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Chair

The Honourable Peter Kent

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•(1105)

[English]

The Chair (Hon. Peter Kent (Thornhill, CPC)): Thank you, colleagues. As we continue our study of the care of ill and injured Canadian Armed Forces members today, we welcome again to committee Colonel Gerry Blais, the director of the casualty support management and joint personnel support unit, Department of National Defence, to address questions and issues around operational stress injury and social support.

Colonel Blais, you have a ten-minute opening statement, sir.

Colonel Gerry Blais (Director, Casualty Support Management and Joint Personnel Support Unit, Department of National Defence): Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, it's a pleasure to appear before you once again to discuss the operational stress injury social support program, or OSISS as it's commonly known.

[Translation]

OSISS, which is now a mature 13-year-old program, is a partnership between the Department of National Defence and Veterans Affairs Canada. The aim of OSISS is to ensure that military personnel, veterans and family members entering the program reap the benefits of programs and benefits that can assist them in their recovery. Breaking down the barriers of stigma and providing social support has led many of the target group to seek the help they need. OSISS is a critical non-clinical component of the mental health services of both departments.

Peer support coordinators and family peer support coordinators are typically former members of the Canadian Armed Forces or family members of veterans and serving personnel who know first-hand the difficulties of living with an operational stress injury and the possible impacts. More specifically the peer support coordinators provide the following services:

[English]

Provide peer support to those making the first steps in re-establishing a social connection in both one-on-one and group formats. They perform outreach activities to reach out to peers in need and to community support organizations that provide support to OSISS peers. They work with peers to identify and implement actions that will lead to improved social relationships. They actively work with peers to encourage positive self-care; actively support peers in efforts to better manage and adapt to life events and transitions; manage unusual or difficult situations when delivering peer support in the community with at-risk populations; participate

in developing and delivering awareness and information activities; work to break down the barriers of stigma and provide social support; and provide ongoing mentorship and guidance to peer volunteers.

Peer support involves hours of conversation, working to balance listening with sharing, and helping peers connect with others. The staff of OSISS, along with their 127 trained volunteers, is an extremely dedicated and passionate group who serve more than 2,000 people in need in both individual and group settings. The majority of OSISS peers are housed in the joint personnel support unit's integrated personnel support centres, and a few are located in VAC offices.

The highly successful OSISS program, complemented by the helping others by providing empathy, HOPE, program that provides peer support to bereaved family members, are outstanding gateways to clinical mental health programs. This helps the Canadian Armed Forces attain the objective of providing mental health care to all its members who require the services.

[Translation]

I will be pleased to answer any questions the committee may have.

[English]

The Chair: Thank you, Colonel Blais.

We will begin our opening round of questions with seven-minute segments.

Ms. Gallant.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Mr. Chairman, and through you to Colonel Blais.

With operational stress injuries, often not just the serving member is impacted, but the entire family. They become so involved in the day-to-day care and they're impacted as a consequence of how the member of the forces treats them because of what they're going through.

Could you tell me what sort of support, if any, OSISS provides to the family members?

Col Gerry Blais: The staff of OSISS is comprised of peer support coordinators on an almost 50-50 basis. They provide support to the individual suffering from the OSI. The other half are family peer support coordinators who provide support to family members. We have members of families who have lived through the experience of living with someone with an OSI who are now able to talk the family through what they're going through and also direct them to the resources that are best able to provide them help.

Mrs. Cheryl Gallant: When I was first introduced to OSISS—I would say it was over a decade ago—the criticism was that “these are just peers and they don't have any training”. They were accused of just being drinking buddies and working through the problems in a very unprofessional fashion. Is that the way it is today? Is there any training for the volunteers or the peer support individuals?

Col Gerry Blais: Absolutely. When the program began, as with any program, of course, there was a learning curve. The program actually began in a waiting room where two individuals who were seeking treatment began speaking to each other and realized how therapeutic that could be. Since that time, we have a partnership with Veterans Affairs, and some of the staff at St. Anne's Hospital, who are experts in the field, train all of our peers. All of our volunteers receive the exact same training as the peers in how to deal with this.

The important thing for them is to respect boundaries. They are not clinical staff so they don't have the ability to treat clinically. What they are there to do is to listen and refer. They will take the problem under advisement. They'll encourage the person to seek medical help and take their medication if they are receiving treatment, guide them down the proper path, and also lead them to the resources that can best help them.

