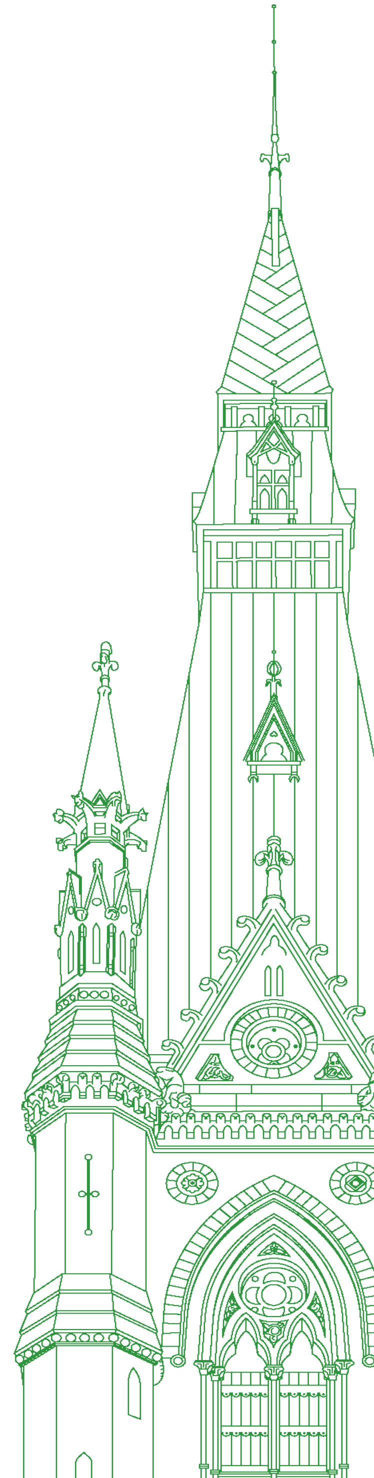

Chair: The Honourable John McKay

Standing Committee on National Defence

Friday, June 2, 2023

● (0845)

[*English*]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): I call this meeting to order. I see we have quorum. We are past the time to start already.

I have a couple of things that need to be dealt with immediately.

The first is the request for a travel budget. I would appreciate it if somebody would move it and somebody would second it. Hopefully there is no discussion about it, because we need it.

Mr. Bryan May (Cambridge, Lib.): Mr. Chair, I so move.

(Motion agreed to)

The Chair: The second item of national crisis is that the coffee is terrible. If anyone wants to slip a note to the chair, the chair would undertake to get sufficient coffee for members to get through the next two hours.

With that, we welcome our witnesses.

From Canadian Forces Morale and Welfare Services, we have Laurie Ogilvie, senior vice-president, military family services. Joining us from the Department of Veterans Affairs, by video conference, is Jane Hicks, acting director general, service delivery and program management. Steven Harris and Mark Roy are here in person.

With that, each of you have five minutes for an opening statement. We'll have one from Canadian Forces Morale and Welfare Services and one from Department of Veterans Affairs.

First, we'll go to Ms. Ogilvie.

[*Translation*]

Ms. Laurie Ogilvie (Senior Vice President, Military Family Services at Canadian Forces Morale and Welfare Services, Department of National Defence): Thank you, Mr. Chairman.

Good morning.

My name is Laurie Ogilvie and I am senior vice-president of military family services.

Military family services and personnel support programs are operational divisions of Canadian Forces morale and welfare services.

[*English*]

Canadian Forces Morale and Welfare Services directly supports the Canadian Armed Forces' operational readiness by contributing to and strengthening the mental, social, familial, physical and financial well-being of Canadian Armed Forces members, veterans and their respective families.

Core public funding is received for the delivery of services and programs deemed necessary by the Canadian Armed Forces. As the Canadian Armed Forces' service delivery partner, we are responsive to them as they remain the functional authority.

I am going to start today discussing the Soldier On program. It leverages the power of sport, recreation and creative activities to support an individual's recovery, rehabilitation and reintegration. Established in 2007 and expanded in 2019 to align with the Canadian Armed Forces transition group, the Soldier On program supports military personnel and veterans who have sustained a physical and/or mental health illness or injury while serving, whether attributable to service or not.

● (0850)

[*Translation*]

The Soldier On program has two key lines of operations to achieve its mandate.

[*English*]

The first is communication and outreach, including increasing awareness and facilitating access to programs. The second is the local, regional, national and international camps and events. Activities range from hockey, skiing, golf and yoga to more creative programs such as cooking classes, guitar lessons and woodworking.

You might be familiar with the Invictus Games, which is the highest-profile sporting event for ill and injured personnel. Sports, recreation and creative activities help break down some of the barriers to recovery and, with the support of their peers, a common thread and a shared perseverance is established.

Switching now to family-centred programs and services, most are delivered by us, the Canadian Forces Morale and Welfare Services, or through not-for-profit, provincially incorporated charitable organizations, namely military family resource centres.

Today programming is available in the areas of relocation preparedness, financial resilience, personal and familial health and community involvement. A few examples include emergency family care assistance, mental health counselling in person and virtually, family and intimate partner violence support, including an annual healthy relationships promotional campaign, a 24-7 crisis and referral line, emergency grants and loans, children and youth mental health counselling, educational counselling and non-clinical psychosocial supports, including the family version of road to mental readiness.

We also engage with national stakeholders to extend our capacity to offer services through a spousal employment network and virtual career fairs, telemedicine for relocating families, a pilot program to dispatch personal support workers to a family's home, the military family doctor network, a dedicated crisis text service with Kids Help Phone, and external partners and support through the Seamless Canada initiative.

In 2017, we introduced the veteran family program, which delivers services to medically releasing Canadian Armed Forces members, medically released veterans and their families. A veteran family program coordinator is available in every Canadian community to support the transition into post-service life. In 2022, we extended our telemedicine initiative to the veteran and family cohort.

Also in 2022, military family services formalized its support to transitioning families. Previously, a family liaison officer supported families of the ill and injured before and during the transition, and the veteran family program coordinator supported post-release. A family transition adviser has now been added to the transition centres to support those families of non-medically releasing members.

Beyond the services we provide, we work to ensure that members, veterans and their families have additional support accessing community and provincial systems of care to maintain their resilience in order to manage the transitions inherent to serving in the Canadian Armed Forces.

[*Translation*]

Thank you for your time, Mr. Chair.

I am pleased to answer the committee’s questions.

[*English*]

The Chair: Thank you very much.

Is it Ms. Hicks, or is it Mr. Harris?

Mr. Steven Harris (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): Chair, it will be me. I'll do the remarks.

Good morning, and thank you, Mr. Chair and committee members, for inviting us to appear on transition.

I'm Steven Harris. I'm the assistant deputy minister for service delivery, and I'm joined today by my colleagues Jane Hicks and Mark Roy.

As you well know, transition is the process of change from military to post-service life. While every member will experience transition, the experience is not the same for every member. A successful transition to civilian life is dependent on many factors, including health, financial security, housing, community integration, identity and employment or other purposeful activity. A large number of members are able to navigate this transition themselves or with minimal targeted assistance from available services and supports.

However, others have unmet needs or risks that may require more intensive or ongoing supports. For veterans with more complex needs, our case managers work directly with veterans to identify their goals, needs, assessments and a plan to achieve independence, health and well-being.

Both Veterans Affairs Canada and the Canadian Armed Forces are committed to supporting a seamless transition and improving outcomes for transitioning members. As a result, we focused our efforts on reducing the complexity of the transition process and enhancing the well-being of Canadian Armed Forces members and RCMP members, veterans and their families.

Since 2015, Veterans Affairs and the Canadian Armed Forces have been offering enhanced transition services to medically releasing members. This means that we engage earlier with medically releasing members and their families to provide coordinated and integrated support. Early intervention is critical to a successful transition process. We've increased service to medically releasing members during their pre-release stage of transition.

Although we've been working together to provide transition services for a considerable time, historically, there was a potential gap for non-medically releasing members. In 2019, in co-operation with the Canadian Armed Forces, we designed a new joint military-to-civilian transition process for non-medically releasing members and their families. As part of this process, transitioning members are supported by both Canadian Armed Forces transition advisers and VAC staff, who jointly provide assistance and planning. Following earlier trials, this new approach is being implemented nationally and will be fully operational as of March 2024.

● (0855)

[*Translation*]

Furthermore, Veterans Affairs Canada has a full or part-time presence in each of the 32 transition centres located on CAF bases and wings across the country. At each of these centres, Veterans Affairs Canada offers transition planning services, including transition interviews and outreach and training seminars. During a transition interview, Veterans Affairs Canada staff provide releasing members with advice on applying for Veterans Affairs Canada programs and align members with supports based on their needs.

Transition centre staff conduct briefings on each base and have face-to face seminars with CAF members considering transition to provide important information on available Veterans Affairs Canada benefits and services as well as information on services offered by other organizations. Enhanced transition training courses are available online, anytime, anywhere, and are mandatory for all releasing members and which cover a diverse range of topics.

In addition to these joint initiatives, Veterans Affairs Canada has a variety of other benefits and services in place to support releasing members with their transition. For instance, the veteran family program offers medically releasing CAF members and their families continued access to the military family resource centres and a suite of transition programs, courses and group sessions.

Under this program, we have also introduced a pilot program called the veteran family telemedicine service, which connects medically released veterans and their families to a national network of canadian licensed doctors, nurse practitioners, and healthcare providers who are accessible via video, audio or secure text messaging.

Other existing benefits and services include disability benefits to recognize and compensate CAF members and veterans for their service-related injuries.

On April 1, 2022, Veterans Affairs Canada launched a new mental health program where veterans that applied for certain mental health conditions automatically receive treatment benefits while their application is being processed.

[*English*]

Other important components of our work include support for education and employment. The education and training benefit provides funding for veterans to pursue education and training that will support them in a successful transition and position them to be more competitive in the civilian workforce. Career transition services help with career counselling, resumé writing and job search assistance.

Our objective is to ensure a standardized, personalized and professional transition approach that supports and empowers Canadian Armed Forces veterans and RCMP members, other veterans and their families, before, during and after their transition to life after service.

We're happy to take your questions.

The Chair: Thank you, Mr. Harris.

With that, we'll go to the six-minute round.

We'll have Mr. Kelly for six minutes.

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Thanks to all of our witnesses today.

I'd like to talk about the process for transferring family information and health documents when members are moved throughout Canada. This is an issue that's been identified before. I'm not sure who might be best to answer that.

Do you want to go first, Mr. Harris?

Mr. Steven Harris: There are a couple of different ways this might happen.

