OCCUPATIONAL STRESS INJURIES:
The Need for Understanding

Report of the Subcommittee on Veterans Affairs of the Standing Senate Committee on National Security and Defence

JUNE 2003

MEMBERSHIP

37th Parliament – 1st Session

THE STANDING SENATE COMMITTEE ON NATIONAL SECURITY AND DEFENCE

The Honourable Colin Kenny **(Chair)**
The Honourable J. Michael Forrestall **(Deputy-Chair)**

and

The Honourable Senators:

Norman K. Atkins
Tommy Banks
Jane Cordy
*Sharon Carstairs, P.C. (or Fernand Robichaud, P.C.)
Joseph A. Day
*John Lynch-Staunton (or Noel A. Kinsella)
Laurier L. Lapierre
Michael A. Meighen
John (Jack) Wiebe

**Ex officio members*

(*Clerk*: Barbara Reynolds)

THE SUBCOMMITTEE ON VETERANS AFFAIRS/
Subcommittee on National Security and Defence

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(*Clerk*: Barbara Reynolds)

Note: The Honourable Senators Banks, Forrestall, also served on the Subcommittee during the course of this study.

MEMBERSHIP

37th Parliament – 2nd Session

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John (Jack) Wiebe

**Ex officio members*

(*Clerk*: Barbara Reynolds)

Note: The Honourable Senators Banks, Cordy and Forrestall also served on the Subcommittee during the course of this study.

ORDER OF REFERENCE

37th Parliament – 1st Session

Extract of the *Journals of the Senate*, Thursday, October 4, 2001:

The Honourable Senator Wiebe for the Honourable Senator Meighen moved, seconded by the Honourable Senator Banks:

That the Standing Senate Committee on Defence and Security be authorized to examine and report on the health care provided to veterans of war and of peacekeeping missions; the implementation of the recommendations made in its previous reports on such matters; and the terms of service, post-discharge benefits and health care of members of the regular and reserve forces as well as members of the RCMP and of civilians who have served in close support of uniformed peacekeepers;

That the papers and evidence received and taken on the subject during the Second Session of the Thirty-sixth Parliament be referred to the Committee;

That the Committee report no later than June 30, 2002; and

That the Committee be permitted, notwithstanding usual practices, to deposit its report with the Clerk of the Senate, if the Senate is not then sitting; and that the report be deemed to have been tabled in the Chamber.

The question being put on the motion, it was adopted.

Paul C. Bélisle

Clerk of the Senate

ORDER OF REFERENCE

37th Parliament – 2nd Session

Extract of the *Journals of the Senate*, Wednesday, November 20, 2002:

The Honourable Senator Kinsella for the Honourable Senator Meighen moved, seconded by the Honourable Senator Atkins:

That the Standing Senate Committee on National Security and Defence be authorized to examine and report on the health care provided to veterans of war and of peacekeeping missions; the implementation of the recommendations made in its previous reports on such matters; and the terms of service, post-discharge benefits and health care of members of the regular and reserve forces as well as members of the RCMP and of civilians who have served in close support of uniformed peacekeepers; and all other related matters.

That the papers and evidence received and taken on the subject during the Second Session of the Thirty-sixth Parliament and the First Session of the Thirty-seventh Parliament be referred to the Committee;

That the Committee report no later than June 30, 2003.

The question being put on the motion, it was adopted.

Paul C. Bélisle

Clerk of the Senate

Extract from the *Minutes of Proceedings* of the Standing Senate Committee on National Security and Defence of Monday, November 25, 2002:

It was moved by the Honourable Senator Banks, - That the order of reference relating to the health care of veterans be referred to the Subcommittee on Veterans Affairs.

The question being put on the motion, it was adopted.

Barbara Reynolds

Clerk of the Committee

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CHAIR'S FOREWORD

For those of us, who do not serve in the Canadian Armed Forces, it is difficult, if not impossible to imagine putting one's life in harm's way or, in fact, exercising lethal force as part of one's duty to serve this country. Canada's commitment to the United Nations and to its NATO allies has seen the women and men of the Canadian military engaged in situations where death and destruction on a large scale dominate their lives while serving their country. Whether it is in peacekeeping, peace-building, peacemaking or in a theatre of war, such as Afghanistan, death and dismemberment stalk the daily lives of our forces personnel.

Living and working in such conditions for long stretches with little or no relief and often having no alternative but to stand helplessly by as genocide takes place, may result in what is now termed "occupational stress injuries", the best known of them being "post-traumatic stress disorder".

The hearings of our Committee on this subject have been revealing in that they have demonstrated the need for Parliament to be ever vigilant in its monitoring of the activities of our armed forces.

The type of injury dealt with in this Report is not as evident as a lost limb as the injuries are mental and psychological. As a Subcommittee, we have discussed the need to ensure that our armed forces personnel are aware of the treatment available for them should they suffer occupational stress injuries. It is imperative that the "word" get out to our serving women and men that injuries, be they physical or psychological, need to and must be treated.

We also believe that much of the stress endured by our armed forces results from a lack of personnel. Canada cannot maintain its commitments to its allies unless the strength of our forces is increased up to 75,000.

One of the great benefits of the Senate is that we, as Senators, will be in a position to monitor the implementation of our recommendations over the next few years.

It is my sincere hope that when we, as a Subcommittee, revisit this subject, as we will do at regular intervals, that we will witness a significant improvement in how the Department of National Defence identifies and treats those who suffer the mental ravages of occupational stress injuries.

The Honourable Michael A. Meighen
Chair

INTRODUCTION

Lieutenant-Colonel Stéphane Grenier, Project Manager of the Operational Stress Injury Social Support Project reminded the Subcommittee that Canada has lost over 100 soldiers since the peacekeeping model began. He continued:

> Beyond this official casualty list, however, we can no longer ignore that these operations cost Canada and the Canadian Forces an incalculable and significant number of wounded service personnel. These casualties are not the victims of stray bullets, land mines or vehicle accidents; they suffer from operational stress injuries…Unlike physical wounds, operational stress injuries are not outwardly apparent. They often go unnoticed for months or years by superiors, peers and, in many cases, the injured members themselves. To those who eventually come to realize that they have been injured as a result of operational stress, coming forward is not a viable solution due to the negative stigma associated with this type of illness or ailment.[1]

Operational stress injuries include anxiety and depression, but Post-Traumatic Stress Disorder is perhaps the best known and most serious.

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(1) [1] **Proceedings of the Subcommittee on Veterans Affairs, 2nd Session, 37th Parliament, Issue 3, Pages 25-26 (26 February 2003). Hereafter cited as Session, issue number:page (date)**

Colonel Scott Cameron, Surgeon General of the Canadian Forces, defined Post-Traumatic Stress Disorder (usually referred to as PTSD) as "an abnormality of brain functioning that arises after psychological trauma." It is a psychological injury and the most serious of the "operational stress injuries", the mental, emotional, spiritual and relationship problems that can arise from, or be exacerbated by, the stresses and traumas of military operations.

