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Chair

The Honourable Peter Kent

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•(0845)

[Translation]

The Chair (Hon. Peter Kent (Thornhill, CPC)): Good afternoon, dear colleagues.

[English]

For the first hour of today's meeting, we will hear a briefing and discuss Canada's contribution to humanitarian efforts in the Philippines.

Our witnesses are: from the Department of National Defence, Major-General Michael Hood, director of staff, strategic joint staff; Major-General Steven Noonan, deputy commander, Canadian joint operations command; and from the Department of Foreign Affairs, Trade and Development, Leslie Norton, director general, international humanitarian assistance directorate; and Andrew Shore, director, humanitarian affairs and disaster response division.

Thank you very much for joining us here today to discuss this important mission.

General Hood, you have the floor for 10 minutes for opening remarks, please.

Major-General Michael Hood (Director of Staff, Strategic Joint Staff, Department of National Defence): Thank you, sir.

Mr. Chair, members of the committee, thank you for the invitation to appear in front of you today. I'm happy to be here to provide you with an update on Canada's military contribution to the relief efforts in the Philippines in the wake of typhoon Haiyan.

As you know, the largest typhoon ever recorded struck the Philippines on the eighth of November causing massive devastation throughout a wide portion of the country.

[Translation]

The storm killed more than 5,000 people, destroyed more than 2 million homes and affected 15 million individuals. Despite its best efforts and preparations, the Philippine government was quickly overwhelmed by the sheer scale of the disaster, and it became clear it would need help from the international community.

[English]

Immediately after the typhoon struck, Canada mounted a rapid and comprehensive humanitarian response, which was led and coordinated by the Department of Foreign Affairs, Trade and Development, under the framework of the Government of Canada standard operating procedures in response to natural disasters

abroad. My colleagues with me today from Foreign Affairs can certainly answer any questions on these broader efforts.

On the 11th of November the Minister of Foreign Affairs, John Baird, announced that the Prime Minister had authorized the deployment of the disaster assistance response team, DART, as part of the whole-of-government response. The first elements of that team departed less than an hour later.

As one element of Canada's civilian-led response tool kit, the DART provides Canada with a rapid response capability to disaster and humanitarian crises upon request of an affected country. The team is a scalable unit made up of a wide spectrum of capabilities that range from urban search and rescue, military engineers, and emergency medical teams, to a helicopter airlift unit.

Our DART members provide rapid assistance in close cooperation with national and local authorities and our humanitarian partners to address immediate relief needs after an emergency or disaster. They seek to prevent the rapid onset of any secondary effects of a disaster, such as disease or malnutrition, and act as a stabilization measure to bridge the gap until civilian actors are in a position to provide longer-term assistance.

On November 10 the interdepartmental strategic support team, ISST, an eight-member group led by DFATD and supported by the commanding officer of the DART, departed Canada via CC-144 Challenger aircraft. By the 13th they were already liaising with Philippine federal and local authorities and conducting reconnaissance to determine where the DART could best be used. The rapid establishment of multilateral links was essential to ensuring Canada brought the right aid to the right place at the right time.

It was quickly determined that Canada's support was needed in the north of Panay Island in the western Visayas region of the Philippines, an area that was directly in the path of the typhoon but had yet to receive any assistance. The region was hard hit, and the need for clean water, medical assistance, road clearance, and infrastructure repair was great. Moreover, the rugged nature of the region and that damaged infrastructure meant capabilities provided by helicopters would be immensely useful.

Through the use of our C-17 Globemaster and the CC-150 Polaris aircraft, the Canadian Armed Forces quickly established an air bridge that transported personnel and vital equipment, including three Griffon helicopters, engineering vehicles, medical supplies, and large-scale water purification systems to the people of the Philippines. Additionally, the CC-144 Challenger conducted aerial reconnaissance and intratheatre airlift tasks.

• (0850)

[Translation]

By November 15, the members of the Disaster Assistance Response Team—DART—had established their headquarters in Roxas City, on the northern tip of Panay Island. From the outset, civilian humanitarian and political experts from DFATD were embedded with the DART to ensure appropriate coordination mechanisms were put in place. The engineering personnel immediately began clearing key roadways, while medical teams started seeing patients the very next day.

[English]

Over the coming days, the team grew quickly to over 300 personnel, branching out across the region to rapidly provide help to those in the greatest need. The helicopters began flying missions, which meant that vital aid and medical care could be brought to the more isolated areas of northern Panay, while our engineering teams continued to clear roadways and effect repairs to critical infrastructure, notably by repairing a number of emergency generators for key installations such as hospitals.

The Challenger provided intra-theatre airlift and assisted in the movement of numerous VIPs, such as the deputy secretary-general of the United Nations, enabling the assessment of the situation by international organizations. Of particular significance, the Challenger conducted the airlift of a 12-year-old with a severely infected leg from Ormoc to Manila, enabling rapid medical attention, saving her life and her leg.

On November 24, the commanding officer of the DART declared full operational capability, and the team was working hard across all lines of operation. By this time, two reverse osmosis water-processing units, ROPUs, were operating and had already distributed 7,000 litres of water. In addition, three Griffon helicopters were in theatre and were not only transporting mobile medical teams but were helping the World Food Programme get food aid to isolated communities on Panay.

As the mission progressed, engineers assisted non-governmental organizations with the construction of an emergency shelter to house those displaced by a large oil spill caused by the storm. By November 27, there were 20 Filipino Canadian military liaison officers deployed across the DART's area of operations to help facilitate the coordination of humanitarian assistance efforts.

Throughout, the DART worked closely with the Government of the Philippines, the Armed Forces of the Philippines, and local government authorities, as well as our military allies once they arrived in theatre, such as the Australian military and the British Royal Navy. This coordination proved essential in maximizing the DART's effect on the ground.

The DART often conducted missions hand in hand with non-governmental organizations operating in the area, which led the United Nations Office for the Coordination of Humanitarian Affairs to hail Canada's DART operation as the model for civilian military cooperation.

At this time, there are 316 Canadian Armed Forces personnel providing support in the Philippines. To date, I'm pleased to report

that our personnel have distributed over 260,000 litres of water, treated over 5,100 patients, and helped non-governmental organizations deliver over 121,000 pounds of emergency food aid.

Canada's three deployed Griffon helicopters have flown more than 140 flights in support of DART operations.

The DART's engineering troops have cleared 122 kilometres of road, repaired eight major generators, and assisted in the repair and construction of emergency shelters and temporary storage facilities for non-governmental organizations.

Finally, before returning to DART, our Challenger jet flew 60 missions in support of these DART efforts.

• (0855)

[Translation]

This rapid delivery of effects is a product of careful preparation, maintenance of readiness and close liaison with our other governmental partners. Our detailed contingency plans have enabled this from the beginning, ensuring that we worked closely with the whole of government and were ready with numerous options to support the Government of Canada's response to this crisis in the shortest possible time.

[English]

To assist in the work of this committee, I've provided a presentation that includes additional information and details for your review.

Major-General Steven Noonan and I, as well as Leslie Norton, the director general of the international humanitarian assistance directorate, and Andrew Shore, the director of humanitarian affairs and disaster response division, would be happy to take any questions you may have.

Thank you.

The Chair: Thank you very much, General Hood.

We will begin our opening round of questions, seven-minute segments, with Ms. Gallant, please.

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

To our witnesses, thank you for coming today.

The actions of the DART certainly symbolize the qualities of Canada: strength, decisiveness, and deep commitment to humanitarianism. Quite apart from an individual's ability to deploy on several hours' notice, sometimes both the husband and the wife are members of the forces, and some members are single parents, so they have to have all their plans in place to leave on such short notice. They're also trained for top readiness.

Would you please tell the committee what sort of training goes in to enable them to be ready to deploy and provide this type of humanitarian and medical assistance on such short notice?

MGen Michael Hood: Thank you for the question, Ms. Gallant.

Certainly, as you point out, various parts of the DART are on a number of levels of readiness to effect that immediate response. This question is probably best answered by my colleague Major-General Noonan from the joint operations command.

Major-General Steven Noonan (Deputy Commander, Canadian Joint Operations Command, Department of National Defence): Thanks for that, Mike.

The DART commitment is one of our highest readiness elements throughout the Canadian Armed Forces. It has associated with it a contingency plan that is rehearsed over the course of any given year in conjunction with our inter-agency partners, the whole-of-government effect.

Personnel are identified and equipment is identified and pooled at our strategic airhead in Trenton. Materials are constantly refreshed so that particular capability can go out the door on very short notices to move. It's a 12-hours' notice to move for the reconnaissance elements and the humanitarian assistance and relief teams or the advance parties of the DART itself, and the main body is on 48-hours' notice to move at any given time.

These elements are not necessarily only dedicated to the DART; they have other tasks they do, but they will exercise that contingency at least once a year in an exercise called Ready Renaissance. You see, the name of the operation is Operation Renaissance. It's associated with that contingency plan.