When you're talking about members during their service transferring between different postings, it's the responsibility of the Canadian Armed Forces to make sure their health information follows them. When they release from the Canadian Armed Forces, then it becomes work between Veterans Affairs Canada and the Canadian Armed Forces to ensure that Veterans Affairs can access medical records, where appropriate, to be able to establish eligibility criteria or compensation that might be required for veterans.

Mr. Pat Kelly: How long would it normally take for members who are still in the forces and are changing location to access health care in a new province when they've moved? I'll let you talk about that, and then talk about transition as well.

● (0900)

Mr. Steven Harris: Sure.

Once again, the Canadian Armed Forces would deliver health care services to members as they transition from one location geographically, provincially or otherwise. That would be its responsibility.

When a veteran leaves the service, how long would it take for them to access benefits and services? There are two streams. We have people who are still serving in the Canadian Armed Forces who apply for Veterans Affairs benefits, things like pain and suffering compensation and others. About 25% of applications we see for pain and suffering compensation come from still-serving members of the Canadian Armed Forces.

That means about 75% of them come after, so there are many who transition out of the military, realize they may have had impacts to their health as a result of their military service and may come back to us at Veterans Affairs a year later, five years later or even 25 years later, to say that they've had impacts from their service. At that time, we would go get their medical records from the military to be able to assess and make the determination of a service relationship to the injury they've suffered. That's easier in a digital age, but we still have a number of records that would still be in paper files, so we have to be able to go get them from wherever they're located within the Canadian Armed Forces or within the National Archives.

Mr. Pat Kelly: Has there been improvement to the communication between National Defence and Veterans Affairs?

We constantly hear of members who have sustained an injury and transitioned out of the forces, and then have to be reassessed for the same injury. We're talking about pretty obvious injuries in some cases. They are things that one ought not to have to re-prove over time.

Has there been improvement in this?

Mr. Steven Harris: The process is a bit different. The Canadian Armed Forces assesses its active personnel as to their capacity to fulfill the role that they're in. When it's been determined that they would be required to medically release—in other words, they can no longer perform the duties necessary—they would leave.

The assessment for Veterans Affairs programming may be different. We have to assess a service impact related to what it is. We have people who leave the Canadian Armed Forces for medical reasons that are not actually related to their service. They may have sustained an injury or an illness outside of the confines of their service.

That would be a determination that we need to make from a Veterans Affairs point of view, to understand that there's a relationship between their service and the injuries they've sustained.

Mr. Pat Kelly: I'll turn to Ms. Ogilvie.

You've spoken in the past about the importance of identifying family supports as part of operational readiness. Can you describe that?

Your remarks on the record are from quite a number of years ago. How is that going?

Ms. Laurie Ogilvie: In 2020, we completely changed the family support program to recognize the challenges that families are currently facing, not what they were facing 25 years ago. What we continually do is update the program to ensure that families are ready to be support or be supported in any of the operational changes.

For example, there's the introduction of telemedicine for relocating families. It was introduced to make sure that families don't have a break in access to medical service when they're relocating to different provinces. A number of years ago, we were successfully able to negotiate with all provinces and territories to waive the 90-day wait period for families to access medical care when they move to a new province.

It's those types of things that we try to do—and there are many more examples—to make sure that families are ready to support military members. During COVID, we found a number of different initiatives that we put in place, especially around spousal employment and access to mental health and child care, to be able to support.

Mr. Pat Kelly: Is there any research being done on this and how it impacts retention in the forces? We know of the crisis of recruitment, the crisis of retention and the crisis of personnel. This has been identified by almost every witness we've heard from within the department.

If a family can't get a family doctor after they move, if a spouse of serving personnel cannot access employment because of credential issues between provinces.... These are all things that would impact the career choice of a member.

Do you have statistics, numbers or research on factors that contribute to people choosing to leave the forces?

Ms. Laurie Ogilvie: Absolutely.

In my organization, we conduct research annually and do a community needs assessment. We also do research. The director general military research and analysis within the Canadian Armed Forces also conducts a quality of life survey every three years. That administration has just been completed, so we will be getting the statistics to be able to then adjust our programming based on what the data is.

● (0905)

The Chair: Thank you, Mr. Kelly.

If these documents are in a format that could be tabled with the committee, it would be helpful. I'm sure Mr. Kelly and other members would be interested.

We'll go to Ms. O'Connell for six minutes, please.

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Thank you, Mr. Chair.

Thank you, everyone, for being here today.

I wanted to start with you, Ms. Ogilvie.

In terms of accessing health care, we have heard from previous witnesses during this study—I think it was quite eye-opening—about the challenges in the sense that CAF members don't access provincial health care systems and don't carry a health card. I can imagine significant challenges with that at any given time.

In the last round of questioning, you spoke to some of the changes or things you've done to work with provinces and territories to help with this. Are there other gaps or issues that we're still facing to allow for serving members and their families to be able to access health care, or to deal with some of the provincial and territorial access issues?

Ms. Laurie Ogilvie: I will say that the biggest issue is actually access to physicians. The family doctor network that we established a number of years ago has very active participation by military families.

What we introduced during COVID—telemedicine, because people couldn't access the family doctor network—is intended to be in person. The problem with that is that, if there are an insufficient number of physicians in a particular province or community, there is going to be a gap in access to medical care. Telemedicine was also introduced to be able to at least offset that so that families aren't impacted if they need a referral to a specialist, or if a child is moving between provinces and needs an assessment to go into the school system.

We're trying as best we can, but the biggest issue is access to medical doctors.

Ms. Jennifer O'Connell: Thank you. That information is helpful because eventually, at the end of this study, we need to make recommendations. As much as I understand you're working hard on these issues, it's good for us to know where those gaps are or what still remains as a gap. Don't hesitate to send additional information as well.

This question is actually for both, so feel free to jump in, whoever.

I am curious about operational stress injuries because, when dealing with mental health, it's not like an injury when you break your arm on a given date and know exactly when that injury happened and move forward with the appropriate care. When it comes to things like operational stress injuries or other mental health needs, for some serving members or even veterans, they may not know the date on which the incident happened. If they've never suffered with mental health issues before, they may not even recognize within themselves what's happening. Therefore, they may not seek the care or wellness they need.

What, in your respective roles, are you outlining as some of the education-based things to look for, especially for those who have never experienced it before? How do they recognize some of the signs and symptoms and then seek help?

Mr. Steven Harris: Maybe I'll just start briefly to say that we have a lot of contact with veterans or Canadian Armed Forces members going through the transition process. We use assessment tools to understand what they may be facing in terms of issues or concerns.

Some of those are occupational stress injury issues. There may be other issues as well, so part of the interaction we have, including the early interaction, both on the Canadian Armed Forces side and on the Veterans Affairs side, is to make sure that we can have proper assessments with those individuals and with members of their families. If they are seeing issues as well, we can often bring in members of the families to sit with us as part of a transition interview.

Second, from an occupational stress injury point of view, we have clinics that are set up via Veterans Affairs, working with our provincial health counterparts in every area of the country, and satellites in other areas as well, that help to support occupational stress injuries. There are dedicated clinics that veterans and RCMP member veterans can access as well to be able to seek treatment for occupational stress injuries.

We've also implemented a centre of excellence on PTSD. It's called the Atlas Institute. It's developing both metrics and norms to share with family physicians and others who may see veterans and military families, to be able to recognize some of these cues and signs and help to address them and treat them.

● (0910)

Ms. Jennifer O'Connell: Ms. Ogilvie, would you like to add anything?

Ms. Laurie Ogilvie: Within the Canadian Armed Forces there is a psycho-educational program called road to mental readiness. Road to mental readiness is very similar to mental health first aid, in that it educates all members on signs, symptoms and help-seeking strategies for mental health. There is a parallel family program as well.

At all of the MFRCs across the country, we also have social workers who provide direct support to families and members, if it's a familial situation.

We also have virtual counselling, and then we also partner very closely with CF MAP, which is the Canadian Armed Forces member assistance program, which also offers psychosocial and counselling support for members.

[*Translation*]

The Chair: Mr. Desilets, you have six minutes.

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Thank you, Mr. Chair.

Welcome to our guests.

Before I ask my questions, I’d like to take a moment to discuss something that seems important to me and that seems important to francophones. The Standing Committee on Veterans Affairs, on which I sit, is currently conducting a lengthy study on women veterans. The study will span 23 meetings. Two weeks ago, this committee decided to stop referring to "*femmes vétéranes*" and start referring to "*vétéranes*"—something we’ve been talking about for a long time. This may seem trivial, but in French, the word "*vétérane*" does greater justice to these members of the armed forces.

From now on, the Standing Committee on Veterans Affairs and the Department of Veterans Affairs will use the term "*vétérane*". In my opinion, this is much more respectful of women. I mention this because I'd like the Standing Committee on National Defence to also use the designation "*vétéranes*", since Committee members will often use this term in French. The suggestion came from Ms. Sandra Perron. We're pleased that the Department of Veterans Affairs will now be using this designation, and we hope other departments will too.

Mr. Harris, we all know transition is a crucial time for anyone, man or woman, who has spent several years in the armed forces. The members the Standing Committee on Veterans Affairs have often heard is that this transition is very problematic. One of the issues raised was the fact that the Department of National Defence and Veterans Affairs Canada both work in silos, with little or no contact between the two departments. This leads to difficulties and problems in terms of the credibility of these two very important departments.

I'd like you to tell us about what has been done to try to break down these silos, so these departments talk to each other more.

Mr. Steven Harris: Mr. Chairman, I'd like to thank the member for mentioning that the department has just changed the designation to "vétérane". That's a very important change.

I'll ask Mr. Roy to answer your question, because he works with both Veterans Affairs Canada and the Canadian Armed Forces to support veterans in their transition to civilian life.

Mr. Mark Roy (Area Director Central Ontario, Department of Veterans Affairs): Good morning.

All our transition centres work directly with the Canadian Armed Forces during transition. At each of the military bases, there are employees working for the transition centres. During transition, the Canadian Armed Forces, Veterans Affairs Canada and military family services work together to help veterans and their families. During this time, we work hard to avert any risks that may arise for members of the armed forces.

If the armed forces are in a position to help people before they transition to civilian life, they do so. Members give their approval, and then we can help them. We try to offer them help during the transition period. In some cases, we'll work with the Canadian Armed Forces to extend the transition period. That may be necessary, for example, if there's a medical risk, if the member is too ill to undertake the transition, or if the member is at risk of becoming homeless.

As Mr. Harris briefly explained earlier, a series of questions are asked of the Forces member to conduct the risk assessment. In such cases, we work with the Canadian Armed Forces to try to reduce these risks.

● (0915)

Mr. Luc Desilets: Do all members of the military go through the transition centres?