The signs and symptoms of Post Traumatic Stress Disorder are the persistence of some or all of the following for a substantial period of time sometimes long after a traumatic event:

- Reliving the event in dreams, vivid, unwanted memories, or flashbacks;
- Efforts to avoid reminders of the trauma which can lead in turn to a feeling of numbness and to difficulty experiencing pleasant and unpleasant feelings;
- Inability to relax the body or to focus the mind effectively;
- Depression and anger, feelings of guilt;
- Physical problems such as pain, fatigue, insomnia; and
- Self-medication with alcohol or other drugs.

Many of these signs and symptoms among soldiers were noted in medical books as early as the 17th Century. In the 20th Century, "shell shock" (World War 1) "combat neurosis" (World War 2) and "combat fatigue" (Korean War) were the popular expressions for what professionals began to call neuropsychiatric disorders. In the late 1970's the United States experience in treating Vietnam veterans caused military doctors to distinguish between battlefield "combat fatigue", which left a documentary trail of medical reports in a soldier's military record, and war-related readjustment problems which caused the veteran to alternate between combat and civilian functioning. The origin of the readjustment problems was diagnosed as an anxiety disorder marked by the stress of reliving events outside the range of common experience. The stress syndromes usually developed some time after the stress or trauma had ended. While this "post-traumatic stress disorder" did appear in some soldiers who had experienced "combat fatigue", it was more commonly diagnosed in veterans who had no such evidence on their medical records.

To be pensionable, a condition or disability must be traced back to military service. Before medical acceptance of Post-Traumatic Stress Disorder as a condition that could arise after the veteran had returned to civilian life, neuropsychiatric conditions and disabilities were notoriously difficult to root in military service and hence either to treat or to pension.

The Canadian Forces did not serve in Vietnam (although thousands of Canadians served voluntarily in the United States Armed Forces during the war and Canadian Forces personnel served as "Observers" on international control missions in Indo-China.) Nevertheless, as it gained medical acceptance as a pensionable injury in the United States, the term Post-Traumatic Stress Disorder began to be used by veterans organizations appearing before the Senate Subcommittee on Veterans Affairs to describe the neuropsychiatric symptoms from which Canadian veterans of World War 2 and the Korean War continued to suffer. About the same time veterans of peacekeeping missions began to report the same symptoms.

In the late 1990's the Canadian Forces found that serving as well as veteran personnel were very reluctant to come forward and seek treatment for either "neuropsychiatric disorders" or "Post-Traumatic Stress Disorder". Consequently, the general, non-medical term "operational stress injury" came into favour because it is less intimidating and emphasizes that the problem is an "injury", not a mental disease.

As members of the main committee, the Standing Senate Committee on National Security and Defence, the members of the Subcommittee on Veterans Affairs have visited almost all the major Canadian Forces bases.

They have been able to discuss the incidence, prevention and treatment of operational stress injuries with commanding officers, medical officers and other ranks in the field and to visit Military Family Support Centres across the country. The Subcommittee made a special trip to the last remaining Veterans Affairs hospital, Ste. Anne's Hospital in Ste Anne de Bellevue just outside Montreal, to visit its Mental Health Centre for Serving and Former Servicemen. In Ottawa it heard from officials of the Department of National Defence, from the Minister and officials of Veterans Affairs Canada, from veterans organizations and from General Roméo Dallaire.

The following report will first review the award of pensions for Post-Traumatic Stress Disorder to veterans of World War 2 and the Korean War and to veterans of peacekeeping/peacemaking operations. It will then outline some of the problem areas the Subcommittee found in the measures the Department of National Defence has taken to prevent/reduce the incidence of operational stress injuries, to encourage injured personnel to seek treatment, and in the treatments themselves.

Veterans Pensioned for PTSD in 2002

In preparation for this report the Subcommittee asked the Department of Veterans Affairs for some statistics on claims for disability pensions due to Post-Traumatic Stress Disorder under the *Pension Act*. According to the response, from October 1994 to 8 November 2002, 1162 veterans of World

War 2 and the Korea War sought a pension for Post-Traumatic Stress Disorder. Of these 945 or 81% received a favourable decision, a rate of success which proves that Veterans Affairs Canada and the Veterans Review and Appeal Board have indeed bent over backward to give the veterans the benefit of the doubt in these cases. In November 2002, 883 veterans or their survivors were receiving a pension for Post-Traumatic Stress Disorder. In 172 cases the amount of the pension was under review. However, 625 or 88% of the remaining 711 pensioners were pensioned at less than 45%.

Over the same period of time (October 1994 to November 2002) 1646 Canadian Forces veterans sought a disability pension due to the impact of Post-Traumatic Stress Disorder; 1459 or 88.6% received a favourable decision. In November 2002, 1438 Canadian Forces veterans or their survivors were receiving a pension for Post-Traumatic Stress Disorder. The assessment of 92 was under review at that time. Of the remaining 1346, 622 or just under 50% were pensioned at 45% and more.

The relatively low number of claims from both groups of veterans bears little relationship to the number of veterans who are probably suffering from an operational stress injury. To-day, according to the testimony of the Minister of Veterans Affairs, there are more than 700,000 veterans. It can

be argued that the equivalent of just over twenty-eight hundred of these veterans – less than one half of one percent - have applied for a disability pension due to Post-Traumatic Stress Disorder. In one of the very few Canadian studies of the incidence of operational stress injuries among veterans, the rate of Post-Traumatic Stress Disorder among a sampling of those who assaulted the beaches of Dieppe ranged from 30%-43% in 1992, 50 years after the event.[2] Educated guesses about the rate among veterans who have participated in several overseas deployments over the past ten years fall into the same range.

In cases such as this, the pensioning of psychological injuries, where the public and many, if not most veterans, themselves attach a stigma to the condition, the Department must be much more aggressive in reaching out to inform veterans of the benefits to which they may be entitled. On an annual basis veterans, their caregivers, veterans associations and others must be informed that psychological injuries arising from service are just as pensionable as physical injuries. The reminder should summarize some of the symptoms of the most serious conditions, such as depression and Post-Traumatic Stress Disorder. These reminders should be posted on the website of the Department, included with disability pension cheques, sent out to all regular and militia units and to the nursing residences where

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(2) [2] See the earlier reports of the Subcommittee, **"It's Almost too Late"** (January 1991) and "**Keeping Faith: Into the Future**" (October 1994)

veterans live and, whenever possible, included with Old Age Security and Canada Pension Plan payments.