• (1110)

Mrs. Cheryl Gallant: When OSISS first stood up, there was a turf war, I would say, between the medical professionals, who felt they should be the sole providers for the personnel, and the OSISS. How has that relationship evolved over time?

Col Gerry Blais: Very positively, I'm happy to say. As the officer responsible overall for the OSISS program, it's one of the components of casualty support, and I speak very, very frequently with the director of mental health in health services. Any conflict that there used to be in that relationship is no longer there.

Mrs. Cheryl Gallant: At one point in time, we had our special forces who were having challenges in obtaining the Veterans Affairs benefits as a consequence of the specifics of their operations having to be kept separate from those of any other department. OSISS filled a role in bridging that gap. Do the members of the special forces have access to OSISS?

Col Gerry Blais: They absolutely do. Any member of the armed forces, or any veteran for that matter, has access to OSISS, as do their families.

For those special service forces members who have participated in operations that have a high security classification, if there's any issue with benefits for Veterans Affairs, I personally review their file and provide Veterans Affairs with a letter that provides a level of detail that they need to be certain that things are as the member states, but that also respects the security classification of the documents, and the member obtains his benefits that way.

Mrs. Cheryl Gallant: When a member returns from abroad, they sometimes come back with not the same demeanour they had when they left, and this has a huge impact on children. How does OSISS help the children of the affected member?

Col Gerry Blais: That is probably the one area into which OSISS has not really spread yet, because it would be.... Obviously, for peer support, if you need the training, etc., it is more difficult, depending on the age of the children, to train them. The family peers are there to

deal with the family as a whole, although I would say that they are probably more successful with spouses. The dynamic of the children...I would suggest that our best opening is to take them to the family support centre. Either they will have social workers on staff who can help, or they can get them into the proper resources in the community.

Mrs. Cheryl Gallant: Okay.

When we first became involved as a country in the Afghanistan conflict at the invitation of the president of Afghanistan, the OSISS coordinators really were living on a shoestring. They depended on the charity of a base commander for even a location on base. Has anything changed over this campaign in terms of providing funding to OSISS?

Col Gerry Blais: Yes, not just throughout the campaign, but over time, as with any other program. In its initial stages, it was a program that was on a pilot basis and, of course, the robust funding was not there. The program is now fully funded for both the staff and for their operational needs. As far as housing is concerned, they are located with the joint personnel support unit, and in locations where there's not quite enough room, we have them set up in the Veterans Affairs offices.

The Chair: Thank you, Colonel Blais. Time is expired.

Mr. Harris, please. Seven minutes.

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

Colonel, you talked about how the whole program here was designed to assist in the recovery of people who have both physical and mental needs. I'm at a real loss here to understand how it is that discharging someone who has been in service for nine and a half years, has been diagnosed with PTSD, and has been unable to work as a result, assists in their recovery, for someone who's looking forward to not having a pension, being out in a few months, and really feeling hopeless. I really can't understand why you can't figure out a way to include someone in the service until that 10 years is reached, so they'd at least have some security afterwards.

Can you comment on that, please? I'm really at a loss here.

• (1115)

Col Gerry Blais: What I would say is that there is a misunderstanding on the pension issue. When somebody is released for medical reasons, when they do reach the 10-year point, the annuity about which you're speaking is their Canadian Forces superannuation. For a member with 10 years' service, that is 2% per year, so we're talking about 20% of their salary. For the most part, these are very junior members who would be released. So, if we use \$50,000 as a baseline salary, and you're talking 20% of that, no one is going to be able to live on that. Very often the individual is better to come under the care of Veterans Affairs at an earlier point because the benefits are more generous than if they were to remain in military service.

Mr. Jack Harris: They don't always qualify for veterans services. In fact, the case I'm talking about is one where it doesn't.

Col Gerry Blais: If I may, if they were released for post-traumatic stress, which is definitely related to military service, they would absolutely be eligible for Veterans Affairs benefits.

Mr. Jack Harris: Well, that may be an issue in this particular case.

I think that people who have 20% of their salary feel better off than people who have nothing. So I disagree with you on that, sir, with respect.

I'd like to ask a question about the issue of suicides. We've heard evidence before this committee on a number of occasions suggesting that the issue with respect to the Canadian Forces was in keeping with the general population. That's debatable, and it has been debated as to how it's calculated. Also, there is information made available by the Library of Parliament that with respect to veterans, and currently serving members, the rate is 45% higher than the general population. What I want to know is, how can we make sure that veterans who obviously have this issue in front of them...? We're hearing about it now...because someone was out for a year, someone who has been serving hasn't been able to cope.... How do we ensure that as people leave the service, they get tracked, they get help, they get it out? It's been mentioned before. I don't know what system is in place. You're in a position to tell us what should be done. How is it being dealt with now? And what needs to be done to improve it?