Mr. Mark Roy: We're using the new transition program, and we're trying to see all the military members who are beginning their transition to civilian life. This important change took place in 2019, when we set up the new military-to-civilian transition program. We try to see all members, but it's not mandatory yet. Some retiring members of the Forces tell us they have everything they need and don't need any help. In some cases, the transition is smooth, but we do try to work with the majority of members.

Mr. Luc Desilets: Can you tell me how this works from a medical perspective, among other things? We know it's very difficult to have medical records forwarded for reasons that are sometimes obscure, sometimes for reasons of confidentiality. Is it easier for military personnel to have their medical records forwarded than it used to be?

Mr. Mark Roy: As Mr. Harris explained, we now live in a digital world. The medical records of members of the Canadian Armed Forces are entirely accessible in electronic format. No matter where military personnel transit or where they move during their career, their medical file follows them. It's instantaneous. If members go to their doctor on the day of their move, for example, their medical record will already be there.

Mr. Luc Desilets: The medical record follows them, but does it continue to follow them once they become veterans?

Mr. Steven Harris: Yes, the medical record does follow military personnel to some extent. It depends on their particular needs and the services they require. If members leave the Canadian Armed Forces and they don't require the services provided by Veterans Affairs, their medical file doesn't follow them and it's not provided to us. VAC intervenes in the process only when veterans express a need. VAC then requests access to their medical records to ensure that the department can meet their needs and support them with the many services it offers.

Mr. Luc Desilets: Thank you.

The Chair: Thank you, Mr. Desilets.

Ms. Mathyssen, you have six minutes.

[*English*]

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Thank you all for being here today.

Ms. Ogilvie, I wanted to ask. The CFMWS workforce comprises lots of military families within that. You said it's about 40%. Is that correct?

What kinds of positions do they fill for the military family positions?

Ms. Laurie Ogilvie: It's all of the positions. It can go from a clerk at CANEX, which is our retail store, all the way up to an executive within the organization. Through our military spousal employment network, we are one of the biggest employers there. Because of the portability of positions as families move from community to community, we have a footprint in every one of the communities. It allows the military family members to port their pensions and their tenure within the organization.

We have a preferred hiring practice for military families—lifeguards in the pools all the way up to executives.

Ms. Lindsay Mathyssen: In February, quite a few of those employees actually came to Parliament Hill and rallied outside the Prime Minister's Office, because they were talking about those employment standards, and the fact that they're being paid minimum wage. Can you speak to why, as an important part of that, they are not being paid a living wage?

● (0920)

Ms. Laurie Ogilvie: I can say that this year everybody is being paid a living wage. We're going through a pay equity program right now to ensure that everybody is being paid appropriately. All staff of the non-public funds—and that's through my organization—received a 6.8% pay increase this year to bring the salaries up to the level that is a living wage and is equivalent to other organizations.

Now, I must say that the military family resource centres on each of the bases and wings are not employed by my organization. Those are not-for-profit, provincially incorporated organizations. The employer of record is the volunteer board of directors of the organization. We don't manage what their pay structures are. However, they also all received a 6.8% salary increase, if that's what they would like to employ.

Ms. Lindsay Mathyssen: If they switch provinces—because minimum wages are different, and that level is different—does it stay the same or do they drop down? Is that consistent? Do they maintain whatever the highest wage they had was, or higher?

Ms. Laurie Ogilvie: It depends on the province. I'm not an expert in this, but part of the pay equity project that's ongoing right now is to make sure all the positions are equitable across the country, based on what the cost of living and the minimum wage standards are in each community.

Ms. Lindsay Mathyssen: When will the current postings you have on your website be changed to show that increase?

Ms. Laurie Ogilvie: It's now. The increase was applied as of April 1.

Ms. Lindsay Mathyssen: This is for Mr. Harris or Mr. Roy.

I got to sit briefly at the veterans affairs committee. One key issue we were dealing with at the time was the contracting out of services for social workers and case workers for veterans dealing with a number of issues. That transition is part of it, but having that consistent case worker was so key to being able to help specific veterans go through potentially difficult transitions, difficult times and difficult points in their lives.

It's now been about six months since a $570-million contract was awarded to Loblaw for veterans rehabilitation services. In fact, some of the medical health clinicians from Renfrew County wrote an op-ed to the department based on the major problems of that contract.

They said that the Veterans Affairs' “approach fails to understand the complexity of treating military-related trauma and demonstrates a universal lack of understanding of veterans' complex mental-health challenges.” It goes on to say that, “The PCVRS program appears to prioritize administrative processes over client care, being overly focused on timelines and rushing treatments, rather than understanding veterans' unique needs and the importance of a culturally competent approach.” They ended the letter by saying that, “We are not saving taxpayers' money; we're offering less, and lining the pockets of a private company.”

Can you talk about what consultations occurred? Were those frontline service providers who are core to that service provision consulted? What did they have to say at the time?

The Chair: Unfortunately, you have about 10 seconds to answer that question.

Ms. Lindsay Mathyssen: He can do it in 10 seconds.

Mr. Steven Harris: I was going to ask my colleague Ms. Hicks to answer, but in the interest of time, our providers were consulted. Veterans were consulted. Our staff were consulted. This is a continuation of what we were doing on a rehabilitation contract to ensure that we have the proper, professional supports in place to help meet veterans' needs. That's the continuation there.

I hope I can get a chance to offer some more as we go forward.

The Chair: Thank you, Ms. Mathyssen.

Mrs. Gallant, you have five minutes.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): This is for the person who is most qualified to answer this question.

On Monday, a young veteran and father of three was buried. After serving for decades, including stints with CSOR and JTF 2, he was abandoned by CAF when he needed mental health care.

Special forces must adhere to their oaths of secrecy for life. Why are there no mental health provisions for JTF 2 veterans to access necessary mental health care without breaking the law?

● (0925)

Mr. Steven Harris: First and foremost, I'm very saddened by the case you're raising here.

I'm not aware of the particular implement of restrictions for current JTF members to access mental health benefits. We do have a process in place to shield JTF members' identities when they're going through and accessing supports from Veterans Affairs benefits. Veterans should be able, no matter what, to access supports from Veterans Affairs or from other organizations to assure their support.

Mrs. Cheryl Gallant: Previously, JTF 2 veterans were unable to claim injury benefits because circumstances surrounding their injuries could not be shared between the defence department and Veterans Affairs.

Do the silos still exist between the two departments for mental health or has the government just not bothered to hire enough clinical psychologists with the required security clearances?

Mr. Steven Harris: We continue to have people in place—clinical psychologists—who are supporting veterans across all aspects of their well-being and mental health. I'm happy to follow up with the specifics on JTF members with you.

Mrs. Cheryl Gallant: In a prior study we heard that veterans' spouses are ignored when they called the suicide hotline. They're told it's only for the members themselves.

Has this situation changed?

Mr. Steven Harris: That's not correct. If anybody's having that experience of calling our VAC assistance line, which is available 24-7, and being told it's not for them, it is for veterans, for family members and for extended family as well. I would like to have any examples of that, so I can get that corrected as well.

The Chair: Mrs. Gallant, I should have said we're going to have to chop a minute off for everybody. You still have two minutes.

Mrs. Cheryl Gallant: Okay.

Why are the doctors who determine the need to medically release a soldier not used in the medical pension calculations? For civilians, it's the family doctor who completes the medical portion of the insurance or disability claim form. Why can't the same people be completing them for benefits for veterans?

Mr. Steven Harris: I'd have to defer you to our Canadian Armed Forces representatives to explain the role the Canadian Armed Forces' doctors have, which is not about medical assessment in terms of pension conditions. We have doctors who are in place and medical advisory that is in place to help support that, because we assess both the service relationship, which is important and which we're discussing here today, and the actual impact, the severity of it: What does that mean from a limitation point of view for that individual over the course of a lifetime beyond their military service?

It's a bit of a different look at the injury. Maybe it's the same in service or maybe not.

Mrs. Cheryl Gallant: Maybe it just requires a different form so it can at least be done. They're short of doctors to begin with, and it takes so much of a doctor's time. If it's already being done once, why is there the duplication?

What happens to a medical pension claim if a military doctor does not report a medical incident that occurs as a requirement of employment?

Mr. Steven Harris: There's a benefit of doubt principle there that, even if it does not appear in a medical record from the Canadian Armed Forces, if there's a likelihood, based on the description of the injury, that it is the case. There's a benefit of doubt principle in our own legislation and the way in which we pursue disability adjudication. If it seems likely that a member sustained a knee injury related to either repetitive trauma or a single trauma, even if it's not documented, I think, as you would understand, members of the committee and Mr. Chair, not all injuries are reported in the Canadian Armed Forces for a number of reasons.

Mrs. Cheryl Gallant: Okay.

The seamless medical care does not—

The Chair: Unfortunately, we're going to have to leave it there. It's past four minutes.

As you can see, colleagues, we're running the clock again.

Mr. May, you have four minutes.

Mr. Bryan May: Thank you, Mr. Chair.

If I could turn to Ms. Ogilvie, first of all, thank you to you and your team for all that do.

Last week, at Seamless Canada, for you, Mr. Chair, we were out at CFB Gagetown in Fredericton for our annual Seamless Canada meeting, and Ms. Ogilvie and her team made it seamless in terms of the organization. There was a great deal discussed on the day of the meeting. The day before, I was able to spend some time on the base speaking with CAF members of all ranks, and I heard some of the challenges. Health care kept coming up over and over again.

The theme for last week's meetings was child care and spousal employment and the challenges associated with that. It was important for me during that meeting to bring up the issues of health care. We were very excited and proud of the fact we were able to get the 90-day wait period for health cards wiped out across the country. That was a big step, but the message I got on the base was, “Great, we have a piece of plastic. We can't use it.”

Can you speak to some of the conversations we had at Seamless, some of the provinces that came forward in that incredible discussion around health care and some of the things they're hoping to be able to do at the provincial level?

● (0930)

Ms. Laurie Ogilvie: Absolutely. Thank you.

Again, I'll go back to the fact that the biggest challenge with health care right now is a lack of doctors in the communities and, more importantly, in the communities where military families are located. In Fredericton specifically around Gagetown, there is a lack of doctors, which is what is complicating access to medical care. It was very encouraging at Seamless Canada, the discussions around what the provinces and territories can do to be able to increase interest in physicians being in particular communities and supporting Canadian Armed Forces families.

One of the pieces—and I'll talk a little bit about it—is around the different pieces we're trying to do on educating family physicians on the unique needs of military families. We have a family physician guide that has been created and is with the College of Family Physicians, so the physicians themselves are getting education so they understand the need to support military families.

Wait-lists are another concern around getting in to family doctors. Some of the discussions that have happened at Seamless Canada, and I hope continue, are around protecting certain portions of the physician spaces to go to military families.