When they leave the Canadian Forces many veterans return to small towns, rural areas and to reservations where it is very difficult to reach them if they are not already in receipt of veterans benefits. The Royal Canadian Legion has branches in a great many small towns and Indian Band Councils are responsible for administering the reservations. These organizations may be very helpful in reaching out to veterans in remote areas, or to veterans who prefer not to deal with government officials. The service officers of the Legion already represent veterans, without compensation, in 10%-15% of pension claims and requests for re-assessment. Acting for the Department in small communities would further stretch their resources.

The Subcommittee recommends that the Department of Veterans Affairs:

1. **Put in place an aggressive outreach program to inform veterans that service-related psychological injuries are as pensionable as physical injuries.**

This should include encouraging professional caregivers (such as administrators and nurses in residential facilities) to help inform veterans of veterans benefits and to initiate a claim where the veteran is unable to, ensuring that departmental adjudicators and lawyers who come across indications of a psychological injury while reviewing the records of a veteran for another claim inform the veteran that he/she may have grounds to pursue a claim for an operational stress injury and contracting with the Royal Canadian Legion for the assistance of its volunteer service officers in small communities in contacting veterans and informing them of veterans benefits.

The Prevention and Treatment of Operational Stress Injuries

A. Measures of Prevention

The Canadian Forces have taken measures since at least the early 1990's intended to reduce the chance that personnel deployed abroad will suffer an operational stress injury. These measures have included pre-deployment information and training, in theatre training and support, post deployment briefings and debriefings and follow-up. New initiatives have been launched. For example, everyone returning from Operation Apollo (the deployment to Afghanistan in 2002) spent time on the island of Guam "decompressing" and re-learning civilian skills before being returned to their families in Canada. Since serious symptoms of operational stress

injuries tend to surface about two months after the operation, in the future everyone will have an interview with a mental health professional 2-3 months after the operation, preferably in the company of their spouse.[3]

Adequate education about the nature and cause of operational stress injuries was one of the most important shortcomings that the Committee found in the preventive measures being taken. This is found at all stages of a military career and by all ranks, both officers and other ranks. Lieutenant-General Christian Couture, Assistant Deputy Minister (Human Resources-Military) acknowledged that there was a need to "introduce better education and knowledge into our leadership courses at all levels". He also admitted that while recruits received instruction about physical injuries, "there is insufficient instruction about mental injuries".[4] He had asked his education and training specialists to develop a program to increase the resistance of personnel to operational stress injuries. The educational and training material would be reviewed by, among others, the Operational Stress Injury Support Group (OSISS) before being incorporated into education packages and pre-deployment training modules.

(3) [3] Ibid**., 1st Session, 5:8 (24 April 2002)**

(4) [4] Ibid**., 1st Session, 5:11-12 (24 April 03)**

The military Ombudsman, André Morin was outspoken about the state of educating the leadership of the Canadian Forces about Post-Traumatic Stress Disorder. As he told the Committee:

> …despite commitments and engagements, there has been little or no advance in the quality and quantity of training actually delivered to CF leadership about PTSD in 2002. Even to-day, the Royal Military College does not provide the future generation of CF leaders with any substantive education about PTSD…
>
> Progress on implementing change has been sclerotic.[5]

The Subcommittee recommends that the Department of National Defence, with the support of the professional staff of the Ste Anne's Hospital:

> **2. Move as quickly as possible to improve the quality of instruction and increase the time devoted to instruction about the nature, management and treatment of operational stress injuries at all levels of the Canadian Forces; develop empirical methods of evaluating the quality of education and training being delivered such as theoretical tests and field tests; and when planning exercises be sure to include both operational stress injuries and physical injuries among the casualties.**

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(5) [5] Ibid., **1st Session, 5:3-4 (17 April 03)**

During its visit to the Ste Anne's Hospital outside Montreal, a centre of excellence in the treatment of Post-Traumatic Stress Disorder and other operational stress injuries, the Subcommittee was briefed about the personal characteristics that made the individual either more or less prone to an operational stress injury. According to the professional staff of the Hospital, these characteristics could be developed into a profile and a psychological test could be developed to screen potential recruits.

Provided it is done with proper controls, the Subcommittee is in favour of screening all recruits, whether officers or other ranks, for their potential susceptibility to operational stress injuries. The purpose of this screening should only be to offer the recruit counselling and support if they decide to join the Canadian Forces. This is in the interest of the recruits themselves and incorporates the principle of "forewarned is forearmed". The screening should not play a role in the actual selection of candidates because it is inherently theoretical, subjective and potentially discriminatory; because it would not have a proven track record to predict the incidence of operational stress injuries among those found to be susceptible; and, because it would deny the Canadian Forces recruits who, with proper support, would become highly desirable officers and enlisted personnel.

The Subcommittee recommends that the Department of National Defence, with the support of the professional staff of the Ste Anne's Hospital:

3. Develop and administer on an experimental basis, a psychological test to screen for those recruits who may be particularly susceptible to the more serious operational stress injuries, such as Post-Traumatic Stress Disorder; and provide the recruits found to be potentially more susceptible, if they are otherwise desirable candidates, with counselling before their enrolment and during their military careers until such time as the accuracy of the screening results can be determined.

Over the past ten years the Canadian Forces have been subjected to a punishing tempo of operations whose weight has been felt not only by those who have been deployed and their families, but also by those members in Canada who are subjected to abusive overwork to plan deployments and to train and support their deployed colleagues. This has had and continues to have a serious impact in the quality of life of Canadian Forces personnel and their families. It promotes an unacceptably high level of serious operational stress injuries which are the cause of, and are compounded by, family breakups. With about 52,000 trained, effective Regular Force personnel, the Canadian Forces are simply too

understrength to maintain the level of operations of the past ten years. If anything, this tempo has accelerated since 11 September 2001.

The Subcommittee discussed the mental health of the Canadian Forces with General Roméo Dallaire who, since his retirement, has distinguished himself as a spokesperson for members of the Canadian Forces suffering from Post-Traumatic Stress Disorder, as he is himself. He noted that unlike the Cold War during which the Canadian Forces were at peace, following the end of the Cold War the Canadian Forces have found themselves "in a state of conflict resolution all the time". The saturation level of these missions has ceased to improve the capability of participating units; instead it is leading to the degeneration and burn-out of their capabilities. On several occasions he stressed that it was essential to increase the size of the Canadian Forces to a level that would restore a reasonable interval between rotations for Forces personnel. Otherwise, he foresaw a time when Canada would end up "flatfooted", without the capability of continuing the missions and suffering "a lot more casualties".