That's the collective framework within which they operate. In terms of an individual preparation, each of those individuals who are identified for the DART goes through weapons, first aid, training, and mental assessment that will allow them to understand that going into disaster areas has an effect on them. Those are their normal readiness levels. Once they are activated, depending on the time that they have available to them, they will get more in-depth culture awareness and country studies of the particular area that they're going to be engaged in.

● (0900)

Mrs. Cheryl Gallant: Mr. Chairman, our thoughts and prayers are certainly with these extraordinary individuals, especially since a number of them will be away from their families at Christmastime.

With that I'd like to share the remaining time with my colleague, Mr. Norlock.

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

I'd like to have a before and after snapshot of Canada's ability to go anywhere on the face of this earth, let alone in our own country, to face a disaster or to help those affected by a disaster.

General Hood, if you could, would you, in a succinct way because our time is limited, compare our current ability to get DART to anywhere in Canada or to the rest of the world to the time before the acquisition of our tactical and heavy lift capabilities, and what that means as far as time elements and being able to put the pieces together on the ground in a fast way?

MGen Michael Hood: Thank you very much for that question.

As many would recognize, when you get calamities around the world at the level of where we would consider deploying the DART, time is of the essence. If you don't have that integral airlift support that we presently have, you are then in competition with everyone else around the world for whatever leased airlift assets you can get. Quite often in previous iterations that challenge of being able to contract airlift would have been a determining factor in the speed of our response of the DART.

Since the acquisition of the C-17 in 2007, we now have that capability integral to the Canadian Forces. In this particular case, on the ninth of November, the majority of our C-17 fleet was involved in the retrograde of materiel and equipment from Afghanistan, as we're in the process of closing down our contribution there. This air bridge was eastward to Afghanistan, and not at an inconsiderable distance. In the period of 24 hours to 36 hours, we recalled all of those assets and were then postured to be able to project the DART 16,000 kilometres in the opposite direction, to the Philippines.

At the strategic level of the Canadian Forces, the ability to project our own integral assets is key in enabling a quick and rapid response, which certainly enables DART's success to the greatest extent.

Mr. Rick Norlock: Thank you very much.

You were the commander at CFB Trenton. I do recall that prior to our acquisition of heavy-lift capability, as you mentioned in your answer, we had to lease aircraft. Of course, I recall very often seeing an Antonov on the runway at CFB Trenton 8 Wing.

I was told, and you can confirm this, that often, especially when we were at our peak as far as Afghanistan goes, that you could be literally weeks, if not months, from leasing an aircraft capable of transporting a unit like DART.

Would that be correct?

● (0905)

The Chair: Very briefly, please.

MGen Michael Hood: Yes, certainly.

As I said, there's only a limited pool of the types of aircraft of the size and capacity of the C-17 that are available on the market, and it is a very competitive market. If I were to get into contracting mechanisms and they were available, we would be certainly talking weeks and not days. You are quite correct.

The Chair: Thank you, General.

Mr. Harris, please.

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

Thank you, gentlemen, for your presentation.

Of course, all Canadians are concerned about the disaster in the Philippines and are glad that Canada has offered and is able to help.

I have some specific questions, following up on Mr. Norlock's point about readiness. You said that the main body was on 48-hours' readiness notice.

My first question is on whether the Prime Minister's authorization is required for the DART to be used.

MGen Michael Hood: I didn't hear the last part of your question, sir.

Mr. Jack Harris: You said that the Prime Minister authorized the deployment of the DART. Is that required in order for the DART to be used?

MGen Michael Hood: The Chief of the Defence Staff can posture the DART.

As Steve mentioned, it's at various notice to move.

Mr. Jack Harris: I'm quoting you, sir. On the 11th of November there was an announcement that the Prime Minister had authorized the deployment of the DART. Is it required for the Prime Minister to authorize such a use?

MGen Michael Hood: It's required for the government to authorize the deployment of the DART, sir.

Mr. Jack Harris: Not the Prime Minister.

MGen Michael Hood: It's the government. I can't answer more specifically than that.

Mr. Jack Harris: Then you went on to say that the first elements of the team departed less than an hour later. Was this an hour after the announcement or an hour after the decision?

MGen Michael Hood: It was an hour after—

Mr. Jack Harris: I mean, it sounds great. It sounds like this is "we're ready to go". The Prime Minister said to go and less than an hour later we were in the air. It sounds to me like a public relations statement as opposed to reality in terms of readiness.

Am I correct?

MGen Michael Hood: Sir, I think it's fair to say that when we deploy the DART, we do so on the invitation of the country that's affected. We don't deploy it strictly where we would like to see it sent.

The collaboration between, in this case the Prime Minister and the Minister of Foreign Affairs with colleagues from the Philippines, is what enabled us to eventually deploy. I think it's accurate to say that once we were given the green light, following that phone call, we took off an hour later.

Mr. Jack Harris: When exactly did the Philippines ask for assistance? Your original statement was that you were deploying it and you were considering it immediately after the typhoon struck, and that in fact, the plane had left the day before. I don't understand how this actually happened here.

The reason I'm asking, of course, is that, as Mr. Norlock said, this is not just used internationally. It will be used locally as well. How ready are we to go, and all of that? What you also say here is that it wasn't until November 24 that the team declared full operational capacity in the Philippines. I'm just wondering about that timeline as well.

MGen Michael Hood: With respect to the contingency plan for the deployment of the DART, the first element that would go out would be ISST, which is led by Foreign Affairs, as I pointed out, supported by the leadership team of the DART. They deploy in CF aircraft on the recommendation of the Department of Foreign Affairs, in this case, and set the groundwork to enable, through

reconnaissance, liaison with the Government of the Philippines, the rest of the deployment of the team.

Concurrently to that deployment of the ISST and the coordination that was going on by government, we were able to posture the rest of the DART resources at a higher level so that when we were given that authority, we were able to go quickly into theatre.

● (0910)

Mr. Jack Harris: That was the next day. On the 10th, according to you, the ISST group left, and on the 11th, the announcement was made, and within an hour there were other people leaving.

MGen Michael Hood: The ISST left on the 10th. We can deploy the ISST and do a reconnaissance that would suggest that the capabilities of the DART are not appropriate to the task. It's important to have those first eyes on it to understand that the deployment of the rest of that DART team is postured correctly. It is not always the right capability, depending on the capacity of non-governmental organizations, or the country itself.

That ISST then makes a recommendation that yes, we should deploy all of these elements of the DART in scalable...we may not need helicopters, we may not need engineers, we may not need the ROPUs that I spoke about. Once that recommendation comes in from the ISST, we are then given authority by the government to deploy the rest of the DART, which is that 300-person team that flows in over a number of days. When we talk about FOC, full operation capability, which I talked about, they were operating the day after they arrived there, and as more forces arrived in the coming days, it took that period to get up to full operational capability. They were operating immediately upon arrival.

Mr. Jack Harris: There is a buildup. I guess we understand that, but the full capability wasn't in place until the 24th, which is essentially two weeks.

MGen Michael Hood: In this case, yes, it's all a time in space equation of how quickly we could get it there as well as the capacity to support that deployment. In some cases, you wouldn't actually have the infrastructure and operating airport so that it would not be able to deploy all of these capacities. It depends on the situation once the ISST has had a chance to do that reconnaissance.

Mr. Jack Harris: Again, I'm not denigrating the efforts of our troops and our people. I'm very happy to see that we've been there. There was one criticism that showed up in a *Globe and Mail* report on November 17, questioning why we were in the Roxas City area when the real impact had been in some other islands where the other nations, the United States, Australia, the Philippines, were themselves operating. How did we get to Roxas City, where it was suggested that most of the devastation was really the effect of ongoing poverty and terrible circumstances?

MGen Michael Hood: That's an excellent question. I think in this case it's important to recognize that we went precisely where the Philippine government asked us to go. I think if you would have seen the path of the storm and the devastation involved in the area that we were operating in, it would be hard to draw the conclusion that we were sent somewhere where we weren't required. In fact, it was quite the opposite. We went precisely where the Philippine government asked the Canadian government to send us.

I could offer colleagues from Foreign Affairs to perhaps expand on that.

The Chair: That has to be expanded on in a subsequent answer because time is up, Mr. Harris.

Mr. Allen, please.

Mr. Mike Allen (Tobique—Mactaquac, CPC): I'm going to be splitting my time with Mr. Williamson.

I have just one question.

You talked a little bit about cooperation. I find it fascinating the number of countries you're working with, plus the number of groups on the ground in the Philippines.

What are some of the lessons learned over the past number of years about the coordination required in reaction to these kinds of situations? What are some of the key challenges and overlap issues you face when you go into a place like the Philippines?

MGen Michael Hood: Thank you for that question.

In fact, I'll do a quick description of the military thought on that, and then I'll pass it to colleagues from DFATD.

One thing we have done quite well is we have learned from previous deployments of the DART. At each deployment we'll take stock of how we responded to the crisis, what were our strengths, what were our weaknesses, and then Steve's team will take that and refresh the contingency plan so that we're much better prepared for the next occurrence.

For instance, there was a time when helicopters weren't integral to the deployment of the DART. With lessons learned from many locations, including most recently in Haiti, and now that we have the capacity to fly them there, in fact, it is a lesson learned that's been brought forward. While it's premature to understand lessons learned from the Philippines, I guarantee that we will learn those from a military perspective and regenerate our next capability to make it much more effective.