Mr. Bryan May: How much time do I have, Mr. Chair?

The Chair: You have 40 seconds.

Mr. Bryan May: I'll be very quick then, Mr. Chair.

One of the conversations I had was with one of the CAF members who was actually our driver around the base. She was originally from Fredericton and when she was posted in Borden, Ontario, she kept her family doctor in Fredericton because she couldn't find one in Ontario to accept her. Whenever they had issues, they literally went back to Fredericton.

This is a very common occurrence. On base, this is known by CAF members. You can look at the Reddit lines in terms of where good postings are for doctors and specific therapeutic care. I think we should really pay attention to working with the provinces to figure out ways to solve these issues.

The Chair: Thank you, Mr. May. That's certainly well worth noting.

Mr. Desilets.

[*Translation*]

Mr. Luc Desilets: Thank you, Mr. Chair.

Ms. Hicks, last Tuesday, our committee learned that the only action taken on the Arbour Report's recommendations was to change the name from “Sexual Misconduct Intervention Centre” to “Sexual Misconduct Support and Resource Centre.”

How do you explain this?

[*English*]

Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs): Steven, do you want to respond to that?

[*Translation*]

Mr. Steven Harris: I may be in a better position to answer that question.

I can’t speak for the Canadian Armed Forces when it comes to implementing recommendations related to their programs.

I can say, however, that at Veterans Affairs Canada, we are working closely with the Canadian Armed Forces and National Defence to support all recommendations and to help veterans who have unfortunately been victims of sexual misconduct.

We ensure that our department’s programs are well presented in all requests from the Canadian Armed Forces so that we can support them in implementing the recommendations that affect them.

● (0935)

The Chair: Thank you, Mr. Desilets.

Ms. Mathyssen, you have one minute and a half.

[*English*]

Ms. Lindsay Mathyssen: Just quickly, Ms. Ogilvie, you had mentioned that your website was entirely up to date. However, there are actually postings that are currently at minimum wage in Ontario. I would hope that you would check that and make sure that it's addressed.

I will go back to VAC with my other question. In terms of that $570-million contract of Loblaw, one of the key points that they made in this article from the Renfrew County folks was that there's an overall lack of program transparency, increased distress for veterans, duplication of interviews and the fact that many veterans, because of the frustrations that they already feel, which is then increased, have actually walked from service. Because of the money that's being referred and put online, put to these telemedicine opportunities and contracts, private contracts, they are unable to help clinicians who meet the standards for licensing, specifically with veterans' service problems.

Could you address that, please?

Mr. Steven Harris: Here, I might ask Jane to jump in for a short answer, please.

Ms. Jane Hicks: Certainly. There are significant efforts happening right now to work with our partners in Canadian veteran rehab services, PCVRS, to meet the needs of veterans. There are holistic assessments, which is a more integrated approach. We've been working with providers across the country and case managers. Where we're aware of issues, we've been working closely with providers and contractors and clients to address those in a timely manner.

The Chair: Thank you.

Mrs. Gallant, you have four minutes.

Mrs. Cheryl Gallant: Mr. Chairman, this seamless medical care does not occur for families being posted, nor does it occur for families being transitioned. They can go through an entire eight-year posting at Petawawa and never get to the top of the doctors' waiting list. The same goes for when they're transferring out.

Is it time for Canada to consider having military families, the spouses, treated on the base by the doctors who are already there?

Mr. Steven Harris: Again, that's a question that my Canadian Armed Forces colleagues would have to answer. We are looking to support, as Ms. Ogilvie has referenced, a telemedicine pilot to help support veterans and their families and transitioning members to be able to get access to at least temporary medical assistance in health, in terms of having a family doctor from a call, while they're waiting to get access through these provincial systems.

We recognize that challenge. We're working to help support it from a veteran point of view.

Mrs. Cheryl Gallant: Telemedicine doesn't work when a child has a specific medical condition for which they need a specialist. Again, going all the way from Petawawa to Fredericton or Halifax every time for a specialist is very taxing on a family. We're trying to rebuild the Canadian Armed Forces. These are exquisite times. Is it not time for a unique approach to taking care of the military families?

Mr. Steven Harris: I think that's actually the genesis of what Seamless Canada is really about. They're talking about it for certainly still-serving members, but the application for veterans and those transitioning out of the military is equally there. I participate as part of the Seamless Canada working group as well. I know that our provincial colleagues are recognizing the fact that they need to try to help address these situations. The member raised the situation of wait-lists for specialist appointments for families, for children and for others. This is a significant concern. It has impacts for, as we've discussed, recruitment, retention and other issues.

I'm not sure if Ms. Ogilvie wants to add to that.

Ms. Laurie Ogilvie: I also would have to defer to the Canadian Armed Forces. I will go back to my original point and say that there is the same lack of doctors within the Canadian Armed Forces as there is in the general Canadian population. It's a lack of doctors.

Mrs. Cheryl Gallant: Yes. They're already there, though.

For transitioning from one province to the next, how long does it take for the spouse and children to obtain provincial health care? I understand that it's only in unique circumstances that they will be granted elimination of the three-month waiting period.

Ms. Laurie Ogilvie: That was one of the discussions we had at Seamless Canada last week. It was around families not having to be already physically relocated into the community before being able to apply for a health card. The conversation we had was around whether provinces and territories would be willing to provide that exception so that, for instance, families in February, knowing that they're going from Gagetown to Borden in June, could apply for their health cards.

● (0940)

Mrs. Cheryl Gallant: It's posting time now. People are getting their marching orders on where they have to move. This isn't in place yet, so it's going to be yet another year at least before these waiting periods can be waived for the families and children.

Ms. Laurie Ogilvie: It's not a decision of the Canadian Armed Forces. It's a decision of the provinces and territories to do that. The answer is yes. There still will be a wait to be able to get your health card until you can go and give them your address in that particular community.

The Chair: Thank you, Ms. Gallant.

Ms. Lambropoulos, you have four minutes, please.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you, Chair.

I'd like to begin by thanking our witnesses for being here with us to answer some more questions.

I'll apologize in advance if you guys have touched a bit on this already, but I would like to get a bit of a deeper understanding to see if you have any recommendations on this specific issue. We've heard in past committee meetings that one of the biggest issues is that a lot of veterans often don't necessarily have issues upon discharge. The issues come up later. PTSD often shows up and creeps in a few years later on. It may not appear when they're discharged, when they have that caseworker specifically working with them on the issues that they're currently dealing with, so they often report having more difficulty receiving the support they need.

I know that there is support offered to all veterans who ask for it. That's what we've heard, but it does appear that they don't always know that they can ask for this, or they don't always know who to reach out to and where to go to receive the support. Do you think there is anything we can recommend in a study that would help either continue that relationship with the veteran or make it so that there's an easier process in place for them to receive the help they need?

Mr. Steven Harris: Maybe I'll start, and then ask Ms. Hicks to join in to answer.

There is no wrong time for a veteran to come forward to Veterans Affairs to seek benefits. We have programs that support people immediately upon their transition. We have programs that continue to support them through their progressive age and their changing needs, from rehabilitation or transition and supports in terms of education and career transition services, to supports in disability benefits, to supports in terms of income replacement, and on and on. There is no wrong time. We have people come to us at all ages, as you have noted, as the members noted, who may only discover they have a disability, or they may have a barrier as a result of their service later on in their life or their career. We need to do that.

From the point of view of the question of what else we can do, we need to continue to promote the benefits and services that Veterans Affairs has available at the time of transition, at the time of serving in the Canadian Armed Forces, through the rest of their lifetimes as well, to make sure that they're aware of those things. We certainly do that work now to try to make sure that people are aware of all the benefits and support services that are available, and we don't have a limitation. If people who have needs come to us, there is not a cap at a hundred veterans we can support at a time, or a thousand or ten thousand veterans. As many who need help and come forward can get the assistance they need, and we want to continue to promote that.

Maybe I could ask Ms. Hicks if she has some additional elements here.

Ms. Jane Hicks: There are just two points that I wanted to raise. Right now we are investing significant efforts in the transition process to make sure that all veterans are aware of the benefits and services when they release, and that they sign up for My VAC Account so we can push information out to them.

Also, we work with stakeholders and others to make sure that they are aware, so that if people come in touch with veterans who need assistance, they also know that they can refer them to us. We're really focusing on awareness and education at all levels—regional, local and national levels.

Ms. Emmanuella Lambropoulos: Thank you so much.

I have one last question. We have felt and have heard that there are cultural changes taking place in National Defence through the Arbour report and just in general. There are lots of changes being made so that gender is taken more into account and so that women's needs are better met. I'm wondering if this has also transferred onto Veterans Affairs. Can you comment on whether or not there is gender-based analysis plus being put into the programs that are being offered, whether that analysis is being used in the programs that are being offered, and whether or not there is anything specific being done for the women who have retired from the armed forces?

● (0945)

The Chair: Ms. Lambropoulos has blown through her time, but having said that, maybe you could just briefly respond.

Mr. Steven Harris: The short answer is yes. There are a number of things that are being done within the department to help support women veterans. A number of years ago, we started the office of women veterans and 2SLGBTQI+ to help assist and recognize some of the challenges that may be faced by women veterans in the community in terms of approaching and getting benefits from Veterans Affairs. We've made changes to our benefits structure and made changes to things like our table of disabilities, when we look at adjudication, to make sure there is equity and fairness in terms of what we're doing on that front.

We've held a number of forums and do routine consultation with women veterans to make sure that we're hearing from them about the challenges they're facing in making adjustments on that front. Perhaps I'll leave it there.

The Chair: Thank you, Ms. Lambropoulos. That brings this first hour to a close. On behalf of the committee, I wanted to thank all of you for your patience earlier in the week and for returning here today. That is greatly appreciated.

With that, colleagues, we'll suspend and then empanel.

● (0945)

_____________________(Pause)_____________________

● (0950)

The Chair: We're back on.

We have with us today virtually Dr. Ayla Azad, chief executive officer, Canadian Chiropractic Association. Dr. Andrew Bennett from Cardus is joining us in the room, and Dr. Matthew McDaniel, clinical director of the Veterans Transition Network, is also joining us on video conference.

We are already seven or eight minutes past where we should have been. I'm going to ask you to be very tight on your five-minute opening statements.

Colleagues, we're already going to have to chop some time.

Go ahead.

Mr. Pat Kelly: To that point, I don't want to waste more than about 15 seconds here. Doing witnesses in two panels like this contributes to our inability to get in rounds of questions. I would ask that, in the future, we run them together for two hours straight so we don't lose the transition time.

The Chair: Then we'd have to merge six people on the panel.

Mr. Pat Kelly: Exactly, yes.