General Dallaire testified that the minimum requirement is for an additional 10,000 regulars to staff two additional brigades that would provide six or seven additional units that could be deployed and 3,000

more regulars to flesh out the existing units. These regulars would be supported by an increase of 10,000 in the strength of the reserves.

General Dallaire testified that because of Canada's past record in peacekeeping, its position as a developed country without a colonial past and because of its wealth, Canada has a moral duty to assume more, not fewer peacekeeping and peacemaking missions. As a result, he was extremely reluctant to admit that there were any circumstances under which Canada would be morally justified in withdrawing from missions abroad. Nevertheless, he was forced to admit that if the Government neither increased the number of personnel available for deployment nor reduced the number of missions, the consequence would be to needlessly throw away lives, not only by death, but also by permanent injury.[6]

From one end of the country to the other the Canadian Forces are facing a crisis in the effort to find the personnel for the next rotation of an existing deployment, for the next additional mission, to find the staff to train new recruits and even to maintain the capabilities of trained personnel, to keep sufficient middle level officers and non-commissioned officers to run the military, to plan its operations and to support overseas deployments. Simply put, since 11 September 2001 ever larger elements of the Canadian

(6) [6] Ibid**., 2nd Session (29 May 2003)**

Forces have been suffering from levels of stress and overwork that transcend "abusive".

The Subcommittee concludes that to head off a devastating crisis in the mental health of the Canadian Forces the Government must bring into balance the trained, effective strength of the military and its overseas deployments.

B. Measures of Treatment

During the fact-finding visit of the Committee on National Security and Defence to his headquarters, Brigadier General Ivan Fenton , Commanding Officer, Land Forces Western Area, told the Committee that his command was into a period of "back-to-back" deployments which was having an impact on their emotional and mental state.

> That point brings me to a sub-theme of the personnel emotional state, and that is operational stress injuries, OSI. I have several hundred soldiers, 200-and-some at last count, undergoing treatment for operational stress injury. Many, if they don't get treated soon, will become PTSD, post-traumatic stress disorder. That concerns me enough, but we are much better at treating it than we were five or six years ago.
>
> What really concerns me is that I believe that I have several hundred soldiers who are casualties and who are afraid to come forward to admit that they have a problem. That concerns me on two counts: my

> fundamental responsibility as a commander to serve my soldiers and look after their well-being -- I can't do it if I don't know who they are and how they are hurting; and, secondly, my commander's responsibility to the army and to the nation to generate soldiers for new operations. I believe I have hundreds of wounded soldiers who on the surface seem okay to deploy, but they are really not. When we need them most in the next difficult operation, they might not be able to produce the good work that our soldiers are known for.

Canadian Forces personnel being treated for operational stress injuries represent an unknown but almost certainly very small fraction of those suffering from their symptoms. Why do the vast majority refuse to come forward and seek treatment and even compensation for their mental injuries?

It is customary to blame the refusal to seek treatment on the military culture which prizes toughness, abhors weakness, and, like the rest of Canadian society, regards mental illness with a mixture of revulsion and fear. Senior officers such as Brigadier General Fenton and Lieutenant General Couture both assured the Committee that in their opinion, the senior ranks of the Canadian Forces accepted the validity and reality of mental injuries as the equivalent of physical injuries. Nevertheless, they help preside over a military organization many of whose officers, non-commissioned officers and enlisted personnel stigmatize and humiliate those of their colleagues who admit they can no longer control the demons

that inhabit their memory and who seek help for an operational stress injury.

The tendency among soldiers to stigmatize and humiliate those considered weak is highlighted in a March 2003 report of the Office of the Military Ombudsman into a complaint that one of several parade floats entered into the pre-Grey Cup celebration of the 2 PPCLI in November 2002 mocked soldiers under treatment for operational stress injuries. The investigation concluded that the float prepared by one Company portrayed a mythical "Crazy Train", and that this "Crazy Train" was a local derogatory reference to members of the Regiment suffering from operational stress injuries. More seriously, the investigation found that the float was part of the ongoing stigmatization of soldiers being treated for operational stress injuries (those that take the train) as being malingerers and fakers trying to escape their duties.

The concept and preparation of the offending float could only have gone forward with the tacit permission of the senior officers and non-commissioned officers of the battalion. According to the report, when the incident was reported within the local chain of command by a Peer Support Coordinator, the first response was to criticize the latter for raising the issue, the second was to use a low-level investigation to sanitize the

incident to avoid scandal, and the need to report it to more senior levels of command.[7]

The Committee recommends that:

> **4. The Department of National Defence initiate a major educational campaign at the unit level of all three services about the equivalence of the obvious physical injury and the invisible occupational stress injury; and the Chief of the Defence Staff issue an order to all officers and non-commissioned officers that failure to react "robustly" to the stigmatization of those suffering from operational stress injuries will result in disciplinary measures.**

The lack of accurate knowledge at the unit level about the equal validity of operational stress injuries and physical injuries is unacceptable, but it is not the only reason, or even the most import reason, why only a minority of officers and men suffering from an operational stress injury seek treatment. The real fault lies with policies adopted by the Canadian Forces to deal with its reduced strength and the high tempo of operations.

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(7) [7] **Off the Rails**, Report of the Special Ombudsman Response Team (SORT) 6 March 2003

Faced with a brutal reduction in its strength in the 1990's and a rapid escalation in overseas missions, the Canadian Forces had no choice except to insist that all those who remained in the services be fully medically fit for their trades and capable of deployment. This is the principle of "universality of service". It leaves no room for the injured, and no room for those with reduced capabilities whether physical or mental to continue to serve if they want. "Damaged goods" of whatever rank – both Major Henwood and General Dallaire were forced out before retirement – must be released.

This is the threat that hangs over the head of officers and other ranks alike if they go on sick parade for an injury. But it is easier to conceal, to "tough out", a serious operational stress injury, than to hide a serious physical injury.

An increase in the strength of the Canadian Forces sufficient to support the current level of operations would restore some room to manoeuvre. Wherever possible the objective of the treatment of operational stress injuries should be to return personnel to their units. If this is not in the interests of the individual or the service, a serious effort must be to retain their experience and training in the Canadian Forces. This can be accomplished by re-training for a less stressful trade within the expanded

regular force. It can also be accomplished by a posting as a regular force member to a reserve unit whose regular force component is smaller than is desirable. These are some of the things that would be "doable" with expanded regular and reserve forces.

For some years now, the Canadian Peacekeeping Veterans Association, and other organizations representing the veterans of peacekeeping and peacemaking missions have asked for a new veterans charter. When he appeared before the Subcommittee, the Hon. Rey Pagtakhan, Minister of Veterans Affairs Canada, indicated that had instructed his staff to work with the Canadian Forces Advisory Council to explore updating the Veterans Charter to reflect to-day's realities and the needs of veterans and their families.