Leslie, if you'd like to speak....

• (0915)

Mr. Mike Allen: Yes, if you could, and, Mr. Shore, if you could talk about the lead, who has the *[inaudible—Editor]*....

Mr. Andrew Shore (Director, Humanitarian Affairs and Disaster Response Division, Department of Foreign Affairs and International Trade): Perhaps I could just add to what the general has said.

Foreign Affairs coordinates this for exactly the reason that you've mentioned. There's an awful lot to be coordinated and there have been a lot of very good lessons learned over the years with the deployment of the DART.

I think the deployment of the ISST, which has been mentioned, is the first thing. It doesn't automatically lead to the deployment of the DART, but it does lead to a recommendation on what would be an appropriate type of support.

Therefore, we have set up an interdepartmental task force. It met for the first time on November 10, and it's chaired by my division.

Basically, we bring all the key people to the table. Our embassy in the Philippines is on the line as are many other people from around town. This is where we try to figure out, as everyone is rushing to try to make the right assessment, what the coordination should be so that airports don't get overloaded, so that people don't bring the wrong type of assistance and so on.

My colleague, Leslie, could add a bit more detail on that.

Ms. Leslie Norton (Director General, International Humanitarian Assistance Directorate, Department of Foreign Affairs and International Trade): Briefly, from the field perspective, in 2005 the United Nations undertook an important reform process. Essentially, it created the cluster system, which is made up of sectors. You might have a water and sanitation cluster, for instance. They set up these clusters for each and every sector across a response. It pulls together every actor, whether it's the United Nations, an NGO, or the Red Cross movement, so that they work together in a much more coordinated fashion to ensure they address all gaps and any duplication. It's often co-chaired by the government as well as by the United Nations.

What we have learned also over the years is that it's very important to embed civilian and political officers within the DART team to ensure that the full coordination taken from headquarters also reaches deep into the field, and then comes back to headquarters.

Mr. Mike Allen: Mr. Williamson.

The Chair: Go ahead.

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

Thank you to the witnesses for coming today.

I want to go back to some questions Mr. Harris was asking, but whereas he seems to see PR campaigns and demons, I want to talk about the coordination.

I assume your group does not wait until the government calls and says to send the DART over, but in fact, as soon as you see a disaster like this, you spring into operation and begin to prepare so you can deploy when the government calls on you. In this way, we're not having a lag of days where you're getting geared up after the government has called.

Can you talk about the measures you take when you see storms or devastation like this happening to an ally a world away? How do things roll out so you're actually ready to go when called?

MGen Michael Hood: Thank you for that question.

We've talked about the notice to move in this case, and the posture of the DART. As I've said, certainly the commander of CJOC has the ability to posture those forces to respond even quicker if the likelihood of that deployment is going to take place. In the case of the Philippines, the storm hit on Friday, and on Saturday we were in phone calls with colleagues. The first meeting of that interdepartmental team was early on Sunday morning and by Sunday evening the Challenger had departed. A lot of that action was undertaken by individuals in various departments executing their responsibilities to the greatest extent possible.

Mr. John Williamson: First of all, to clarify, it's no surprise that your group, like the rest of them, operates under civilian control. Forces don't move unless the elected government of the day calls upon them. That's a simple question. I just want to get that on the record clearly.

MGen Michael Hood: In fact, the use of defence forces is a crown prerogative that extends from government decisions and direction to the Minister of National Defence and then to the Chief of the Defence Staff.

Mr. John Williamson: Thank you.

You talked about the coordination between NGOs, how it was a model. What are some of the examples? Why did it work so well that you were commended by the United Nations?

MGen Michael Hood: I think our colleagues are probably best placed to answer that since they lead most of that coordination on our behalf.

• (0920)

Mr. Andrew Shore: There's also coordination with the Philippine authorities. This was part of the initial assessment for our embassy, even before we had people on the ground to report back on what they were being told by the local officials.

One thing in the Philippines that was different from the crisis in Haiti was that the capital wasn't affected, so the government continued to operate. We had a very effective partner there. After all, they have a lot of expertise in handling crises like this. This was a massive typhoon, but they are relatively well prepared for these.

With regard to the question of collaborating with NGOs, civil society, and multilateral agencies, it's been a factor in training for years with the DART. My team and Leslie's team and DND work on this on an ongoing basis. We were pleased to hear about Baroness Amos when she was visiting Panay Island. We were able to have the Challenger fly her around so that she could see the situation on the ground. She said that as far as she was concerned, this was the best example of civilian-military partnership she had seen. But it does take a lot of work. That's basically what I was saying.

The Chair: Thank you, Mr. Shore.

Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you very much for your presentation, for the success, for all of the activities that were undertaken, and for all of the help that was provided.

Where does the budget come from for the DART activities?

MGen Michael Hood: Within the Department of National Defence, in our annual operations and maintenance budget, all of the training of that unit and the various units that make up the DART are within the defence budget. Quite often, when we're sent on operations at government direction, that will either come from within the extant defence budget, or it will be supplementary to that. It will not be assessed for another 60 to 90 days. As to the process of capturing the cost and the rest, I'm not able to comment any further on that.

Ms. Joyce Murray: Thank you.

In budget 2010, wages were frozen, but wage increases had already been negotiated. My understanding is that those extra funds came out of O and M, the operations and maintenance budget, creating a cumulative \$355-million recurring hole in Defence's O and M budget. There was also a strategic review in 2011 that added a further \$1 billion in cuts, much of which went into operations and maintenance. Then the deficit reduction action plan added a further \$1 billion. Suffice it to say that this has had a major impact on O and M, an 18% or \$1.4-billion reduction since the government's defence plan was put in place.

How does that affect the ability of Canada to provide DART for this situation?

MGen Michael Hood: Since I'm not the departmental chief financial officer, I'm not positioned to answer questions with respect to those effects. I can only say that in this case, the DART deployed in the minimum amount of time. We were there well ahead of many allies and continue to do great work, Ms. Murray.

I could take that under advisement and ask colleagues to get some answers to you if you'd like.

Ms. Joyce Murray: Thank you.

In December 2012 at the Senate Standing Committee on National Security and Defence, retired Lieutenant-General Peter Devlin, who was then the commander of the Canadian army, stated that the army's budget had by that point been reduced by 22% since 2010. We know that some of these reductions are reducing the ability for the army and for the Armed Forces to conduct training.

• (0925)

Mr. James Bezan (Selkirk—Interlake, CPC): On a point of order, Mr. Chair, General Hood has already indicated to Ms. Murray that he's not capable or not given the mandate to handle financial questions. We're dealing with a humanitarian crisis here. We're not talking about the estimates. I'd ask that Ms. Murray talk about the topic at hand rather than badger our witnesses who are here to give us a nice briefing on the good that the Canadian Forces are doing, along with our partners in the Philippines, in handling a huge humanitarian crisis.

The Chair: Thank you, Mr. Bezan.

Ms. Murray.

Ms. Joyce Murray: Excuse me, I would appreciate if the parliamentary secretary would provide me the courtesy of being able to ask the questions that I choose to ask. Thank you.

We have heard that some of the training operations in mountainous areas, in the Arctic, and in other places of extreme geographical challenge have had to be curtailed. I would like to ask whether there is a way that the coordinated activities of DART for this kind of humanitarian disaster are being protected from the reductions in training that are taking place due to the O and M budget cuts.

MGen Michael Hood: With respect to my responsibilities for the force posture and readiness of the type of capabilities we use in the DART, they were all at the requisite readiness levels and postured to deploy. I can't offer commentary to General Devlin's testimony at the time. I can just tell you that those high-readiness units associated with the DART were at the requisite levels of readiness and deployed as requested.

Ms. Joyce Murray: Thank you.

Since it's widely predicted there will be increasing numbers of unprecedented weather events that may be tied to climate change, is there a way the Armed Forces have been ring-fencing the budgets for readiness for this kind of activity, given there were further budget cuts made in 2013 and additional freezes in wages that will potentially continue to take funds out of operations and maintenance?

MGen Michael Hood: I'm sorry. It's not my responsibility or role. I couldn't even offer an answer to that. It's really the chief financial officer's responsibilities, ma'am. I'll have to defer to his expertise.

Ms. Joyce Murray: Would it be possible to find that information, how these budgets for DART relate to the other programs to provide assurance to us and to other Canadians that this will not be an area that's impacted by the budget cuts to the Armed Forces budget that have been ongoing since 2010?

MGen Michael Hood: I'll repeat that all of the assets associated with the deployment of the DART were at requisite readiness levels and trained and postured to deploy. I think that's the only way I can answer that.

The Chair: Thank you. The time has expired.

We're moving into the second round of questioning, beginning with Mr. Opitz.

Mr. Ted Opitz (Etobicoke Centre, CPC): Thank you, Mr. Chair.

Through you, I will remain relevant and on topic. I want to point out that the climatologists point out that hurricanes are not a factor of climate change or anything like that.