The Chair: That creates its own problems.

Anyway, we're back to asking Dr. Ayla Azad for an opening five-minute statement. We'll go from there.

Thank you very much.

Dr. Ayla Azad (Chief Executive Officer, Canadian Chiropractic Association): Thank you, Mr. Chair.

I would like to begin by thanking the members of the Standing Committee on National Defence for inviting me on behalf of the Canadian Chiropractic Association and the 9,000 doctors of chiropractic across Canada we represent.

I'm sorry I missed you in person on Tuesday, but I'm happy to join you virtually this morning.

I want to acknowledge that I'm joining you from the traditional lands of the Haudenosaunee, Huron-Wendat and Anishinabe nations, and it is my honour and privilege to be here.

It's takes eight years of education and 4,500 hours of clinical training to become a doctor of chiropractic. Chiropractors are trained to be primary care contact professionals with the ability to assess, diagnose and treat spinal, muscle, nerve and joint conditions, also known as musculoskeletal, or MSK, conditions. These conditions such as back pain, headaches and neck pain have a devastating impact on Canadians' health, quality of life, workforce participation and the economy. According to the World Health Organization, MSK conditions, specifically low back pain, are the leading causes of disability around the globe, and more than a 11 million Canadians suffer from musculoskeletal conditions every year.

Due to the physical demands put on active military personnel, MSK conditions like back and neck pain are double that of the general population. MSK injuries are also a major occupational risk for a military career and are responsible for 42% of medical releases. These conditions are a key issue for transition services, as 59% of Canadian Armed Forces veterans who report difficult adjustment to civilian life had chronic pain.

We are all here today because we want to help our women and men in uniform stay healthy and pain free. We feel chiropractors are part of the solution, but there are two barriers we want to bring to your attention, barriers to access to care and inadequate benefits coverage.

Yes, armed forces members do have access to some chiropractic care, but in order to receive treatment, they first need to get a referral from the on-base clinician. Most Canadians can simply walk into a chiropractor's office to get care. The requirement of a referral before accessing chiropractic care is not required in any provincial or national health regulation and is not best practice in the health insurance industry. Veterans in the RCMP can seek care when they are in pain without this requirement.

There's well-documented research that patient-centred care includes choice of provider. This results in improved outcomes. Some people respond well to physiotherapy. Some people respond well to chiropractic. Some may need both. It seems disrespectful that our brave Canadian Armed Forces members don't have the same choice and require a referral.

This requirement also takes time. It takes time to see a physician. They take a history. They have to perform their own assessment, and then usually the patient is required to first try a course of treatment with on-base staff. Then, when that doesn't work, they might get a referral to book an appointment with a chiropractor, who then has to go through their own processes. This causes significant delay in accessing care.

As a clinician and a chiropractor, I know the sooner I can see the patient, the shorter the recovery period and the better the outcomes. When care is delayed, acute cases become more complex and potentially chronic. We hear stories of Canadian Armed Forces members waiting weeks to get their required referral. Many are paying out of pocket so they don't need to jump through these hoops. At a time when health care human resources are spread thin in the armed forces and across Canada, we need to streamline and reduce duplication.

Secondly, the benefits offered through Medavie Blue Cross only cover 10 visits. This might be enough to cover an acute case of injury, but we know that MSK conditions like low back pain can reoccur, and there is a chronicity to them. Veterans, for example, get access to 20 visits.

Our chiropractors are ready and willing to follow the protocols and reporting requirements that are necessary to interface with the armed forces. We already have the training to do so. Culture change is hard and takes time, but we are asking this committee to encourage the removal of the barriers that are preventing Canadian Armed Forces members from getting the care they need. The prevalence of MSK conditions among active service members means chiropractic can play a role in improving health outcomes and quality of life.

We feel that the brave women and men of our armed forces deserve choice and the very best in health care.

Thank you again for inviting me to appear before the committee.

● (0955)

The Chair: Thank you.

Dr. Bennett, you have five minutes, please.

Dr. Andrew P.W. Bennett (Director, Cardus): Thank you, Mr. Chair.

I'd like to thank you and the committee members for the opportunity to appear before the standing committee this morning to speak about what I would see as an under-examined aspect of health and transition services provided to Canadian Armed Forces personnel and veterans, and that is their spiritual or pastoral care.

While I am not a chaplain and have not provided pastoral care to veterans or armed forces personnel, as an ordained deacon in the Ukrainian Greek Catholic Church, I regularly provide pastoral care and spiritual direction to men and women from a variety of backgrounds and situations.

I'm also able to speak on these questions given my previous role as Canada's ambassador for religious freedom and my ongoing work in this area.

In the Christian tradition, as well as in the Jewish, Muslim and certain other traditions, we understand that the human being has a tripartite nature composed of a body, mind and soul. Each part works in concert with the other two to ensure a healthy and thriving person.

When the body is weakened by injury or disease, it can impact the psychological well-being of the person. Various forms of psychological distress and mental illness can have impacts on the physical body. Likewise, when a person is experiencing existential crises related to their search for meaning and truth, it can impact the physical and mental aspects of the person as well.

We all confront in our lives certain existential questions such as, who am I? Who am I in relationship to others? Who am I in relationship to the world? Who am I in relationship to God or to an ultimate truth according to a given philosophical tradition? The ongoing wrestling with these questions is part of our humanity.

These questions often come particularly to the fore in times of personal crisis or in times when we place ourselves in harm's way, in conflict, as do the members of the Canadian Armed Forces on a daily basis. All of us are hard-wired to seek meaning, to discover what is true and then to govern our lives according to that truth. In short, we cannot separate out our rational and physical selves from our spiritual self.

Given this reality, it is critical that, in addition to services and treatments that support the physical and mental health of Canadian Armed Forces' personnel and veterans, they also be given access to high-quality care for their spiritual health. The skilled personnel of the Royal Canadian Chaplain Service are at the forefront of providing this care, as well as reflecting the growing religious diversity of the armed forces.

These men and women, both clerical and lay, collectively play an indispensable role in the ongoing spiritual health of our men and women in uniform and after they have left service. Pastoral care is also indispensable to aid in spiritual healing, healing that has beneficial outcomes for the whole person.

In providing essential spiritual care to CAF personnel and veterans, chaplains must be able to provide that care and counsel fully informed by the teachings and beliefs of their particular faith. They must be fully able to exercise their freedom of religion in doing so and thus minister to others in a way that is integrated and authentic, bearing faithful witness to what they confess to be true. This freedom must not be unduly hindered such as through a mandated requirement to adhere to a prevailing secular creed or to conform to a political ideology of any stripe. These religious truths are timeless.

The essential work of armed forces' chaplains of all religious and philosophical traditions must be protected and encouraged, all while upholding freedom of religion and conscience for chaplains and those whom they serve.

As such, I'd like to recommend that this committee and its report on this study call upon the Minister of National Defence to firmly and publicly reject the discriminatory sections of recommendation 6, “Re-Defining Chaplaincy”, contained in the April 25, 2022, final report of the Minister of National Defence’s advisory panel on systemic racism and discrimination.

Further, this standing committee could recommend that all Canadians, regardless of their religious or philosophical tradition, whether that be theistic, secular humanist or atheistic, be supported through the pastoral services of CAF chaplains as they serve our country.

I would also recommend the establishment of a permanent committee of religious leaders who report jointly to the Minister of National Defence and to the chaplain general on an annual basis regarding the integrity of the Royal Canadian Chaplain Service. Among its principal roles, the permanent committee would serve as a consultative body to ensure and promote ways of advancing and maintaining the religious diversity with the service, serve as an arm's-length representative body of religious leaders and investigate and report on violations of the freedom of religion or conscience within the service.

● (1000)

Thank you.

The Chair: Thank you, Dr. Bennett.

We'll go to Dr. McDaniel for the final five minutes, please.

Mr. Matthew McDaniel (National Clinical Director, Veterans Transition Network): Hello and thank you for the opportunity to speak today.

I'd like to acknowledge that I'm on the unceded traditional territories of the Musqueam, Squamish and Tsleil-Waututh nations.

My name is Dr. Matthew McDaniel. I'm the clinical director at the Veterans Transition Network, or VTN. We are a registered charity that provides counselling and transition programs for veterans and service members of the Canadian Armed Forces across Canada.

I have 20 years of experience working with people facing undersupported mental health disorders, with a focus on frontline workers, first responders and veterans. I see first-hand the cost of these groups falling through the cracks. When that happens, the first responder or the veteran pays a heavy cost and so do their families and their communities. This impact spreads across our society.

My doctoral research centred on supporting these at-risk populations. I joined VTN to try to address and mitigate systemic risk. I oversee our highly effective transition programming as we continue to expand services. We're attempting to reduce the rippling personal and societal impacts of impeded transition.

The Veterans Transition Network was initially developed at the University of British Columbia in 1998 and was refined over 15 years. We were established as a charity in 2012 in order to expand our services free of charge. We offer specialized transition services for both men and women in English and French. Last year, 20% of our programs were in French and 40% were for women.

My testimony will focus on recommendations for the in-house transition programming developed by the Canadian Armed Forces transition group. These recommendations are based on our years of experience helping veterans and service members resolve trauma, improve family relationships and transition into civilian life.

I have three major recommendations to make.

The first is that transition services must be specialized. Research indicates that most veterans transition relatively successfully into civilian life. However, between 25% and 38% of veterans report difficulty transitioning. This struggle is correlated with some specific service factors. These are medical release from the military, including release for mental health conditions, longer service history and service in the junior ranks, the regular forces, the army and combat arms.

In addition, women veterans often struggle more significantly in their transition because of the high rate of military sexual trauma that they experience. Women are a minority in the military and this affects their service experience and transition. Women often experience something called “sanctuary trauma”, which is a traumatic injury from a person or institution that's believed to be safe. This requires specialized programming to address.

If transition services are going to be successful, they must be built with the needs of these groups specifically in mind.

The second recommendation is that transition services must be involved and proactive. One of our program founders, Dr. Marv Westwood, says that you don't talk your way into PTSD, and you can't talk your way out of it. The same is true of military service and transition. Veterans did not talk their way into military service skills. They engaged with practical behavioural training. They need the same as they transition into civilian life.

Transition is not simply a change in employment. It's a deeply significant psychological and social process. Helping someone who is struggling with that process requires an involved approach.PowerPoint alone is not enough. Active skills rehearsal in a connected social environment is necessary. For transition services to be valuable for those groups who need it most, it must involve a hands-on approach that includes active, socially situated skills rehearsal.