The Subcommittee fully supports this initiative because it has concluded that to encourage members of the Canadian Forces to seek treatment for operational stress injuries it is imperative to offer personnel released from the Canadian Forces for medical reasons preferential treatment in hiring and promotion in the Public Service. This Public Service preference should be a cornerstone of a revised Veterans Charter.

The Subcommittee recommends that:

5. The Departments of National Defence and Veterans Affairs urge the government to introduce as soon as possible a Public Service hiring and promotion preference for personnel released from the Canadian Forces for medical reasons; that the preference be made retroactive; and that it be given precedence over existing and future Public Service employment equity programs.

The Department of National Defence and Veterans Affairs Canada are co-ordinating their treatment of serving members of the Canadian Forces to smooth the transition of clients and patients from active service to the status of veteran. On an *ad hoc basis*, the Veterans Affairs Ste Anne's Hospital in Ste Anne de Bellevue has begun to serve the needs of both Departments. Nowhere is this collaboration more close than in the field of mental health, one of the hospital's special programs. The Hospital is a centre of excellence for the treatment of Post-Traumatic Stress Disorder and Dementia and also serves as one of the five National Defence operational stress support centres (OSSC) for the treatment of operational stress injuries. Its operational stress injury treatments are provided by the Ste Anne's Centre, whose clinical program includes a small residential program, a much more extensive out-patient program run for the benefit of

both serving and retired members of the Canadian Forces, and an electronic out-patients program for those who live too far away to get treatment at the hospital. Serving members and veterans have come from all over Canada to have their operational stress injuries assessed and stabilized at the hospital.

The Subcommittee has found the Ste Anne's Hospital to be essential to the health care provided to Canada's veterans. It sets a high standard of residential care in which the human element is valued as much as the medical. It is now establishing itself as a partner with the Department of National Defence in the care of serving members of the Canadian Forces and in ensuring a seamless transition between service and retirement. This is a development that should be encouraged by additional and special funding from both departments and the government.

Several of the programs of Ste Anne's Centre should receive enhanced and generous support. The hospital has launched a special program for the control of pain because pain management is an essential part of the treatment of Post-Traumatic Stress Disorder. Funding is required to broaden and intensify research and to open an out-patient clinic. The Centre's PTSD Residential Rehabilitation program provides "in house" treatment in a separate building for special cases. Finally, the Tele-Mental

Health initiative uses electronic information and communication technologies to provide and support health care when distances separate patients from the Centre. Since the relevance of the experimental programs of Ste Anne's Centre goes far beyond its clientele of veterans and serving members of the Canadian Forces, **the Committee recommends that:**

> **6. The Department of National Defence, Veterans Affairs Canada and the Government of Canada collaborate to provide Ste Anne's Hospital with sufficient additional funding to develop and expand the Pain Management Clinic, the PTSD Residential Rehabilitation Program and the Tele Mental Health Program.**

Ste Anne's Hospital is a partner with the Department of National Defence in the operational stress injury social support project (OSISS) directed by Lieutenant Colonel Grenier. The mandate of this project is threefold:

- To create a nation-wide peer support program for Canadian Forces members, veterans and their families that encourages them to seek treatment for their injuries;
- To help the Canadian Forces evaluate the value of its educational packages and training modules about operational stress injuries; and

- To act as a resource in bringing about a change in attitudes towards operational stress injuries.

Operational for little more than a year, by February 2003 the peer support network had eight co-ordinators and had already assisted 432 serving members and veterans. Ste Anne's Hospital assists the project by training the co-ordinators, decorated service personnel who themselves are being treated for operational stress injuries, and by counselling them and monitoring their mental health to ensure that helping others does not undermine their own treatment. Veterans Affairs Canada also provides 6 of the eight sites from which the co-ordinators operate; the remaining two are on military bases.

The operational stress injury support program is an essential initiative in the welfare of the serving members and veterans of the Canadian Forces. Current plans call for it to be expanded from the existing eight locations to an additional five locations. The families of those who suffer from an operational stress injury should be included in the peer support program as soon as possible, and a special effort should be made to reach out to Reservists.

The Committee recommends:

> **7. That the Department of National Defence and Veterans Affairs Canada encourage and support the expansion of the operational stress injury support program, and in particular that they provide the staffing and funding necessary to enhance the peer support of Reservists and to provide peer support to families.**

Conclusion

The Lack of Empirical Information about Operational Stress Injuries

Notwithstanding many innovative initiatives and programs, the efforts of the Department of National Defence and Veterans Affairs Canada to deal with operational stress injuries are hampered by an almost complete lack of knowledge about the incidence of operational stress injuries in the Canadian Forces, the relative effectiveness of the various preventive measures being taken and the relative effectiveness of the various treatments and support programs. Mr. André Marin, Ombudsman, Department of National Defence told the Committee:

> There have been documented cases [of Post-Traumatic Stress Disorder] since World War 1. Nonetheless, the organization [DND] has never kept any data on the number of people suffering PTSD or those people seeking treatment. There has never been any data kept

> on those committing suicide, those leaving the forces, or those in the special holding patterns because of PTSD.
>
> The lack of data has been a self-fulfilling prophecy. People conclude that since there is no data, it is questionable that PTSD exists.
>
> We know from consulting medical experts that roughly 20% of those who come back from operations suffer from PTSD. If you include stress related injuries, it could be half as high again. However, there is no way empirically to say that, because no data is being kept by the organization.[8]

Prevention of operational stress injuries among personnel sent abroad must obviously be a major priority of the Canadian Forces. There are no indications, however, that DND systematically evaluates, or has any empirical evidence that to-day's policies and programs are doing a superior job in reducing the incidence of operational stress injuries than the policies and programs of five years ago. As a result, it has no way of knowing which policies and programs to continue, or which policies and programs to discontinue or reform, in the effort to ensure that the prevalence of operational stress injuries is much lower five years from now.

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(8) [8] Proceedings of the Subcommittee on Veterans Affairs**, 1st Session, 37th Parliament, Issue 5, p.6 (17 April 2002)**

The lack of information was acknowledged by many of the witnesses. Colonel Scott Cameron, the Surgeon General, told the Committee:

> Right now, we do not have many statistics about, for example, the percentage of people who return to duty. We know that is a weakness in our system and we are spending time and money to fix it. It will be fixed in the next several years. In particular, there are some things being instituted immediately in the area of operational stress injury to try to collect some data quickly by gathering the information on paper.[9]

Even the immediate value of such unsystematic, hand-collected information is open to question.