Getting back to the DART, let's talk about high readiness a little bit. The DART is like a loaded spring in a sense. It's always ready to go. We have high-readiness brigades of course. Can you compare and contrast those against the DART's preparedness to depart?

General, you mentioned that the DART departed in a very short period of time in terms of a whole-of-government reconnaissance to the area. Could you comment on the DART's high-readiness capability day to day?

MGen Michael Hood: I think General Noonan is probably best placed to answer that, as the joint operations command looks after the posture of those forces. I'll defer to him.

MGen Steven Noonan: Fair enough.

As I mentioned to Ms. Gallant beforehand, in terms of our preparation for disaster assistance and relief, this is one of our highest readiness contingency plans. It is rehearsed at least on a yearly basis and the personnel, equipment, and materiel are ensured and ready to go at the notices to move. On the execution, although that is prepared for any time of the year, we can move those notices to move even to higher readiness, based on our read of the situation.

For example, on this particular operation, on November 8, through our Canadian Forces integrated command centre, we had an awareness that something was brewing and that the level of disaster was such that it might trip an international response. That was when we were getting ready to ensure that folks dusted off the con plans. Folks were warned that there might be a requirement to execute various modules of the DART, but certainly the reconnaissance elements were warned to get ready.

It became pretty obvious a day later that we were going to at least have to pre-position going forward, so that the time between authority to engage with the Philippine authorities and our folks being able to do that was lessened. That's why we forward deployed.

• (0930)

Mr. Ted Opitz: You've mentioned an important point in terms of con plans, contingency planning, for Canadian Forces and whatever various elements you're doing. A lot of that, by the way, is learned at the Canadian Forces College. I know that both of you are probably graduates of the NSP and have worked with whole of government on that course, which is a tremendous building block.

On these con plans, the DART just doesn't sit on the bench waiting to be called in. You're looking ahead. You're seeing something happening in the world. You're working with your whole-of-government partners in DFAIT and other departments. You see something brewing in the world, so you're actively looking ahead.

As you said, you dust off the con plans, but there are already contingency plans in place if you need to activate them. You're looking ahead for the relevancy as to what you would do, and you would preplan various courses of action if you get the call. Would that be correct?

MGen Steven Noonan: That's correct, sir.

To push on perhaps a little bit beyond that, it's a question of finding the balance between speed and accuracy. As General Hood has mentioned, you need to have the conditions set such that you know where you're going and you don't become part of the problem as you enter into a theatre, into a potentially congested airhead, or whatever. That balance between speed and accuracy is contingent upon our understanding of the situation on the ground.

Mr. Ted Opitz: That's so all the resources are used to their max.

Can you discuss, for example, military engineers and the road crew and things like that? Sometimes DART is DART, but you need bolt-ons, attachments and detachments from DART, such as, for example, the engineers. I think you took a company of engineers there. Is that correct? I'm sorry, not a company, but a platoon—

MGen Steven Noonan: It would be a troop plus.

Mr. Ted Opitz: Yes, a troop, a troop plus. You took them over there and deployed them.

What is your thinking in looking at the Canadian Forces as a whole and saying, "Okay, we need the following to augment DART"? How do you follow that process?

MGen Steven Noonan: As we developed the plans for this contingency based on lessons learned from the previous employment of the DART-type effects, we noticed that a medical element is almost always required. We noticed that engineers are almost always required. Also, dependent on the security situation, we may have a requirement for defence and security to allow the protection of those elements. A command and control element is always required, and a logistics element is always required.

The core competencies of a DART are the ones that are placed on that 48-hour notice to move, with command and control and reconnaissance elements at higher levels of readiness.

The Chair: Thank you very much, Mr. Opitz. Your time has expired.

Ms. Michaud, you have five minutes, please.

[Translation]

Ms. Éline Michaud (Portneuf—Jacques-Cartier, NDP): I want to begin by thanking you for your presentation, but also for the efforts put forth by the Disaster Assistance Response Team, DART.

In addition to the deployed DART equipment and personnel, Canada also provided funding to help the Filipino population.

Was that part of the same assistance strategy for the Philippines or the same process?

Can you give us details on how the financial contributions for the Philippines will be administered or invested to help the population?

MGen Michael Hood: I will ask Ms. Norton to answer your question.

Ms. Leslie Norton: Thank you for your question.

As you know, Canada has a long history of support for the Philippine government, even prior to the crisis. We plan to continue to provide support for the government and the population of the Philippines.

DART was one of the key elements of the Government of Canada's broader response. Other key elements include \$20 million for the UN's humanitarian organizations, the International Red Cross and the NGO partners to meet the urgent needs of the affected population. This mainly has to do with assistance in terms of food, medical attention, water and shelter. This funding will continue until the end of March. Funding was also provided to support a Canadian Red Cross hospital deployed in Ormoc, in the province of Leyte. That hospital is currently operational and will continue to be so for about three months, based on the level of needs in that area.

We have also deployed the reserve of our relief supplies, including tents, blankets, water purification tablets, shelter kits, as well as other important and necessary items.

• (0935)

Ms. Éline Michaud: I apologize for interrupting you, but I would like to know whether this equipment is considered to be part of the \$20-million amount. You are indicating that this is the case.

If I have understood correctly, the money is distributed among a number of international organizations. It must be used to meet

specific needs and to buy equipment that will be provided to the population and the organizations. Is that right?

Ms. Leslie Norton: We have allocated \$20 million to the three organizations I mentioned. In addition, we have deployed our reserve of relief supplies.

Ms. Éline Michaud: Thank you.

I would like to quickly go over something you said in your presentation. You stated that, on November 24, full operational capability was declared. Could you explain to us how that capability is determined?

MGen Michael Hood: Thank you for the question.

As I already mentioned, there are several components to DART. It is really a matter of meeting the needs. In some cases, however, we may not need to provide a reverse osmosis water purification system, for instance.

When the commanding officer in the Philippines declares full operational capability, that means the needs in the Philippine situation are being identified.

Ms. Éline Michaud: I assume that budget issues are also taken into consideration to determine whether full operational capability has been achieved.

MGen Michael Hood: Budget is not taken into consideration at all.

Ms. Éline Michaud: In this case or in general?

MGen Michael Hood: Both in this case and in general. This is not a question of money. We could have provided other vehicles, but we have benefited from the support of the Philippine army. We did not send all of our military stocks to the Philippines because that was unnecessary.

Ms. Éline Michaud: I understand that it was not necessary in this case, but I would like to know whether, in general, that is part of the criteria that must be taken into account to determine the full operational capability.

MGen Michael Hood: Costs never come into play in my work. We never talk about the budget, but simply about what the Philippines needs. That's all.

[English]

The Chair: Merci.

Mr. Bezan, please.

Mr. James Bezan: Thank you, Mr. Chair.

I want to thank our witnesses for appearing today. Through them, I want to pass on our gratitude to everyone who has been deployed as part of the DART team, both from the Canadian Armed Forces and from Foreign Affairs. I know they're doing Canada proud and they're doing great work over there. All of us are very proud of them for being able to deploy so rapidly, get into a situation that is less than ideal, and help people who really need assistance through one of the most horrific hurricanes ever experienced on the face of the world.

I want to go back to some of the points Ms. Murray made concerning funding.

General Hood, in your opinion, were we at all constrained in any way, shape, or form in getting DART out in a timely fashion compared with previous deployments of DART?

MGen Michael Hood: As I mentioned in my last answer, the cost associated with the deployment of the military capability is not a criterion that we use. We've identified the DART in total as a scalable unit and we are free to deploy as much of that capability, once given a direction to deploy. If we felt we needed more than what DART provided, and this was the case in Haiti—if you recall we had upwards of 2,200 people deployed in Haiti, as opposed to just 300, which is the core competence of the DART—we would then make that recommendation. Once the direction to deploy the DART is given, we have free rein to consider everything within that DART as deployable.

● (0940)

Mr. James Bezan: Where is the compromise? It was on high readiness; the train was there. Are troops ready to go at the drop of a hat?

MGen Michael Hood: Absolutely, sir.

Mr. James Bezan: That's perfect.

General Hood, you and I talked previously about the logistics. This follows on what Mr. Harris said. By the time we got the go-ahead on November 11, it wasn't fully operational until November 24. Even though we have the C-17s, the heavy load capabilities, we were able to use our Polaris aircraft and get troops there relatively quickly. Talk about the time lag and moving from Trenton all the way to the Philippines, the different legs of the journey, and how much equipment and personnel had to be moved in that process.

MGen Michael Hood: I'd be very happy to.

The capacity of the C-17 is upward of 120,000 pounds of equipment, a tremendous capability. But even to get to that final operational capability, it took six C-17 chucks, as well as Airbus, and some other supporting aircraft. The real challenge for us was the distance involved, as I said.

On one such mission, we would leave from Trenton with a full airplane, go to Comox, British Columbia, stop for fuel, travel to Hawaii, stop for fuel, travel to Guam, another eight hours past Hawaii, then four more hours into the Philippines. That distance drives our ability to project force, and it is quite incredible.