Third, transition needs social support. The common factor for all psychological treatments is social support. The relationship with the veteran's therapist is pivotal and veteran relationships with the supportive people in their lives are also pivotal. When service members leave the military, they often leave behind their dominant social support network. This hinders their ability to cope with transition challenges. Building social support outside the military community becomes crucial for successful transition. Group-based programs address this need by jump-starting social support skills and connection outside of a military context.

A successful transition service must also incorporate components designed to enhance veteran social support.

Thank you for your time. I welcome your questions here.

● (1005)

The Chair: Thank you, Dr. McDaniel.

We have a six-minute round, but I think that, in light of the time, we're going to have to make it a five-minute round, starting with Mr. Kelly.

Mr. Pat Kelly: Thank you, witnesses.

Dr. McDaniel, one of the initiatives of your organization was to financially support Afghan interpreters.

There were media reports that, after your initiative wound down, the federal government was taking steps to reduce its support and reduce its relocation program. Is there a need for the federal government to reverse this decision and increase efforts to ensure the safety of these individuals?

Mr. Matthew McDaniel: Despite the shift in the landscape around this, we are continuing to do that work. We would love to continue doing that work, and any support that the government or other groups could give us in doing that would be fantastic.

Mr. Pat Kelly: You're to be commended for the work, to be sure.

Would you not agree that it's really the responsibility of government to support this work and ensure that the work is undertaken and that we protect those whose lives continue to be at risk for their support of Canadians?

Mr. Matthew McDaniel: I think that for all of the people in Canada who are making sacrifices for the country and the people involved with supporting Canada, we have a responsibility to be supporting all those groups. That goes for our veterans as well as the folks we are supporting around the transition out of Afghanistan.

● (1010)

Mr. Pat Kelly: During our last meeting on this study, the veterans ombudsman, Mr. Lick said, “In 2016 we released reports on three investigations: one on operational stress injuries in the primary reserves and two focusing on the process of transition from military to civilian life.” He also went on to say that these reports between them contained eight recommendations, seven of which were accepted by the minister, but none were fully implemented.

First of all, would you agree with that assessment?

Do you want to comment on the importance of implementing the recommendations of our ombudsman, and also, indeed, those from parliamentary committees that have also made recommendations to the government in support of veterans in transition?

Mr. Matthew McDaniel: I and a lot of people would love it if all of those recommendations were fully followed through. I am aware that these things take time, and sometimes there are complications involved. All I can say is that I'm in full support of our continuing to work on those recommendations.

Mr. Pat Kelly: These recommendations were made in 2016 and are not implemented. Does that concern you, that seven years after these recommendations were made, none have been implemented?

Mr. Matthew McDaniel: I don't know if “concern” is the right word, but it certainly requires a lot of patience. As I said, I'm in support of continuing to work on those, even though this much time has passed,

Mr. Pat Kelly: Do I have any time left, Mr. Chair?

The Chair: You have two minutes.

Mr. Pat Kelly: Wow.

The transition process, let's us talk about that for CAF members. What would you say, on behalf of your organization, are the most important or the major issues facing CAF members transitioning?

Mr. Matthew McDaniel: We see two major categories of concern in transitioning. The first has to do with the context and culture change between working with the armed forces and working with civilian populations. There are norms around communications, around presentation and around a mission-critical attitude that requires some assistance with communication skills and with presenting themselves—these very skilled, knowledgeable people who exit our armed forces—to a civilian population. I would call this transition challenges.

The second category, which we see most often, has to do with occupational stress injuries, mental health concerns and physical health concerns that require ongoing support, and sometimes, in the case of something like PTSD, some targeted interventions that can help reduce the effects of those occupational stress injuries, so that these folks are able to function better once they're released.

Mr. Pat Kelly: Do you have a specific process fix that you would like to get on the record as a potential recommendation from this committee?

Mr. Matthew McDaniel: Of the three recommendations that I made, they're all quite important, but I think the one I really want to drive home is that transition services really do need to be integrated. They need to involve active skills rehearsal, and they need to involve social support. It can't just be some kind of online workshop. It can't just be some kind of PowerPoint situation. Actually, much like entering the military with practical behavioural training in order to learn the skills to enter the military, they need practical behavioural training in order to transition out of the military.

The Chair: Thank you, Mr. Kelly.

Mr. Sousa, you have five minutes, please.

Mr. Charles Sousa (Mississauga—Lakeshore, Lib.): Thank you, Mr. Chair.

Thank you to the witnesses for their testimony.

Dr. Azad, you and I had a chance to speak last week. I appreciated your comments and your delivery today.

My questions are to Mr. McDaniel. I was really taken by your recommendations. I thought they were excellent. I really appreciated your notion of integrated care and proactive care. It's almost as though you're advising us to take preventative measures in the support of the transition.

Are the trends of mental health over the past year consistent, or are they expanded in CAF and in the transition relative to the general population? Do you see that changing? Explain to us where we're at here.

Mr. Matthew McDaniel: It's really hard to address mental health concerns if society writ large does not acknowledge that those mental health concerns exist. We've seen over the years more and more acknowledgement of some of the mental health challenges that not only people in the civilian populations but in the military populations struggle with. The biggest example is PTSD, which used to be shell shock and which was nothing before that. We are similarly seeing certain things now starting to be acknowledged so that we can help with them. I named something called “sanctuary trauma”. That's not something that I would bet most of the people here have heard as a term before, but it's quite apt for what some people experience with the military.

The other thing that we're looking at much more now is moral injury, which has to do with when people participate in an action or behaviour that goes against their ideals, their values or their deeply held beliefs about how life should be. When something happens that contradicts those, a person can go through an identity crisis and, in fact, a crisis about whether they can live life in the same way anymore.

You mentioned preventative care. If we can get in and address some of those mental health concerns I just named, including PTSD, moral injury and sanctuary trauma, before they fester, we can prevent a whole tail of other challenges that happen, including relationship and family breakups and unemployment. Homelessness can be connected to a lack of preventative care in some situations.

I think I'm kind of running with this answer, so I'm going to stop myself right now.

● (1015)

Mr. Charles Sousa: I'm very interested in it, because, by what you've identified, it seems that there are more at-risk situations in CAF and in the transition than there are in the general population. You're talking about cases of 25% to 30%. How do you then manage that preventative or that proactive measure, like your recommendation number two? That's a big piece. How do you do that?

Mr. Matthew McDaniel: Yes, I would love to see this integrated on a policy level, where programs such as the ones that VTN offer are something that's available every time, including screenings, whether just for transition challenges or more occupational stress challenges, to make sure of hitting each member as they leave the service rather than waiting until that member expresses a distress to the point where more intensive and expensive interventions are necessary.

Mr. Charles Sousa: Your recommendation number two helps with regard to the social support and building of relationships, because people gather through your sanctuary care or the fact that they're feeling neglected or lost as a result of moving out of that network and support systems.

Mr. Matthew McDaniel: If all of us think about the things that make it easier for us to meet the challenges in our lives, I would bet that we're all thinking about the important people in our lives and how they make it okay for us to face those challenges. Similarly, armed forces members are going from a very socially integrated, tight community to a place where that's not guaranteed for them anymore, and we can do a lot of good by helping them, as I say, jump-start that social connection in a non-military context.

Mr. Charles Sousa: Is a cultural change happening now as a result? You cited some of the women's issues. We're very concerned about what's happening to women veterans. Is that changing? Are you seeing a more positive outcome now or an improvement?

Mr. Matthew McDaniel: I'm seeing an improvement. I think we're just getting started. As I say, society has to acknowledge something exists before we can take care of it, and we are now acknowledging that some of these challenges exist. Meetings like this are a sign that we're looking to take care of them.

Mr. Charles Sousa: Thank you very much.

That's it for me, Chair.

The Chair: Thank you, Mr. Sousa.

[*Translation*]

Mr. Desilets, you have five minutes.

Mr. Luc Desilets: Mr. McDaniel, on the subject of mental health, when members have had psychological care for 10 or 15 years and they move from military to civilian life, can they keep seeing the same psychologist?

[*English*]

Mr. Matthew McDaniel: Not in all cases.... Often a psychologist is employed or contracted specifically by either the Canadian Forces, Veterans Affairs or privately. There are opportunities in which people are able to continue. I have a private practice as well with a number of clients I see transition from the service to after service. This is not the case for all members.

[*Translation*]

Mr. Luc Desilets: Thank you.

I was a little surprised and taken aback by the figures you mentioned earlier, when you said that 25% to 38% of transition cases experienced difficulties.

What do you think makes it even more difficult for woman veterans to experience a healthy or serene transition?

[*English*]

Mr. Matthew McDaniel: Women represent the minority in the military. I was just, as you were talking, trying to look up the figure so that I could cite here the percentage of women versus other genders in the military, but they're in the minority. Minority populations face additional challenges. They have less social support. They have less normalization of their experiences. Also, we have found that military sexual trauma especially affects women. That is an added and very complicated and detrimental barrier to their transition and their lives.

Actually, to tag on to that, because I mentioned sanctuary trauma, women are hoping that the military and the people in authority over them are safe. They go in with that belief. When that belief is shattered, that's an additional thing that needs to be addressed as they transition, if they're going to do so, in the most successful way.

● (1020)

[*Translation*]

Mr. Luc Desilets: Thank you.

Do you think trauma is adequately documented in the system, particularly sexual trauma suffered by women veterans?

[*English*]

Mr. Matthew McDaniel: I think the system is making great improvements in documenting this sufficiently.

[*Translation*]

Mr. Luc Desilets: So it’s not adequately documented, but things are improving.

Why do we find it hard to perceive the distinctive aspects of women veterans? They’ve been in combat for 40 years. That’s a known fact.

[*English*]

Mr. Matthew McDaniel: I know that I continue to repeat this point, but mental health challenges and personal struggles cannot be addressed unless society acknowledges they exist. Our society has made great strides in acknowledging the challenges of minority populations and of women in the past years, and this cultural shift is affecting institutions like the armed forces. I believe that is increasing our ability to acknowledge these things.

In the past, society writ large, including society's institutions like the armed forces, has silenced behaviour of this kind and people talking about behaviour of this kind. I'm very glad that this is changing now.

[*Translation*]

Mr. Luc Desilets: That’s interesting. You seem very optimistic to me, and that’s a good thing.

On another note, I’d like to know who funds your organization.

[*English*]

Mr. Matthew McDaniel: Our organization has a combination of funding through Veterans Affairs and private donors. It's a tapestry of different funders supporting us.

I'm very happy that we are able to have that funding. I think it's really important that our programs are free for the people who use them.

[*Translation*]

Mr. Luc Desilets: Do you have the necessary funding to meet demand and fulfill your mandate?

[*English*]

Mr. Matthew McDaniel: This is a question of how much we can do. The more funding we receive, the more we are able to do. To date, we are serving 160 veterans per year through our programs. The more funding we're able to attain, the more we can do.