Colonel Randall Boddam, Director of Mental Health Services, Canadian Forces Base Borden, Department of National Defence cautioned that while there was no way to eliminate the risk of Post-Traumatic Stress Disorder, an analysis of historical information and the experience of other countries such as Israel suggests that a number of significant factors could be identified. Those to which he referred included:

- A past history of psychiatric disorders is associated with a higher incidence of stress injuries;
- Putting people in an environment in which they feel helpless or unable to accomplish their mission is a recipe for disaster, hence it is important to suit the mission to the unit and its leadership;

(9) [9] Ibid., **1st Session**, **5:10**

- The capacity of the individual to manage stress and adopt self-help behaviours is a very important variable;
- Physical fitness, or lack of it, is a factor in developing the capacity to deal with stress;
- The ability to communicate; and
- Unit cohesion, or the feeling of an individual that he/she is part of a group that offers mutual support.[10]

Lieutenant-General Couture, could not, however, outline how the factors Colonel Boddam referred to had been or would be integrated into the training military personnel received. He assured the Committee, however, that a multi-disciplinary team is doing a "needs analysis" of how the existing training must be changed to "better" protect service personnel from operational stress injuries.[11]

The Committee finds the almost complete lack of information about the incidence of operational stress injuries among serving and retired veterans of the Canadian Forces disturbing and insupportable. Last year 8,000 regular and reserve members of the Canadian Forces were selected by rank and age to participate in a large, international, statistical study of mental health carried out by Statistics Canada. But the results of this study are not

(10) [10] Ibid**., 1st Session, 5:49-50 (24 April 2002)**

(11) [11] Ibid**., 1st Session, 5:19**

yet available and will only establish a baseline, a snapshot valid for the situation in 2002 when the interviews were held.

To determine how the situation is evolving and what impact preventive measures and treatment are having, there will be a need for major follow-up studies of the Canadian Forces, probably every five years. These follow-up studies must follow both regulars and reservists in their service careers and after they leave the Forces if there is to be accurate information that allows both the Department of National Defence and Veterans Affairs Canada to plan policy, preventive measures and treatment.

In the meantime, the two departments must decide on common means to empirically evaluate the effectiveness of present and future preventive measures and treatments. Serving officers and other ranks who have participated in several deployments over the past ten years should be an effective source of information about the adequacy of the training they have received at each stage of their careers and of the training they received before, during and after each of their deployments. In future the Committee expects to receive increasingly concrete answers to its questions about the progress that has been, is being, and will be made in the future to prevent, manage and treat operational stress injuries. It will not accept

without solid evidence bland assurances that the situation is "better" than it was five years ago and will be "better" still five years hence.

The Committee recommends that:

8. The Department of National Defence and Veterans Affairs Canada develop common empirical means of evaluating the effectiveness of prevention measures and treatments for operational stress injuries.

LIST OF RECOMMENDATIONS

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1. Put in place an aggressive outreach program to inform veterans that service-related psychological injuries are as pensionable as physical injuries;

2. Move as quickly as possible to improve the quality of instruction and increase the time devoted to instruction about the nature, management and treatment of operational stress injuries at all levels of the Canadian Forces; develop empirical methods of evaluating the quality of education and training being delivered such as theoretical tests and field tests; and when planning exercises be sure to include both operational stress injuries and physical injuries among the casualties.

3. Develop and administer on an experimental basis, a psychological test to screen for those recruits who may be particularly susceptible to the more serious operational stress injuries, such as Post-Traumatic Stress Disorder; and provide the recruits found to be potentially more susceptible, if they are otherwise desirable candidates, with counselling before their enrolment and during their military careers until such time as the accuracy of the screening results can be determined.

4. **The Department of National Defence initiate a major educational campaign at the unit level of all three services about the equivalence of the obvious physical injury and the invisible occupational stress injury; and the Chief of the Defence Staff issue an order to all officers and non-commissioned officers that failure to react "robustly" to the stigmatization of those suffering from operational stress injuries will result in disciplinary measures.**

5. **The Departments of National Defence and Veterans Affairs urge the government to introduce as soon as possible a Public Service hiring and promotion preference for personnel released from the Canadian Forces for medical reasons; that the preference be made retroactive; and that it be given precedence over existing and future Public Service employment equity programs.**

6. **The Department of National Defence, Veterans Affairs Canada and the Government of Canada collaborate to provide Ste Anne's Hospital with sufficient additional funding to develop and expand the Pain Management Clinic, the PTSD Residential Rehabilitation Program and the Tele Mental Health Program.**

7. **That the Department of National Defence and Veterans Affairs Canada encourage and support the expansion of the operational stress injury support program, and in particular that they provide**

the staffing and funding necessary to enhance the peer support of Reservists and to provide peer support to families.

8. **The Department of National Defence and Veterans Affairs Canada develop common empirical means of evaluating the effectiveness of prevention measures and treatments for operational stress injuries.**

37th Parliament – 1nd Session

PUBLIC HEARINGS IN OTTAWA

Anderson, Mr. Howard, Chair of the First Nations Veterans Roundtable and Grand Chief of First Nations Veterans, (December 5, 2001

Beech, Gordon G., Service Officer. Royal Canadian Legion (October 24, 2001).

Bellegarde, Mr. Perry, Federation of Saskatchewan, Indian Nations Chief and AFN Vice Chief, Assembly of First Nations (December 5, 2001).

Boddam, Colonel Randall, Director of Mental Health Services, Canadian Forces Base Borden, Department of National Defence (April 24, 2002).

Cameron, Colonel Scott, Director of Policy on the Staff of the Director General Health Services, Department of National Defence (April 24, 2002).

Chadderton, Mr. Clifford, Chairman, National Council of Veterans Associations in Canada (November 28, 2001).

Coon Come, Mr. Matthew, National Chief, Assembly of First Nations (December 5, 2001).

Coté, Mr. Tony, Veterans Coordinator, Saskatchewan Indian Veterans Association (December 5, 2001).

Couture, Lieutenant-General Christian, Assistant Deputy Minister, Human Resources – Military, Department of National Defence (April 24, 2002).

Daly, Mr. Duane, Dominion Secretary, Royal Canadian Legion (October 24, 2001).

Ferguson, Mr. Brian, Assistant Deputy Minister, Veterans Services, (March 7,2002).

Forbes, Mr. Brian N., National Council of Veterans Associations in Canada (November 28, 2001).

Gallant, Ms Debbie, Deputy Project Leader, Continuum of Service Project; Veterans Services **(March 7,2002).**

Grenier, Major Stéphane, Project Manager — Operational Stress Injury Social Support, Department of National Defence (April 24, 2002).

Griezic, Professor Foster, Consultant, Merchant Navy Coalition for Equality (November 28, 2001).

Guptill, Mr. Bryson, Director, Program Policy, Veterans Services (March 7, 2002).