Once we have the air crews in place, the airplanes don't stop. We switch the crews out. I talked about that air bridge. Our initial response always depends on the distance. We can fly only so far in a day, but once we've pre-deployed crews in those positions, we're very efficient at moving that equipment into place.

It is farther to the Philippines than it is to Afghanistan in the opposite direction, to give you a sense. To the Philippines and back is almost a complete tour of the globe.

Mr. James Bezan: The one thing I think a lot of people want to know is how we compare with other countries in getting Operation Renaissance on the ground and operational. I know the United States has military bases in the region, both in Guam and in Japan, and are able to get there rather quickly.

MGen Michael Hood: I can't speak to all allies.

You're quite right. The U.S. response, which you would have seen very early on in Tacloban, is largely a result of the number of forces they have in very close proximity in both Guam and Okinawa.

If I look at other allies, we were certainly the first into Panay Island and the first ally other than the Americans that was there in any considerable capability. Allies were still coming in well after the 24th, depending on their direction and the response times of their forces.

[Translation]

The Chair: Mr. Larose, you have only about a minute left to ask a quick question.

[English]

Mr. Jean-François Larose (Repentigny, NDP): I'll be quick.

Concerning the DART project, 316 personnel, can we send more? What is the maximum capacity of DART in the Canadian Armed Forces and why only 316? Was it because the Philippines didn't ask for more help? Do we have a capacity for a lot more? Do we need to be a lot bigger, maybe several theatres of operation?

MGen Michael Hood: The DART is postured with a group of about 300 people in various capabilities, as I have described, but if the demand on the ground required more, we would then reach into other aspects of the Canadian Forces and offer contributions as the interdepartmental teams would suggest. Haiti is a perfect example of that, where the DART was only 300, but we sent naval ships, a huge helicopter, and a C-130 detachment, and so it grew to about 2,200 people. It's on a case-by-case basis.

● (0945)

Mr. Jean-François Larose: So DART is limited to what it is right now.

MGen Michael Hood: The standing capacity of DART on high readiness is approximately 300 people.

The Chair: Thank you very much, General.

Thank you, all, for your appearances here today. Although this mission still has the rest of the course to run, we'd appreciate it if you could convey the committee's congratulations and an interim "well done". Thank you.

MGen Michael Hood: It would be a pleasure. Thank you.

The Chair: We will suspend now as our witnesses from the first hour depart and we seat the witnesses for our second hour.

Thank you.

● (0945)

(Pause)

● (0950)

The Chair: All right, colleagues, we will resume. Time is of the essence.

We have 45 minutes to hear two witnesses. We have before us from the Canadian Chiropractic Association, Eric Jackson, doctor of chiropractic, and Ken Brough, a doctor of chiropractic, and board member. From the Veterans Transition Network, we'll hear from Tim Laidler, executive director.

You have 10 minutes for opening remarks. You may wish to keep them to a minimum to allow for questioning. That could work to your advantage.

Mr. Jackson or Mr. Brough, go ahead, please, for 10 minutes.

Mr. Ken Brough (Doctor of Chiropractic, Board Member, Canadian Chiropractic Association): Thank you very much, Mr. Chairman, for the introduction and the invitation to present to this committee.

Good morning, honourable members.

On behalf of the Canadian Chiropractic Association, the profession and its patients, it is my pleasure to be here today along with my colleague, Dr. Eric Jackson. We are both in clinical practice here in Ottawa.

My name is Dr. Ken Brough, and I am a director of the Canadian Chiropractic Association. Dr. Jackson was the CCA representative on the recent Canadian Forces expert panel on low back pain.

The Canadian Chiropractic Association is a national association representing 8,400 highly trained and regulated doctors of chiropractic. Today is, in fact, the 60th anniversary of the founding of the Canadian Chiropractic Association.

Seven years of post-secondary education and training prepare chiropractors to assess, diagnose, and manage musculoskeletal, MSK, conditions that include conditions of the low back, neck, muscles, and joints of the extremities.

Thank you to the committee for the invitation to discuss the impact of MSK conditions on our men and women in uniform.

This morning we will suggest strategies to help keep injured soldiers on active duty at lower cost. We have provided a written submission that provides more details on the issues we have raised today, and a proposed strategy for addressing the tremendous impact of MSK conditions on the military.

MSK conditions are an occupational hazard for every military; in fact, the prevalence of low back pain in the Canadian military is double that of the Canadian population. Of all medical releases, 53% are for MSK conditions. Likewise, non-deployment is more likely due to MSK conditions than any other reason, including family, illness, or mental health.

Besides the obvious impact on the resources and operational readiness of the military, MSK conditions may also lead to a lifetime of chronic pain, complicating the return to civilian life. Half of the health claims of veterans are MSK related. It could even complicate mental health treatment for those soldiers and veterans relying on opiates for pain relief.

As a result, the cumulative impact of MSK conditions is significant and deserves more attention than it has received to date.

Being a soldier is one of the most physically demanding careers. Rarely do jobs have comparable risks as those of a soldier. Activities including jumping out of a plane with a fully loaded pack, a fighter pilot wearing heavy headgear being subjected to G-forces, or the demands of constant training place significant stress on the musculoskeletal system.

The stakes are high. For example, consider the training of an air fighter pilot, which takes years, at a cost of \$2 million or more. Keeping these men and women operational is crucial.

Neck pain is a particular problem. To prevent and quickly address early symptoms, proper management is needed. The culture of being a soldier works against seeking early care. Soldiers are trained to be fighters and to ignore early signs of trouble. Evidence shows that delaying treatment often makes the problem worse and more expensive to treat. Even if they were interested in preventative care, it is often not available. Seeking treatment risks being put on sick parade.

It is reasonable to draw a parallel between soldiers and professional athletes. Olympic athletes and professional sports franchises employ a team of therapists and health professionals, including chiropractors, to promptly address impairments and prevent injuries. The integrated support team approach commonly used in athletics uses each member of the team, contributing their strongest skills and competence.

Now I'd like to turn our presentation over to Dr. Jackson.

Mr. Eric Jackson (Doctor of Chiropractic, Canadian Chiropractic Association): Thank you, Dr. Brough.

What can we do today? We can do better at less cost. That's why we're pleased to have this time with you. We're proposing to build on what works for other militaries. We commend the recent efforts of the CF to look at new approaches, as they've done with mental health.

Let's reflect on our role as chiropractors and the care we can provide to soldiers. Our primary therapeutic approach is spinal manipulation, which evidence shows is an important clinical tool in treating musculoskeletal conditions. Spinal manipulation is recommended by numerous clinical practice guidelines, including the U.S. Veterans Administration, the Bone and Joint Decade task force, the American College of Physicians, the American Pain Society, and Britain's National Institute for Health and Care Excellence.

Manipulation is often complemented by other therapies, including rehabilitation, and is readily available on base to soldiers in the U.S. While other professions can do manipulation, 94% of spinal manipulation in Canada is performed by chiropractors. Our proficiency and competence in spinal manipulative therapy and musculoskeletal care makes sense for soldiers who must bear the burden of these injuries. This is why chiropractic services are already recognized by both the Department of National Defence and Veterans Affairs Canada as part of an extended health care benefit.

However, access to chiropractic services for the Canadian military is limited. Physicians, nurses, and physiotherapists can refer a soldier to chiropractors based in the community, typically after an extended period has passed and when nothing else is working. The patient is now considered chronic and we know that intervening earlier in a team-based setting can greatly improve outcomes and prompt return to duty. In fact, most other Canadians, even the families of our military members, have better access to chiropractic care than the soldiers themselves in dealing with these service-related injuries.

Our role is to complement primary care providers such as medical doctors while they coordinate care. This role is well supported by evidence. I can provide an example.

A 38-year-old active duty instructor pilot was suffering from neck pain for two years with little relief. He managed primarily with the use of anti-inflammatories until being referred to a chiropractor. He received treatment over a four-week period, which included manipulation complemented by home exercise. At follow-up he reported no pain or stiffness, and he had a full range of active movement in the neck. He returned to full duty without symptoms. This is only one example of the role chiropractors play in coordination with primary care. However, the delays experienced continue to be a reality. Given the tremendous impact, an MSK strategy is needed to help more members of our military get the timely care they need.

Better care doesn't have to cost more. The evidence is clear. A U.S. military study published this year in *Spine*, by Dr. Goertz, found that the chiropractic care provided as part of a health care team decreases pain and improves function, which decreases overall costs. Similarly, another U.S. study by Heymans concluded that the addition of chiropractors resulted in faster recovery for injured soldiers.

Also, the Veterans Health Administration in the U.S. is considered to be a model to emulate. Veterans have an array of services available, including chiropractic care. This allows for significant improvement in pain, function, and overall savings. The model is collaborative and similar to the Olympic care model for athletes. The soldier and veteran are at the centre of the care model.

Canada has an obligation to provide the best care available to members of the Canadian Forces for their unlimited dedication and sacrifice. However, this requires some rethinking of the health delivery system in order to provide better care at better value. CCA has been encouraged by recent CF efforts to address the management of lower back pain through an expert panel by developing a care pathway. CCA would suggest that DND and the Canadian Forces build on recent efforts to develop a mental health strategy and invest in a broader and more systemic musculoskeletal strategy. We've included details in our written submission.