In addition, we recently received funding from a private donor to begin a couples transition program. I've mentioned that these challenges don't just affect the individual. They affect the couple. They affect the community and society writ large. That funding is allowing us to expand what we do to not just address the challenges within one person, but to also address the challenges they experience with the people in their lives. Often, the spouse of a veteran who has transitioned is doing a lot of heavy lifting in helping them transition as well. I'm very glad that additional funding is allowing us to address that challenge as well.

As we continue to grow, we're hoping to expand our programming.

The Chair: Thank you, Monsieur Desilets.

[*Translation*]

Mr. Luc Desilets: Mr. McDaniel, thank you for your clear and concise answers.

[*English*]

The Chair: Ms. Mathyssen, you have five minutes.

Ms. Lindsay Mathyssen: Thank you to the witnesses for appearing today.

Mr. McDaniel, I referenced in the previous panel an opinion piece that was presented by health clinicians from Renfrew County who are trying to provide services to Veterans Affairs Canada. One of the quotes from their article said, “The ability to care for psychologically injured veterans is a skill set that requires particular training and education, and years of experience.” They were talking about it in reference to that farming out and privatization of a lot of these services. Of course, we've heard that from a lot of the caseworkers who work within Veterans Affairs.

You spoke about that sanctuary trauma and the consistency that's required for those with that special skill set to be able to address that and handle it over time. Can you talk about the fact that, if we're going to work within that consistency, then we're going to have someone who's able to delve into those cases to have consistency for a veteran who's dealing with a lot of psychological trauma? How does that all work together, and what's the importance of trusting someone consistently and not have it farmed out in these ways to a company like Loblaw?

● (1025)

Mr. Matthew McDaniel: One of the themes that I'm attempting to get across here is that these are not individual concerns and that these are connected. We are connected. Part of that connection involves that transition does need consistency, as you're talking about, or would benefit from consistency.

I can't speak to the challenges of.... Well, I can speak. I'm more explicitly going to say that, whether support services for veterans are in-house, a public service or privatized, it has to be consistent so that they can rebuild trust—as you're talking about. Even if it is privatized, that has to be woven into the fabric of public services. It can't be an independent entity. All of us need to be working together.

I'm encouraged that you have a number of different support people on this panel right now. We all need to be working together. The other members of the panel and I need to be working together on this, whether we're private or public.

Ms. Lindsay Mathyssen: It's interesting that you had talked about sanctuary trauma. I hadn't heard that term before. I'm hoping that makes it into this report as something that has further funding or a specific focus on it.

I've often heard that a lot of the trauma that veterans have is generational. They had a family member who served, the trauma was carried into that family, and the children who then serve are looking for that same sanctuary. Can you talk about that a little bit more?

Also, you spoke about women looking for that sanctuary more so, trusting in an institution that then doesn't represent them as a minority. Can you talk about and expand on how that would impact people who are gay or from the LGBTQI2S community? How would that impact them? Are there studies or numbers that we could use that you could bring forward?

Mr. Matthew McDaniel: You've brought up two different things here. The first has to do with intergenerational trauma, and the second has to do with minority populations.

To speak to intergenerational trauma, one of the largest correlates with mental health challenges and the development of PTSD is that, rather than a person experiencing something stressful or traumatic and having it convert into PTSD, it has to do with a history of traumatic incidents in their lives. The more traumatic incidents you experience through your childhood and into adulthood, the more likely it is that you will develop PTSD. That rolls forward too. If we don't manage to address those concerns, they can then be passed forward as that person who is facing some mental health challenges passes a bit of that onto their kids.

My second point to that is that most of the people in the professions that I work with—first responders, frontline workers, veterans—do this because it's deeply meaningful to them. They see this as service. They have found a way to give back to society and make their lives make sense from a service perspective. Because of that, they feel like they have found a family, and a group that accepts them and is on the same mission they are on regarding this existential need to serve. When that falls apart, when the institution falls apart, they also lose their sense of purpose in life. That's damaged as well.

Both of these concerns of intergenerational trauma and a loss of direction and meaning in life can be addressed with preventative care if we get to these folks right away and keep this from going forward. I'm suggesting that our transition services aren't just affecting that 25% to 30% of people who have trouble with transitioning. This is preventing, perhaps, future generations from having these same challenges. We need to take that very seriously.

The Chair: Excuse me, Dr. McDaniel. We'll have to leave it there.

We have fifteen minutes and 25 minutes of questions. This isn't going to work.

You have four minutes each, starting with either Mrs. Gallant or Mrs. Kramp-Neuman.

Ms. Kramp-Neuman, you have four minutes.

● (1030)

Mrs. Shelby Kramp-Neuman (Hastings—Lennox and Addington, CPC): Thank you.

Dr. Bennett, thank you for being here.

My first question is this: For many, religion can play a very important source of morale for our Canadian Armed Forces who are being faced with combat. At this time, is the Department of National Defence doing enough to provide support and resources to the CAF?

Dr. Andrew P.W. Bennett: I think, again, I would really hold up the work of the chaplaincy service, but that chaplaincy service needs to be broadened. It needs to reflect the greater religious diversity in the country. I would certainly favour the expansion of that chaplaincy service to reflect different beliefs and different religious traditions.

Mrs. Shelby Kramp-Neuman: Do you believe that the current resources we possess are at risk of being eroded or cut in the name of secularism?

Dr. Andrew P.W. Bennett: I don't know if it's in the name of secularism. It's in the name of something. I think certainly some of the recommendations that have come forward recently, which I referenced in my remarks, are problematic, because they would effectively exclude from the chaplaincy service a large swath of religious traditions that maybe do not conform with particular views that are being advanced.

Mrs. Shelby Kramp-Neuman: In the past you've been interviewed stating that anti-Christian, anti-Muslim, anti-Catholic and anti-Semitic views are all on the rise. How has this progressed since 2021, and how do you believe this has impacted CAF?

Dr. Andrew P.W. Bennett: I can't comment necessarily on how it has impacted the Canadian Armed Forces, but certainly, in terms of society, StatsCan has demonstrated in its crime reporting survey that there have been increases in anti-religious hate crimes, particularly against Jews—anti-Semitism continues to be a major problem in the country—and certainly there's a significant increase in anti-Catholic hate crimes.

That obviously can trickle down into different parts of society, but I think it's very important that we recognize that religion is something that is deeply important to a significant number of Canadians, and certainly that would be to a significant number of members of the armed forces, who, as Dr. McDaniel mentioned, can often suffer grave moral injury. They're trying to make sense of what is true and what things mean, and they often need support to address those questions.

Mrs. Shelby Kramp-Neuman: Thank you.

In January of 2022, the Minister of National Defence's advisory panel on systemic racism and discrimination released its final report. In it they made four recommendations. A quick glance, though, at annex E—you may be familiar with it—of the report appears to show that the panel, comprised of four individuals, only met with two different organizations with a religious focus, that of the Centre for Israel and Jewish Affairs and the Royal Canadian Chaplain Service.

Do you believe the panel did their due diligence when taking a look at the question of reforming the CAF chaplaincy?

Dr. Andrew P.W. Bennett: No, they did not do their due diligence. I would recommend that they should have consulted more religious leaders, certainly a broader range of religious traditions that are represented in the country, and they could have had maybe a bit of a broader view on the importance of the chaplaincy service and how it could be strengthened.

Mrs. Shelby Kramp-Neuman: Thank you.

Last, could you possibly describe how religious supports could also be extended to family members or loved ones of those in the CAF?

Dr. Andrew P.W. Bennett: In terms of the role of chaplains, chaplains provide pastoral care, and it doesn't stop once you're outside the armed forces or if you're not yourself an armed forces member but you're part of an armed forces family. The chaplain or padre can play a major role, often when there's not easy access to other religious leaders when serving or when on base. I think ensuring that those chaplains are present, readily available and have the resources they need to provide that care to families more broadly is really critical.

Mrs. Shelby Kramp-Neuman: Could you elaborate on what you feel is at risk if the CAF loses access to those religious supports?

The Chair: Be very brief, please.

Dr. Andrew P.W. Bennett: What is at risk is that you would marginalize significant portions of the Canadian population, and, by extension, the CAF population who adhere to certain religious traditions, who would effectively not be able to have chaplains were these recommendations to go forward.

The Chair: Thank you, Ms. Kramp-Neuman.

Mr. Fisher, you have four minutes.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair.

I want to thank the witnesses for being here today and for sharing your testimony.

Dr. McDaniel, transition is an incredibly complex process. It probably shouldn't be, but it seems to be. It seems that the majority of the onus is put on the individual, the transitioning member, for that very complex process. I was going to ask you what your recommendations are, but I want to thank you for presenting those recommendations with clarity. If you have more that come out of this testimony, I would suggest that it would be wonderful if you would submit those to us as well.

The Veterans Transition Network website talks about the job market and about how, when veterans are transitioning, they come out with a set of military skills, and then employers don't necessarily know how to recognize.... How do we put those groups together? How do we get employers to recognize that special set of skills and how they can utilize those in today's...?

We have a major labour issue in Canada, and if there were a way of helping the veterans but also helping employers see the value of some of those military skill sets....

● (1035)

Mr. Matthew McDaniel: It's a good question.

My expertise has to do with psychological interventions, so my mind goes to what psychological interventions we might be able to do. I would love it if, included in the roster of services for transition, was employment counselling, quite directly helping veterans.

I am not saying that it's not available at all, but it's not available enough. Veterans need help translating on their CVs, between a military culture and a civilian culture, what they are capable of. They have soft skills that perhaps people don't understand around teamwork and focus, which you learn in the military. That's where my mind goes first: actually empowering the veterans with skills.

Is it not possible for us to be doing public campaigns that let the public know about this, that show examples of successful employment transitions between a military and a civilian context? I am sure there are some amazing success stories out there where people use the skills that the government gives folks now in the civilian sector.

Mr. Darren Fisher: Thank you for that.

As was all your testimony today, it was very clear and articulate on how to get to the goal.

When we think about a transitioning CAF member, that person has a cultural identity as a member of the Canadian military. You talked about the psychological impacts. What are we doing to help with that transition from a psychological standpoint, how are we doing it and how could we perhaps do better?

Mr. Matthew McDaniel: There are services available. There are case managers. There are psychological support services available, of course, with VAC.

What I am advocating for here is that these services be made more specific, that they're made more practical and skills based, and that they're made more social based.

A word that has come up a couple of times, which I wish I had included in my recommendations because it's good, is the word "preventative". As I've mentioned before, rather than waiting for folks to express distress or fall through the cracks, I think that involves being on top of it beforehand and checking in with folks before that and ensuring that these services are made regular and made available. It also involves, as you say, treating that transition as a complex and supportive process that can prevent problems in the future.