Jones, Mr. Gareth, Special Adviser, Office of the Ombudsman, Canadian Forces (April 17, 2002).

Leduc, Mr. Harold, President, Canadian Peacekeeping Veterans Association(November 28, 2001).

LeMaistre, Ms Sue, Acting Manager, VAC-CF Project; Veterans Services (March 7,2002).

MacDonald, Ms Muriel, Executive Director, Merchant Navy Coalition for Equality (November 28, 2001).

Marin, Mr. André, Ombudsman, Canadian Forces (April 17, 2002).

McMillan, Ms Jean, Assistant Director, National Service Bureau, National Council of Veterans Associations in Canada (November 28, 2001).

Mogan, Mr. Darragh, Director General, Program and Service Policy Division, Veterans Services (March 7,2002).

Murray, Mr. Larry, Deputy Minister, Department of Veterans Affairs Canada (March 7,2002).

Rycroft, Mr. Jim, Director, Service Bureau, Royal Canadian Legion (October 24, 2001).

Sharpe, Brigadier-General Joe, Special Advisor, Office of the Ombudsman, Canadian Forces (April 17, 2002).

Smith, Mr. J. André, Director General, Canadian Battlefield Memorials Restoration Project, Veterans Services (March 7, 2002).

Tremblay, Ms Paulette, National Liaison for the Chiefs of Saskatchewan, Assembly of First Nations (December 5, 2001)

Walker, Mr. John, Director, Residential Care, Veterans Services (March 7,2002).

Whiteduck, Mr. Larry, Coordinator for First Nations Veterans Social Development, Assembly of First Nations (December 5, 2001).

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PUBLIC HEARINGS IN OTTAWA

Allard, Mr. Pierre, Director, Service Bureau, Royal Canadian Legion (April 30, 2003).

Dallaire, Lieutenant-General (ret'd) Roméo, O.C., C.M.M., M.S.C., C.D, (May 28, 2003).

Daly, Mr. Duane, Dominion Secretary, Royal Canadian Legion (April 30, 2003).

Darte, Ms. Kathy, Special Project Officer, Research and, Information Directorate; Department of Veterans Affairs (February 26, 2003).

Ferguson, Mr. Brian, Assistant Deputy Minister, Veterans Services Branch, Department of Veterans Affairs (May 14, 2003).

Grenier, Lieutenant-Colonel Stéphane, Project Manager — Operational Stress Injury Social Support, Department of Veterans Affairs (February 26, 2003).

Huard, Ms. Diane, Director, Canadian Forces Services Directorate, Department of Veterans Affairs (February 26, 2003).

Parks, Mr. Allan, Dominion President, Royal Canadian Legion (April 30, 2003).

Stagg, Mr. Jack, Deputy Minister, Department of Veterans Affairs (May 14, 2003).

Walker, Mr. John, Director, Residential Care Directorate, Department of Veterans Affairs (May 14, 2003).

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1) Material provided by the Canadian Peacekeeping Veterans Association, November 28, 2001.

2) Material provided by the National Council of Veteran Associations in Canada, November 28, 2001.

3) Material provided by the Assembly of First Nations, December 5, 2001.

4) Material provided by the Army Navy and Air Force Veterans in Canada, December 5, 2001.

EXHIBITS

37th Parliament – 2nd Session

1) Opening Remarks by LCol Stéphane Grenier, February 26, 2003.

2) Material provided by Veterans Affairs Canada on Operational Stress Injury, February 26, 2003.

3) Legion Presentation to Senate Veterans Affairs Subcommittee, 30 April 2003 – Health Care Provided to Veterans of War & Peacekeeping" by Allan Parks, Dominion President, April 30, 2003.

4) Corporate Canadian Forces (CF) Initiatives (Edition III, November 2002 – Canadian Forces Services Directorate, May 14, 2003.

5) Speaking Notes LGen Roméo Dallaire, O.C., C.M.M., M.S.C., C.D. (Ret'd), May 28, 2003.

Submission

6) Meeting Veterans Treatment Needs, a report on DND/VAC PTSD Programs – Canadian Peacekeeping Veterans Association.

APPENDIX 1

Previous Reports

- VALIANTS GROUP – December 2002.
- FIXING THE CANADIAN FORCES' METHOD OF DEALING WITH DEATH OR DISMEMBERMENT – April 2003.
- BILL C-227 (An Act respecting a national day of remembrance of the battle of Vimy Ridge) – March 2003.

APPENDIX II
BIOGRAPHIES OF MEMBERS OF THE COMMITTEE

The Honourable NORMAN K. ATKINS, Senator

Senator Atkins was born in Glen Ridge, New Jersey. His family is from Nova Scotia and New Brunswick, where he has spent a great deal of time over the years. He is a graduate of the Appleby College in Oakville, Ontario, and of Acadia University in Wolfville, Nova Scotia, where he studied economics and completed a Bachelor of Arts programme in 1957. (Senator Atkins subsequently received an Honourary Doctorate in Civil Law in 2000, from Acadia University, his old "alma mater".)

A former President of Camp Associates Advertising Limited, a well-known Toronto-based agency, Senator Atkins has also played an active role within the industry, serving, for instance, as a Director of the Institute of Canadian Advertising in the early 1980's.

Over the years, Senator Atkins has had a long and successful career in the field of communications – as an organizer or participant in a number of important causes and events. For instance, and to name only a few of his many contributions, Senator Atkins has given of his time and energy to Diabetes Canada, the Juvenile Diabetes Foundation, the Dellcrest Children's Centre, the Federated Health Campaign in Ontario, the Healthpartners Campaign in the Federal Public Service as well as the Chairperson of Camp Trillium-Rainbow Lake Fundraising Campaign.

Senator Atkins was also involved with the Institute for Political Involvement and the Albany Club of Toronto. (It was during his tenure as President in the early 1980's that the Albany Club, a

prestigious Toronto private club, and one of the oldest such clubs across the country, opened its membership to women.)

Senator Atkins has a long personal history of political involvement. In particular, and throughout most of the last 50 years or so, he has been very active within the Progressive Conservative Party – at both the national and the provincial levels. Namely, Senator Atkins has held senior organizational responsibility in a number of election campaigns and he has served as an advisor to both the Rt. Hon. Brian Mulroney and the Rt. Hon. Robert L. Stanfield, as well as the Hon. William G. Davis.

Norman K. Atkins was appointed to the Senate of Canada on June 29, 1986. In the years since, he has proven to be an active, interested, and informed Senator. In particular, he has concerned himself with a number of education and poverty issues. As well, he has championed the cause of Canadian merchant navy veterans, seeking for them a more equitable recognition of their wartime service. Senator Atkins served in the United States military from September 1957 to August 1959.