Back to you, Dr. Brough.

● (0955)

Mr. Ken Brough: Thank you, Dr. Jackson.

I'm pleased to inform you that the CCA is also making our own direct contribution to improving MSK care. As part of our role in the recent DND expert panel on spinal health, the CCA has offered

significant funding for a research project on five CF bases, introducing chiropractic care as part of the health care team. Our offer is currently under review. We are encouraged by the interest shown by CF leadership.

The chiropractic profession in the U.S. celebrates the opportunity to use their clinical skills on 51 military bases to improve the lives of their soldiers. We're here today hoping, with your support, to do the same for Canada's chiropractors. The evidence shows the strong value of chiropractic care.

We believe that a comprehensive MSK strategy will identify the importance of improved access to spinal manipulation delivered by chiropractors. The MSK strategy we propose should be a coordinated effort between the Department of National Defence, Veterans Affairs Canada, and other stakeholders to ensure that active and retired soldiers are provided the best care possible. There are many successful team care models, showing that each profession making its full contribution delivers better care at better value. We welcome the opportunity to be part of this solution.

Thank you very much for your time and attention. We'll be happy to take any questions.

● (1000)

The Chair: Thank you very much.

We'll have opening remarks, please, from Mr. Laidler.

Mr. Tim Laidler (Executive Director, Veterans Transition Network): Thank you so much for having me here. My name is Tim Laidler. I'm the executive director of the Veterans Transition Network. It's a non-profit organization started by the University of British Columbia, which is based on a 15-year research project called the veterans transition program.

I came into this position because I served in the military. At 22 years old, I was deployed to Afghanistan. My job was to guard supply convoys driving through Kandahar City. As many of you know, that was the primary danger at the time, with the suicide bombers and the IEDs.

Before I talk more about my story, I want to bring everyone up to date on what we've learned at the Veterans Transition Network, and hopefully give some information and share some of the learning points we've had in our organization.

The first one I want to talk about is post-traumatic stress disorder. PTSD is probably the most well-publicized mental health condition associated with the military around the world right now. However, what we've found in the Veterans Transition Network is that this is not the only issue confronting veterans in their transition. In fact, PTSD on its own is probably the easiest thing for our clinicians to treat. The more complex issue is the psychological identity transition that takes place when they leave the military.

The post-traumatic stress symptoms on their own are often managed by one-on-one therapy, and they have lots of evidence proving their effectiveness. The complication comes when someone has to reinvent themselves moving from a military career to civilian life and has to deal with some of these post-traumatic stress disorder symptoms, and potential depression symptoms and other mental health issues. This transition piece is where the real problems are.

If I can leave this committee with one message, it's not to just invest in the mental health area; it's to invest in the transition areas as well.

The statistics for post-traumatic stress rates in the Canadian Forces are often a bit disputed. The numbers across the forces are quite a bit lower than many people would expect. We see this as being for a number of reasons. There are good programs available to veterans and military personnel within the forces, but there is also the stigma to come forward for help. There are all sorts of confounding variables that lead to people not wanting to be put on a medical category, to not admitting to their peers and their cohorts that they have sustained an injury and risk losing their careers.

When we're looking at the PTSD statistics, we don't want to have it contained to reducing the statistical number of PTSD cases and somehow the issue is over. In fact, I think it's going to be quite the opposite. What we've learned at the Veterans Transition Network is that it is this other piece that gets quite complicated, though it is quite fixable, as I hope to share with my story at the end of this presentation.

The next thing is to give everyone a little more background on the actual program that we deliver. The Veterans Transition Network delivers 10-day programs across the country. We fly our clinicians into small towns, into the communities where veterans are in need, and deliver a program over two months. It's 10 days altogether, and it's residential. It's broken up, though. It's four days in the retreat and two to three weeks back in the veteran's home community where they practise their skills. They start to integrate with their families and back into their employment. They come back to us for another four days, and then again there's a two to three day break. Then in the final two days, they do their check-in and completion of the group.

The power of this program, and what makes it very unique, is that we are using a strength that most military people come to us with, and that's how to operate in groups and support one another. The peer-to-peer recruitment model is another key aspect. Veterans go back into the communities once they leave our program, grab their friends out of their basements, and say, "You have to take this program. This is something for you." We find that this peer-to-peer element really helps overcome that stigma.

That sort of shifts towards my story. That's how I got into the program.

When I came back from Afghanistan, I was finishing my fourth year at the University of British Columbia. I was 23. I was hard, and I didn't need any sort of therapy. It wasn't until a friend of mine who was working for a professor at UBC, Dr. Marv Westwood, strongly encouraged me to take a look at this program. I said, "I don't have that PTSD stuff. I've talked to a psychiatrist. I have a couple of the

symptoms, but I don't have PTSD." He said to come and take the program and that maybe I could help out some of the other people there. I did, and it was exactly what I needed at the time.

The program put me into this group context where I saw other veterans who were hard men, with tattoos up and down their arms. They were the first ones to show me that it's okay to talk about the impacts some of the hard things overseas can have. It was not only showing me it was okay to talk about it, but when I did that, it could actually bring some of those things to rest. It could conclude some of those hard distressing images that can go through your mind over and over.

One of the things that did come home with me occurred on one of our convoys. It was just another day in Afghanistan. There was a suicide bomber that detonated on the convoy in front of us, and we pulled up on the scene to the chaos that was going on in the middle of Kandahar City that day.

• (1005)

The vehicles we were in, the RG31s, were excellent. They protected all the Canadians involved in the incident. I think the lead gunner had an injury to his arm.

We pulled up. We were very thankful that all of our people were okay, but what we weren't prepared for was the toll it was going to take on the civilians. That suicide bomber killed 17 Afghan civilians that day right in the middle of their shopping district; men, women, children, it didn't matter. Obviously the scene was quite horrific.

That's something that stuck with me, the image of those people and what remained of them. When I came back to Canada, again, I didn't have PTSD, but I had this loop over in my mind: What if we had just got there a little bit sooner? What if I could have got out of the vehicle and helped the one person I saw who wasn't quite dead yet? What if? What if? What if?

This takes a real emotional and mental toll on you, playing it over and over and over. Nothing helped until I told that story to this group with the Veterans Transition Network, and then got the feedback from my colleagues who had also seen similar experiences. They said, "You know, it sounds like you were a good soldier. It sounds like you really did all you could do."

It wasn't until I got that from my peer group that I started to really accept that I had tried to do everything I could in that situation. It led me to start to close that loop that was going over and over and burning up all that mental energy. I was able to then refocus myself and continue to do well in my studies. I went back to the University of British Columbia to do a master's in counselling psychology and helped to grow the Veterans Transition Network.

In closing, I hope that by presenting here in front of you today I can leave you with the message about focusing on the transition, as well as the mental health issues for military leaving the forces, but also to say with a small investment.... This 10-day program really helped turn it around for me. Since then, as I have said, I've gone back to complete my master's in counselling psychology and I've helped raise over \$2.5 million to grow this to a national organization.

Thank you very much.

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

Ms. Gallant, would you begin the round of questions, please.

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

What are your organization's sources of income, Mr. Laidler?

Mr. Tim Laidler: The primary source has been the Royal Canadian Legion. They've funded this project for the last 15 years in B.C. as a research project. Within the last year, we've received support from the True Patriot Love Foundation, Wounded Warriors, and the Dominion Command of the Royal Canadian Legion to expand it nationally. We're also excited to say that last year Veterans Affairs accepted us as a registered service provider, meaning that they'll pay for their clients to come through our program.

Mrs. Cheryl Gallant: What is the cost to the veteran who participates in this program?

Mr. Tim Laidler: There is zero cost to the veteran. We pay for all their travel, all their accommodations, and everything to take the program.

Mrs. Cheryl Gallant: How does your organization decide to which communities it will offer the program?

Mr. Tim Laidler: Currently, we are doing it on a needs basis. We have focused on the east coast because we've seen that there's a higher proportion of veterans out there. From here, we're building it out to where we get the most traction. Often they'll be one of our graduates who'll go back to the community and tell us that they have five people who are sort of interested, and we curtail it to where we're able to get that traction. Even though it is a really great program, it's still difficult for us to get veterans to come forward and take it, so we do require that peer-to-peer recruitment assistance.

Mrs. Cheryl Gallant: Are you coordinating at all with OSISS?

Mr. Tim Laidler: Yes. Some of our graduates are actually OSISS operators. It is a good source for our recruitment.

Mrs. Cheryl Gallant: When you're selecting the areas to go to, are you focusing on where there are a number of veterans from some conflict, or are you focusing on areas where there's a military base associated, or are you going to the places that would not necessarily have the resources of a JPSU available to them?

Mr. Tim Laidler: We've been going to the smaller communities, especially in areas where there's a large reservist population and perhaps not a major regular force base presence. That being said, we still do see a need in those areas, too. Then, ideally, we'll have programs running to support all the different generations.