The Chair: Thank you, Mr. Fisher.

Mr. Desilets, you have one minute.

[*Translation*]

Mr. Luc Desilets: Thank you, Mr. Chair.

Mr. McDaniel, on the subject of veterans, it's often said—we experience it too—that the armed forces work in parallel or in silos.

If you agree with that, in your opinion, can that have an impact on people's mental health?

[*English*]

Mr. Matthew McDaniel: Let me make sure that I understand the question.

I think you're saying that the armed forces and veterans are, in a way, siloed away or maybe less connected with other aspects of society or other groups than would be positive. I absolutely think that is a challenge. In some ways it's necessary, considering the intensity of skills and training and what we ask of them for them to end up being quite cohesive within themselves.

I also think that what we're talking about is this challenge of how you move on from that cohesiveness, come apart and rejoin with new groups within society. How can we help them learn how to do that? That, indeed, could be benefited by finding ways to make sure that the armed forces are more connected with other aspects of our society before transition.

[*Translation*]

Mr. Luc Desilets: Thank you.

You talk a lot about prevention. Many people face problems related to the transition to civilian life. In concrete terms, how can we prevent such problems?

● (1040)

[*English*]

The Chair: That's a significant question, and unfortunately, Mr. Desilets, there's left no time to answer it. I'm sure you'll be able to work it in to another answer.

You hae a minute, Ms. Mathyssen.

Ms. Lindsay Mathyssen: Dr. Azad, thank you so much for talking about a lot of the conditions that you see when medical release happens early and the issues. Because I have such limited time, can you quickly discuss the link between chronic pain and mental health, and also other systems around the world that may be dealing with this in a far better way, to avoid that long-term injury but also that long-term mental health issue.

Dr. Ayla Azad: Thank you so much. I've been fascinated by this conversation and Dr. McDaniel's comments. You cannot have mental health without physical health, and he put it correctly—we all need to be working together.

Chronic pain and mental health are directly connected. Sixty-five per cent of people who have chronic pain will also have a mental health issue, and I believe the stats go both ways.

As far as your comments about other models, I know we do things differently here, but around the world, if you look just south of the border in the United States, they actually have integrated teams on bases. They have chiropractors on staff working together with professionals. We now know that interdisciplinary integrated models of care are the best way to treat patients, because we are not siloed, as someone put it. You can't have mental health and not think about all the other conditions that the patient may be going through. It must be a team-based collaborative approach.

The Chair: Okay. Unfortunately, we're going to have to leave it there.

Mrs. Gallant, you have four minutes.

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

To Deacon Bennett. I understand that the chaplaincy may be replaced with social workers. Does the Vatican ordain CAF social workers to give last rights?

Dr. Andrew P.W. Bennett: No, it does not.

Mrs. Cheryl Gallant: What about the head of your church?

Dr. Andrew P.W. Bennett: No, it does not, unless they have a theological formation. Someone could have a social work background but also have a theology degree, so they could be ordained but certainly not with exclusively a social work background.

Mrs. Cheryl Gallant: Social workers must be in very high demand. They're even used instead of clinical psychologists for treating CAF.

Dr. Azad, does clinical evidence exist to support the claim that chiropractic care can improve performance or heal a musculoskeletal injury, the type that soldiers sustain?

Dr. Ayla Azad: Absolutely. There is more and more evidence showing chiropractic care, manual therapy care—they call it "multimodal care" is the best approach for many musculoskeletal conditions. Yes, there's guideline after guideline now that talks about musculoskeletal conditions and how manual therapy plays an incredibly important role in the first line of care.

Mrs. Cheryl Gallant: I understand that massage therapy is not a covered benefit either. Do you have any idea why massage therapy and chiropractics are covered medical services once a person releases from the forces but not during their service?

Dr. Ayla Azad: I can't comment on that. I don't know why that's in place. It would make sense that these things be covered. I think what's happening in the Canadian Armed Forces.... I feel like sometimes Veterans Affairs is taking over some of the issues.

We've talked about prevention. If we can get in earlier and start preventative care for some of these military personnel and get to see them quickly, hopefully it will prevent downstream issues.

Mrs. Cheryl Gallant: Back to Deacon Bennett, the Prime Minister's culture wars have spread to the CAF, and now it appears to be discriminating against the three Abrahamic religions from the chaplaincy. Do you think that the CAF understands this issue and that if the chaplains are not able to abide by the new CAF values, then CAF is not the place for them? What are your thoughts on that?

● (1045)

Dr. Andrew P.W. Bennett: When someone is called to be a chaplain in the armed forces, or a chaplain anywhere for that matter, they're doing it, fundamentally, to serve the people they minister to. Those people, especially CAF personnel, who have a deep religious faith. It could be a theistic faith. It could be atheistic philosophy or another philosophy. They need to have access to those professional pastoral care workers, clerical or lay, who have an integrated authentic faith. They want to be able to go to someone who believes what they believe, so that they can have trust there. That's critical.

We have to ensure in the chaplaincy service that the chaplains who are there can live out their faith fully, that they can express their faith fully, so as to best serve those people who come to them seeking support, maybe seeking help in a moral injury. If there isn't that trust that "you believe what I believe," then it's hard for them to find the care that they would be looking for. Trust has to be a foundation for that.

Mrs. Cheryl Gallant: There's not a specific religion that deploys a chaplain with a specific religion all across the board for each time they go on a tour of duty.

The Chair: Answer very briefly, please.

Dr. Andrew P.W. Bennett: Could you clarify your question?

Mrs. Cheryl Gallant: You mentioned that trust is important, but when a unit deploys, they can't have a chaplain from every religion.

Dr. Andrew P.W. Bennett: That's correct.

Mrs. Cheryl Gallant: How does that work?

Dr. Andrew P.W. Bennett: The chaplain who is there has to be able to engage people of other faiths, but that doesn't mean that they drop their own faith. They have to be able to engage them from their faith tradition, out of love, out of concern and to demonstrate genuine pastoral care.

The Chair: We're going to have to leave it there.

Ms. O'Connell, the final four minutes are yours.

Ms. Jennifer O'Connell: I'll pass the floor to Ms. Lambropoulos.

The Chair: Okay.

Madam Lambropoulos, you have four minutes.

Ms. Emmanuella Lambropoulos: Thank you, Chair.

I would like to begin by thanking all three of our witnesses on this panel. I think you've each brought forward a different perspective that we haven't heard until now.

Dr. McDaniel, I just want to start by saying that everything you said makes so much sense. I'll definitely be looking towards your testimony when I'm putting forward my recommendations because it seems obvious, yet it's really not.

I'm wondering if you could just clarify. I know you mentioned instances where group therapy would help because, of course, loneliness is one of the big issues and feeling that support is definitely helpful. You also mentioned practising social situations and scenarios. Would this be considered behavioural therapy? What is the specific type of therapy that you think would benefit veterans?

Mr. Matthew McDaniel: This is more integrated than behavioural therapy. It does involve behavioural components in that we are doing active skills rehearsal in a group context, allowing them to actually practice situations that they're going to encounter as they transition, but it's more than that. This also looks at their thoughts and their emotions when they're in these processes. Doing that in a group context really helps with that, because it's a lot easier to get feedback on yourself when you're in a group of people that you trust and you're able to ask them, "How was that? I'm thinking this. Are you thinking that? This is what I'm feeling. What are you feeling?"

All around, this prepares them much better than if they were sitting and reading something about how to transition.

Ms. Emmanuella Lambropoulos: Thank you. I appreciate that clarification.

Deacon Bennett, I have a question for you. I agree that, when someone is in a situation of crisis, they turn towards their faith and begin a spiritual journey, perhaps. I imagine that members in the armed forces are at a particular place and point in their lives where they may need this service and where they may need this guidance.

We also know, though, that we're opening up and we're trying to be as inclusive as possible in the armed forces. There are members of different backgrounds. There are members of the LGBTQIA+ community, and obviously everybody needs to be respectful. We're moving towards a better culture in the armed forces.

Given this context, can you elaborate a little on how we could go forward, allowing people, pastors, imams, rabbis and spiritual leaders of all faiths to be involved while still maintaining that level of respect for all members of the CAF?

Dr. Andrew P.W. Bennett: We have to recognize that at the core of all these different religious traditions, particularly the Abrahamic faiths, there's an understanding of the inherency of human dignity. While a particular religious tradition might have a different view of anthropology or of sexuality, at the core—certainly of the Christian tradition, the Jewish tradition and the Islamic tradition—is an understanding of the dignity of the human person.

While there might be differences of views on sexuality, anthropology and what have you, we're still called to recognize, in the person with whom we might disagree, their inherent dignity. Certainly, chaplains have to be able to minister to them, recognizing that dignity.

To say that if you hold a particular view that's not in sync with a particular secular view you're not qualified to be a chaplain is very narrow-minded and doesn't demonstrate the sort of robust pluralism and diversity that we should be really advancing within our society and certainly within the CAF. Given the realities of Canadian Armed Forces personnel and what they deal with, they need to be able to have access to authentic, integrated pastoral care.

● (1050)

The Chair: Thank you, Ms. Lambropoulos.

That brings our session to an end.

I want to, on behalf of the committee, thank our three witnesses. I apologize again for having to bump you from Tuesday to Friday. That's just the life of parliamentarians.

Colleagues, if you could stay for a second, I have three things I need to deal with quickly.

One is the budget, which has already been distributed, for the health services. I need someone to move it.

I saw Ms. O'Connell twitch, so she's moved it. Mr. May has seconded it.

Is there any conversation?

An hon. member: What is the budget?

The Chair: It's $5,100.

(Motion agreed to)

The Chair: Thank you.

Second of all, Ms. Mathyssen has put forward a motion. I intend to deal with that on Tuesday.

Third, the draft report on cyber is available. It's already been distributed. I want to deal with that on Tuesday.

Do you want to speak to that particular issue?

Mrs. Cheryl Gallant: Yes, Mr. Chair.

That report took a long time. I am wondering whether it was handed into the chair and then returned to the analysts for a correction already, or—

The Chair: I haven't seen it yet.

Mrs. Cheryl Gallant: Was it just handed out to everybody at the same time?

The Chair: I think so, yes.

Then a week from today, I intend to start the procurement study—the Lord willing and the whips.

By the way, speaking of whips and House leadership, if there is anyone you can lean on, our travel budget may have been passed but that doesn't mean we're going anywhere. It just means that it passed. We need to free up the attitudes toward travel.

Finally, I'd like us all to recommend my staff member for barista training.

Some hon. members: Hear, hear!

The Chair: There we go. Thank you.

The meeting is adjourned.

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