Col Gerry Blais: Well, I can speak about it on two fronts.

The first is with the program that we're discussing today, the operational stress injury social support program, it is a joint program between Veterans Affairs and DND. If someone is receiving peer support from OSISS when they leave the armed forces, that support continues and is seamless because it's the same peer who delivers the support.

Also, for anyone who's posted to the joint personnel support unit—and the vast majority of people leaving for mental health issues would be posted to the unit—there is a transition plan put in place in which Veterans Affairs participates. They're at the table with the individual and the DND service providers, and for the last six months of their service, the case managers do a complete transition and hand over the file to ensure that this person doesn't fall through the cracks.

Mr. Jack Harris: So in your view there is no issue with respect to ultimately tracking individuals after their release from service?

Col Gerry Blais: Well, there could be, because the one important factor in this is that the individual has to want help. So if the individual moves or changes location and doesn't seek assistance in the new location or doesn't inform anyone, then at that point, there could be a problem.

• (1120)

Mr. Jack Harris: One of the concerns raised by the ombudsman Pierre Daigle last fall was the understaffing of JPSUs and the difficulty that experienced people had guiding physically and emotionally battered troops—his words—through a career transition. We've heard on a personal visit or a committee visit to Petawawa, for example, that an individual was turned down twice for career counselling support. It would have been off the base.

How could that be the case for someone who is going to be transitioned out of the forces, who needs to know what's available in the job market, needs to know what may be out there and what qualifications or aptitudes they might have? How could they be

turned down? Is that something that's done on an individual case-by-case basis or is there a general availability of career counselling?

Col Gerry Blais: There is full availability. We do provide that service through the base personnel selection officer. We also have a coaching capability through the military employment transition program with Canada Company. The service is free of charge. I'd have to see the particulars of this case, but there would be no reason for anyone to be denied that service.

The Chair: Thank you, Colonel Blais.

Time has expired, Mr. Harris.

Mr. Norlock, go ahead, please.

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

Tim Laidler from Veterans Transition Network has previously appeared before this committee. At the VTN, veterans are helped by other veterans to reorient themselves towards successfully transitioning to civilian life. They've experienced successes.

Do you work with the VTN? Have you adopted any of their strategies? What sort of success do you see for veterans in terms of a transition process after they've participated in the OSISS peer support network?

Col Gerry Blais: I'll start with the OSISS question if you don't mind.

Mr. Rick Norlock: Sure.

Col Gerry Blais: We've seen great success with OSISS. The most important thing that OSISS does is to get people into treatment, because very often a person is reluctant to seek that treatment, but when they speak to someone who was in the same place they are now, who guides them into the treatment gateway, that gets them into the helping hands they really need to help them start on the road to recovery.

As I'm sure you were told by the mental health folks when they were here, the earlier we can get people into treatment, the better the chances that they will have a successful treatment plan are. OSISS is a huge component in that endeavour.

As far as the Veterans Transition Network goes, they've recently had meetings with the director of mental health and they've both come to the conclusion that it is not a clinical mental health program per se. It is more on the social support side. Just late last week, a copy of a proposed memorandum of understanding was sent to me by the director of mental health regarding a proposal to work with the Veterans Transition Network. I'm in the process of reviewing that now and will be meeting with the Veterans Transition Network in the fairly near future to discuss options.

Mr. Rick Norlock: Thank you.

With the strong element of trust that exists in the peer support networks, is the stigma associated with mental health issues less pervasive in these networks? In other words, is it easier to come forward with a mental health issue knowing that you are coming forward to someone who has also experienced the trauma? Part of that question would be what professionals are involved in OSISS other than the peer support coordinators, and what role if any do mental health professionals play in the OSISS program?

Col Gerry Blais: We are very much a team. The program manager for the OSISS program at the moment, Major Carl Walsh, has a master's degree in social work. In addition to managing and leading the program, he also has that capacity to assist them when there are mental health issues at play or to help the staff with resiliency.

Also on the Veterans Affairs side, there are mental health practitioners there who provide us with the training for our peers and who are also there to assist peers who may be going through issues themselves. Of course interacting on a daily basis with those with mental health issues can spark memories for them, and we have to keep a close watch and assist them with their resiliency as well.