Again, this started in 1997. This was before Afghanistan, so most of the people coming through the program before that were Bosnia-era veterans. Currently, we have mostly Afghanistan veterans, but there is often one of the peacekeeping-era veterans in the program. There's no age restriction or anything like that.

Mrs. Cheryl Gallant: Have you found that there is a time span wherein your program offers the greatest chance of success, for instance, if it's given to a group of veterans six months, a year, or more after their deployment?

• (1010)

Mr. Tim Laidler: I don't think we've come up with any sort of data to show a best time for it. I took it earlier on. It was the first exposure I had to anything therapeutic, and I found that extremely helpful. We do find that we're catching people further upstream. We

know if they're able to make a successful transition, if they're able to find a place for themselves emotionally and vocationally in the civilian sector, that is hugely beneficial to reducing the chance of their developing post-traumatic stress or some other sort of disorder or landing in jail and having ongoing transition problems. We think the earlier the better to generally answer.

Mrs. Cheryl Gallant: On your website it indicates that 90% of program graduates are on a new career and education path.

What specific skills do CF members have that you build upon to help transition them to specific interests or careers?

Mr. Tim Laidler: The biggest one is the peer group work. Often what will happen if they come out and unsuccessfully transition is they'll end up on their own, isolated, trying to withdraw to the wilderness and not be around busy sounds and places like cities. This is hugely difficult when they're trying to make a career transition.

It's about having them come back to the community, come back to talking about their story, and being able to go back to military friends, family members, and then eventually employers and say, "Yes, I had this experience. Here's the impact it had on me, and here's what I learned from it."

We find that having that confidence and understanding really helps them make that career transition, get back into networking, and find those job opportunities that would be lost to them in their isolation.

Mrs. Cheryl Gallant: Okay.

The life after service study was a groundbreaking study completed jointly for VAC and National Defence in 2011. It offered the first in-depth look at re-establishment outcomes. Through the study's findings, the department has a greater understanding of how to design, implement, and deliver the policies, programs, and business processes that meet the needs of ill and injured personnel, including reservists.

Are you aware of this study, and if so, what are your thoughts on it?

Mr. Tim Laidler: Yes, I'm aware of it. We present, every year, our research findings at CIMVHR, the Canadian Institute for Military and Veteran Health Research.

Mrs. Cheryl Gallant: How important is it emotionally and psychologically for transitioning veterans to be gainfully employed immediately after service?

Mr. Tim Laidler: It's really the key indicator for us, if they can get back into employment. The real difference, though, is not just a job, but a fulfilling job. We don't think the major problem facing veterans is unemployment; it's actually underemployment.

I can speak first-hand to this after coming out of Afghanistan, where I was in charge of 30 people's lives and millions of dollars' worth of equipment. The job opportunities coming back were at the bottom rung in some sort of organization. This is a very difficult thing to get your mind around and really get excited about, working from the ground up again, after you've completed.... I'd been 10 years in the military at this point.

To start that whole process over again is underwhelming. That's what can lead to more problems, to just saying, "Well, whatever; my time that actually gave me meaning in the world was in the military."

Mrs. Cheryl Gallant: While there's a lot of discussion about how to support veterans once they leave the military, is there something that can be changed during a soldier's active duty experience to help better prepare them psychologically for when the time eventually comes that they have to leave the Canadian Forces?

Mr. Tim Laidler: When it comes to trauma, I see it like jumping out of an airplane: if you don't have a parachute and you land on the ground, you're going to get broken legs and all sorts of messed up things if you survive. That's what trauma is like. There's very little you can do to stop yourself from being traumatized by something.

I think the best chance we have at preventing ongoing issues is to try to adjust the culture of coming forward for help so that people can learn how to self-assess: "I'm going through a stressful experience; I'll get assistance for it right away, take some downtime, get some time off."

If it can become a cultural norm that getting injured psychologically overseas is no big deal, that it's just something that takes some downtime to recover from, then that's probably our best bet to preventing the ongoing issues that we start to see now in our veteran populations as they move out.

Mrs. Cheryl Gallant: Thank you.

The Chair: Mr. Harris, please.

Mr. Jack Harris: Thank you, Chair.

Thank you to all for your presentations.

If I may start with you, Mr. Laidler, what you're talking about here, your own experience is not a medical one, is sort of getting your head around not being a soldier and making that transition.

It strikes me—and we talked to some guys in Petawawa in the last couple of days who will be leaving the military—wouldn't that be something you'd expect the Canadian Forces to deliver? There's somebody who's about to be medically discharged, and they have three years to work on this. We wouldn't have people wondering what will become of them when they're discharged, when they're trying to, as you say, reinvent themselves. I get that.

Why do we wait until after people are having troubles or wondering about what to do with themselves?

• (1015)

Mr. Tim Laidler: I think it's a great point.

To give you a bit of an update, and not too pre-emptively, we have been in very good conversations with DND to date. We've talked to people from mental health. They realize that our program doesn't fit within the health services bracket, that we are in some other more psychosocial capacity, and that perhaps the home for an organization like ours and others could be in the JPSUs, where we're not helping necessarily an injured population, but we are helping people with that transition.

That's where we think we could help people, at the end part of their careers, before they've released. It's something that we've prepared our organization to take on.

Mr. Jack Harris: Thank you.

It strikes me that the fact your work is necessary is a bit of an indication it's not being done before people actually get out. You can take that as a comment.

Looking at the statistics we've been provided, we're told that you have supported 400 people in the last 15 years, which is on average 24 or 25 a year. You were expecting to do a lot more. How many people do you have actually working full time for the VTN?

Mr. Tim Laidler: That 400 number is back-ended. For the first 12 years or so, we were only running this as a research project. It was very small scale. We've been ramping this up. We want to get it to 150 military and veteran personnel per year in 2015.

Currently we are a non-profit organization. We have three full-time staff members, and about 15 clinicians across the country who work for us on contract. These are registered psychologists we contract for the 10-day program delivery.

Mr. Jack Harris: Thank you.

If I may, I'll move to the Chiropractic Association for a moment. Speaking about the U.S. experience, does DVA now pay for chiropractic services to veterans as part of their medical support?

Mr. Eric Jackson: Yes, depending on their classification and what their release issues were when they departed the military.

Mr. Jack Harris: If it's, say, service-related....

Mr. Eric Jackson: Yes. Generally 10 visits, but up to 20 visits to a chiropractor are covered per year.

Mr. Jack Harris: It's already recognized as a medical service for those who have service-related injuries.

Mr. Eric Jackson: Yes, it's after their release, and that's in the community.

Mr. Jack Harris: I gather you're looking for, perhaps, two things. One is that your services would be paid for as part of medical services for existing CF members. Are you also seeking to encourage the government to hire chiropractors to work in medical clinics on bases, as they have in the U.S.?

Mr. Eric Jackson: That would be exactly right.

Mr. Jack Harris: What's your ask? Could you summarize your ask in terms of what kind of recommendation this committee ought to make if we accept your presentation?

Mr. Ken Brough: We would ask that the military consider a strategy like they had for the mental health strategy. First of all, assess the severity of the challenge, and then outline strategies to correct those challenges.

What we're finding with the research that's out there now, the newer research that's coming about, is that if chiropractors are an integral part of the MSK team, better care could be provided at a lower cost, or the same cost.

Mr. Jack Harris: One of the things you emphasized, in particular, in your example about the pilot, was the getting someone back to work or keeping someone working who might otherwise be off duty. That sounds like a good example, obviously anecdotal. Are there studies to back that up in terms of the kind of success chiropractic treatment has in maintaining someone in a job or at work, as opposed to being on sick parade or on leave?

Mr. Eric Jackson: There are a number of studies that have been published. Probably the most efficient one is that of the workers' compensation board in Ontario and, I believe, Manitoba. They have shown that early intervention in a strategy with a pathway outlined, in other words, a specific protocol followed, and review of that on a timely basis as opposed to an ongoing treatment.... Timely and structured evaluation of the patient's condition does return them to work faster at a lower cost. Workmen's compensation has been one of the better ones.

There are a number of other studies. As I said, Dr. Goertz published in *Spine* in 2013, by looking at the overall costs of medical treatment, and then medical treatment plus chiropractic care, and showed a faster return, and Heymans did, as well, to their working duties, active duty, and expenditures were smaller.

• (1020)

Mr. Jack Harris: Do you have any concerns about being accepted as part of a medical team with other professionals?

Mr. Eric Jackson: None. In fact, during the expert panel, I was pleasantly surprised at the degree of acceptance of spinal manipulation as a therapeutic model. The problem will be to get on base.

A study done in Ottawa looked at the relationship between the working team and the inclusion of a chiropractor over a course of about 18 months. The study showed there was increasing confidence of the practitioners in providing chiropractic care as they interacted with the individuals. The team really began to coalesce and collaborate at a much higher level as that cooperation became more intact.

We wanted to provide a basis to show that in the Canadian military. The Canadian Chiropractic Association has proposed a study to be embarked upon, where five centres would be selected, and chiropractors would work on teams to develop a rationale for how we're going to do that effectively.

The Chair: Thank you. Your time is up.

Mr. Norlock, please.