Currently, Senator Atkins is the Chair of the Progressive Conservative Senate Caucus, Deputy Chair of Internal Economy, Budgets and Administration, as well as a member of both the National Security and Defence Committee and the Veterans Affairs Subcommittee. He is also the Honourary Chair of the Dalton K. Camp Endowment in Journalism at Saint-Thomas University in Fredericton, New Brunswick and Member of the Advisory Council, Acadia University School of Business.

The Honourable JOSEPH A. DAY, Senator

Appointed to the Senate by the Rt. Honourable Jean Chrétien, Senator Joseph Day represents the province of New Brunswick and the Senatorial Division of Saint John-Kennebecasis. He has served in the Senate of Canada since October 4, 2001.

He is currently a Member of the following Senate Committees: Agriculture and Forestry; National Security and Defence; and, the Subcommittee on Veterans Affairs, National Finance and Transport and Communications. He is Deputy Chair of the National Finance as well as the Subcommittee on Veterans Affairs. Areas of interest and specialization include: science and technology, defence, international trade and human rights issues, and heritage and literacy. He is a member of many Interparliamentary associations, including the Canada-China Legislative Association and the Interparliamentary Union.

A well-known New Brunswick lawyer and engineer, Senator Day has had a successful career as a private practice attorney. His legal interests include Patent and Trademark Law, and intellectual property issues. Called to the bar of New Brunswick, Quebec, and Ontario, he is also certified as a Specialist in Intellectual Property Matters by the Law Society of Upper Canada, and a Fellow of the Intellectual Property Institute of Canada. Most recently (1999-2000) he served as President and CEO of the New Brunswick Forest Products Association. In 1992, he joined J.D. Irving Ltd., a conglomerate with substantial interests in areas including forestry, pulp and paper, and shipbuilding, as legal counsel. Prior to 1992 he practiced with Gowling & Henderson in Kitchener-Waterloo, Ogilvy

Renauld in Ottawa, and Donald F. Sim in Toronto, where he began his career in 1973.

An active member of the community, Senator Day currently chairs the Foundation, and the Board of the Dr. V.A. Snow Centre Nursing Home, as well as the Board of the Associates of the Provincial Archives of New Brunswick. Among his many other volunteer efforts, he has held volunteer positions with the Canadian Bar Association and other professional organizations, and served as National President of both the Alumni Association (1996) and the Foundation (1998-2000) of the Royal Military College Club of Canada.

Senator Day holds a Bachelor of Electrical Engineering from the Royal Military College of Canada, an LL.B from Queen's University, and a Masters of Laws from Osgoode Hall.

The Honourable COLIN KENNY, Senator

Career History

Sworn in on June 29th, 1984 representing the Province of Ontario. From 1970 until 1979 he worked in the Prime Minister's Office as Special Assistant, Director of Operations, Policy Advisor and Assistant Principal Secretary to the Prime Minister, the Right Honourable Pierre Trudeau.

Committee Involvement

During his parliamentary career, Senator Kenny has served on numerous committees. They include the Special Committee on Terrorism and Security (1986-1988 and 1989-1991), the special Joint Committee on Canada's Defence Policy (1994), the Standing Committee on Banking Trade and Commerce, the Standing Committee on National Finance, and was the Chair of the Standing Committee on Internal Economy, Budgets and Administration (1995-1997).

In 1995, Senator Kenny became the first Senator to successfully pass a Private Senator's Bill through parliament to become a law. The bill was the Alternative Fuels Act, which mandates that 75% of the federal governments vehicles run on alternative fuels by the year 2004.

He is currently Chair of the Standing Senate Committee on National Security and Defence. Senator Kenny is also currently a member of the Steering Committee of the Standing Senate Committee on Energy, the Environment and Natural Resources and in the past has served as Vice- Chair. Senator Kenny has been a member of this committee since 1985.

Defence Matters

Senator Kenny has been elected as Rapporteur for the Defence and Security Committee on the NATO Parliamentary Assembly. Prior to that he was Chair of the NATO Parliamentary Assembly Subcommittee on the Future Security and Defence Capabilities and Vice-Chair of the NATO Parliamentary Assembly Subcommittee on the Future of the Armed Forces.

The Honourable MICHAEL A. MEIGHEN, Senator

Appointed to the Senate in 1990, the Honourable Michael Meighen serves on various Senate Standing Committees including Banking Trade and Commerce, National Security and Defence, and chairs the Subcommittee on Veterans Affairs. He has also served on the Special Joint Committee on Canada's Defence Policy, the Special Joint Committee on a Renewed Canada and the Standing Committee on Fisheries.

In his private career, Senator Meighen practiced litigation and commercial law in Montreal and Toronto. He is Counsel to the law firm Ogilvy Renault, and was Legal Counsel to the Deschênes Commission on War Criminals. He is Chairman of Cundill Funds (Vancouver) and sits on the Board of Paribas Participations Limited, J.C. Clark Ltd. (Toronto).

Senator Meighen's present involvement in community service includes the Salvation Army (Chair, Toronto Advisory Committee), Stratford Festival (past Chair), Prostate Cancer Research Foundation, Atlantic Salmon Federation, University of King's College (Chancellor), University of Waterloo Centre for Cultural Management (Chair, Board of Governors), Université Laval, McGill University.

Senator Meighen is a graduate of McGill University and Université Laval and was awarded Honorary Doctorate in Civil Law in 2001 from Mount Allison University. He lives in Toronto with his wife Kelly and their three sons.

The Honourable John (Jack) Wiebe, Senator

Jack Wiebe is one of Saskatchewan's leading citizens. He has been a highly successful farmer, as well as a member of the Saskatchewan Legislative Assembly.

And in 1994, he became the first farmer to be appointed to the position of Lieutenant Governor of Saskatchewan in almost 50 years.

Senator Wiebe first became known in Saskatchewan as a leader in the farm community. He and his family built a thriving farm in the Main Center district of the province, and from 1970-86 he was owner and President of L&W Feeders Ltd.

Senator Wiebe has been very involved with the co-operative movement, and has served on the Main Center Wheat Pool Committee, the Herbert Credit Union, the Herbert Co-op, and the Saskatchewan Co-operative Advisory Board. He has also been active with the Saskatchewan Wheat Pool, and the Saskatchewan Stock Growers Association. He is currently the Saskatchewan Chairman of the Canadian Forces Liaison Council.

Senator Wiebe was elected in 1971 and 1975 as a Member of the Saskatchewan Legislative Assembly for the constituency of Morse.

Senator Wiebe and his wife, Ann, have raised three daughters and have four grandchildren.

Current Member of the following Senate committee(s):

Agriculture and Forestry, Deputy Chair; National Security and Defence; Subcommittee on Veterans Affairs; Rules, Procedures and the Rights of Parliament.