Mr. Rick Norlock: Thank you very much, Mr. Chair, and through you to the witnesses, thank you for attending here.

The first question would be to Tim.

In my previous occupation, which was paramilitary, before we transitioned out of the police force—in my case, I retired—we had a retirement preparation course. It was only a day or two; I think it was two days. Is there something similar in the military? In other words, somebody says they're going to leave the military. Is there a specific course that prepares them?

What I found very valuable was that part of that course had several members who had retired saying how it affected their relationship with their family. All of sudden you don't have to put in 40 hours a week, or maybe you want to do something else, etc. There are also financial implications: What am I entitled to? What's my retirement pay? How does that compare? What is your experience?

Is there something in the military currently? Isn't that what you're talking about, preparing people for that transition to civilian life and what the options are?

Mr. Tim Laidler: There are some programs that I can talk about, but I'm not fully qualified to speak on them completely. I can relate as well that my father served his whole career in the police force and made that transition himself recently.

I'd say in the current service model they have a lot of programs for the most extreme cases with mental health. If you have a full diagnosis of PTSD, there are a lot of programs there for you.

Mr. Rick Norlock: Excuse me, Tim. Mental health is important, but I think if you took a course like this given by peers, they would've discovered what you discovered yourself. I guess what I'm saying is that it should be for everyone. So if you could talk about everyone, and then transitions....

• (1025)

Mr. Tim Laidler: Yes, and that's what I was just saying. Mental health is a small percentage.

On the other end there are the SCAN seminars. There are a lot of educational programs that can give you the different options out there, and that's something any military person being released can then access.

The gap we've identified is that there's an in-between place. People can come out, they can know cognitively what all the different occupations available to them are, yet there's this psychological transition, this identity transition, that seems to be missing. This is what we're hoping our program can fill. It's something that hasn't really shown up before. We haven't had such a blending of the mental health issues from places like Afghanistan and other overseas missions with the general transitions where people retire from the forces without having experienced stressful or traumatic events.

I think you bring up a great point. It is something we're trying to say. Whatever it is, 10%, 20%, or 30% who have PTSD, it's an important population to pay attention to. Of the people releasing though, 80% could benefit from a program like ours. They don't have a diagnosis, yet they are struggling with who they are going to be once they leave.

Mr. Rick Norlock: Thank you very much.

To our friends from the Canadian Chiropractic Association, I'm always cautious when someone...I mean, I've used the services of chiropractors for many years. They're not cheap. So when you come to us and say you'll save us money, I wonder how you can do that. Is there some peer-reviewed study from another country that has experienced savings? We're talking about hundreds of millions of dollars spent on medical services for our men and women in uniform. How, specifically, can you say you're going to save us money when your services are...? Most of you have.... You're not poor is what I'm saying.

Specifically, how do you see you saving the medical system and the Canadian Armed Forces money?

Mr. Eric Jackson: That's an excellent question.

It's been studied in a number of different scenarios. One was in Tennessee where they looked at total health care costs because the costs were contained within an HMO. An HMO pays for everything. When you belong to an HMO they are responsible for covering all your costs, similar to the Canadian military. When you're a member of the military, your costs are contained within the military.

When you look at the cost of including complementary or alternative medicine, that is, when the member was taking part in conservative alternative medicine, chiropractic being 80% of that in terms of the dollar value, in an average claim year, instead of \$2,700, they were able to reduce it to \$2,200. If you were receiving chiropractic care you were costing the HMO less money.

Mr. Rick Norlock: Thank you for that. Could you please provide our researchers with some of those studies so they can make it part of this study?

My preference would be that if we're going to consider your type of medical interventions that it would be a trial, over 18 months or a specific time of around 24 months. After that, they could come back to the Canadian government and say, working with your society and the medical fraternity....

Would you recommend that kind of study so that we don't get ourselves into a permanent fix where it ends up you guys didn't really save us any money, that you just added to the cost?

Is there a trial study that has been done which showed this one way or the other? Is there one that you could give our researchers so they could best advise this committee?

Mr. Eric Jackson: Thank you.

Let me speak to the fact that there was a congressional bill in the U.S. that was made to include chiropractic. This was a professional decision, not a political one. The decision was made in 1991, and in 1994 they incorporated chiropractic services into the military. By the time they had reviewed that, they determined that it was productive and cost effective and that it reduced their overall burden of health care and burden of injury both to the member and to the veterans. That's been shown.

The other thing I wanted to say was that the Canadian Chiropractic Association has already proposed exactly what you've suggested and agreed to fund such a project. What we're looking for is the political will to incorporate that into the defence department.

We're willing to put our money where our mouth is and say we'll fund that study for up to three years. We'll do it at five bases, and we'll look at the numbers. If the numbers don't suggest that it's productive and cost effective, and the outcomes aren't there, then we'll pack our tent and go home. But we think there's lots of evidence from, as I said, Goertz and Heymans, that this is a very effective way to treat.

The Chair: Thank you very much.

Ms. Murray, we're very close to cut-off, but in the interest of fair allocation of time, you have five minutes.

Ms. Joyce Murray: Thank you, Mr. Chair.

I'd like to direct my questions to Mr. Laidler.

Thank you for your presentation and thank you also to the chiropractic association for informing us about the opportunities with chiropractic.

Mr. Laidler, I'm going to ask about this potential scaling up of the Veterans Transition Network. You said the objective is 150 persons held transition per year by 2015. Beyond 2015 is there a number set for the objectives of the network?

Mr. Tim Laidler: Our objective is 150 veterans per year on an ongoing basis after 2015.

Ms. Joyce Murray: With a staff of three that sounds like it might be a challenge. What kind of organization would be needed to contribute at that level?

Mr. Tim Laidler: Right now we are funding our growth capital to hire more staff. We want to have zone coordinators in five zones across the country, including our headquarters staff and those are the administrative support teams. Clinicians are really our bottleneck, the people who are trying to train up to deliver this program. People need to have their Ph.D. in counselling psychology and then they can work with a master's level counsellor as well. It takes a long time to get training done, and on top of it, they have to come through our training process, which can take six months to nine months depending on....

• (1030)

Ms. Joyce Murray: Okay. So you're not just going out to clinical psychologists and saying, "Here's a blueprint. Do this." It takes a considerable amount that is specific to the forces member's situation.

How much of this is being funded through Veterans Affairs or DND at this point in terms of the infrastructure, the staffing, and the training of the Veterans Transition Network?

Mr. Tim Laidler: We talk about costs. The competitive advantage for our organization is that we have all those costs covered by the private sector currently. Because we were a trial and we were experimental, and we were seeing what the data was going to present, the legion got behind it, and we were able to spend all that money from the private sector building our capacity. Currently, the government is paying for their clients to come through our program only at this point.

Ms. Joyce Murray: Under the current model, to expand you would need money from the non-profit sector, because it's not really the private sector in the way I understand it. These are organizations that have to go out and get donations from Canadians in order to have a budget to provide some funding, so it probably gets more difficult every year to draw support from the public.

Has there been an application to Veterans Affairs or DND to provide some core funding to be able to expand?

Mr. Tim Laidler: Not currently, but we're always open to that possibility. Our business plan has been successful so that we have this growth capital from the private sector. If something goes off course in a couple of years' time we could re-evaluate that.

We do have an application in front of DND right now to become a service provider to them. That's going to be our first step. Then we can look at the expansion money after. We're looking at \$500,000 next year and \$500,000 the year after. For True Patriot Love, we already have interest from most of those organizations, so the only gap in our funding right now is a couple of hundred thousand dollars, and I'm confident we can find that.

Ms. Joyce Murray: How many people has DND or Veterans Affairs funded to take your program at this point?

Mr. Tim Laidler: To date, Veterans Affairs has funded eight personnel to come through the program. For DND, again, we're still in negotiations with their health services teams on that.

Ms. Joyce Murray: Are there constraints that we should know about in terms of funding by DND and Veterans Affairs to have their members take the program?

Mr. Tim Laidler: I'm not sure on any specifics. I think funding is obviously the big issue with DND. They're talking about supporting our program in principle, and I'm sure, with budget cuts as they are, that everyone is starting to ask where the money is going to come from.

I would say a good place for our program is the delivery of services to veteran populations: get them early; get them on track; get them back into careers. It does save a lot of money over the long term. There are a number of studies that can show just how much money this can save. Just to do one quick cost comparison, if somebody doesn't have a successful transition, and they end up getting an addiction or becoming an alcoholic and they have to go back into some sort of rehab, one rehab program can cost up to \$60,000 for a 60 to 90 day program. Ours costs \$15,000 for that veteran to come through our three-month program. Again, we don't deal with the addictions necessarily, but if people are successfully transitioning there's a high chance they're not going to end up with the addiction problems.

Ms. Joyce Murray: Can you table some of the research that has been done over the years with the veterans transition program for our committee?

Mr. Tim Laidler: I'd be happy to.

The Chair: We have reached time.

Thank you...[*Technical Difficulty—Editor*]...Jackson.

This committee will now suspend and will resume in a couple of moments in camera.

[*Proceedings continue in camera*]

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