There are no other mental health professionals, because a big part of the OSISS program is trust. The confidentiality of the program is hugely important to those who come into the program, and they understand that they are dealing strictly with a peer until such time as they're ready to step forward and receive that treatment. As soon as they do, OSISS has an in with the medical clinic to get people into treatment.

• (1125)

Mr. Rick Norlock: Thank you very much.

You touched on the training and recruitment process for peer support coordinators, but I wonder whether you could run us through the steps they take in training. I think it's very important to know that the training that the people who are volunteering for this receive is what we or the average person out there, because we're speaking to Canadians through this committee... what kind of training they would receive so that they could recognize and deal with some of the issues they may face.

Col Gerry Blais: They are trained by a psychologist, who trains them on a number of fronts. It's not a clinical program, so they are not trained to provide treatment. What they are trained in is to listen and to guide the discussion with individuals and groups—we offer groups sessions in OSISS as well. They are also trained to remain outside the fray, to a certain extent, because having suffered, it's easy to self-refer to the individual's illness and be dragged back into it yourself.

That's an important component of the training, that we teach them to listen and to empathize while remaining not aloof but apart from the individual's problems, enough that they can provide the guidance and the coaching that he needs.

Mr. Rick Norlock: Thank you very much.

We have talked about the transition from military to civilian life. How does the OSISS program facilitate the transition to civilian life, particularly with veterans suffering from these mental health issues?

Col Gerry Blais: The actual programs and their delivery are done by the staff in the integrated personnel support centres, but OSISS is a key player, in that the peer support coordinators have left the armed forces themselves. They have lived the transition experience and they can inform the person of what they can expect, how they may react, how they may feel as they're leaving, and that sense.... It is a huge change from coming into work in your uniform every day, having a chain of command, and being told where to go, where to be, what to do, when all of a sudden, from one day to the next, that disappears. They help them adapt to that reality before they have to face it.

Mr. Rick Norlock: Thank you.

The Chair: Thank you, Mr. Norlock.

Ms. Murray, please; you have seven minutes.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you.

Thanks, Colonel Blais, for being here to help us understand what the best therapeutic pathways are. You're the director of the JPSU as well.

Col Gerry Blais: I am.

Ms. Joyce Murray: In March 2013 the JPSU implemented a policy that limited people who were registered there from making critical or discouraging comments on social media such as Twitter and Facebook and so on, and that included a mandatory form for JPSU members to sign. Is that policy still in place?

Col Gerry Blais: I would like to clarify it first.

We did not restrict people from speaking in social media or voicing an opinion. What we have done is strictly.... For everyone in the armed forces, commanding officers have a responsibility to inform them of the Canadian Forces social media policy and policy in dealing with the media and outside organizations in general.

Ms. Joyce Murray: Okay. So they were restricted from making critical or discouraging comments.

Col Gerry Blais: No, they were not. What the form does is inform them what the Canadian Forces policy is with respect to social media. It reminds them of that. We simply had them sign the form to indicate that they understand the policy.

Ms. Joyce Murray: So have the JPSU members been signing the form?

Col Gerry Blais: Yes, they have.

Ms. Joyce Murray: Have there been any who refused to sign the form?

Col Gerry Blais: Yes, there have.

Ms. Joyce Murray: Some of the members have been quoted as saying that it's an attempt to intimidate. It's not illegal, but obviously there is a threat, so that they are signing the form under protest.

Have any JPSU members faced disciplinary action for improper comments?

•(1130)

Col Gerry Blais: No, they have not. We have spoken with some. The form is there more for the protection of the individuals, because unfortunately there are occasions when people, especially when they're suffering from mental health issues, will make comments or become involved in discussions that later on in the full light of day they would probably prefer they had not been involved in. That is what we're trying to protect.

Ms. Joyce Murray: Are non-military personnel who work at the JPS units being required to sign this form as well, or is it just the members of the military?

Col Gerry Blais: It's a different circumstance because the staff who work there are not subject to the code of service discipline or to Canadian Forces policy—the civilians are not—so they would not be asked to sign it.

Ms. Joyce Murray: Are members of the Canadian Armed Forces who are not posted to JPSU required to sign this form as well?

Col Gerry Blais: In some cases they are. You would have seen media reports earlier this year where the Canadian Army has instituted the same policy in their units.

If they are not signing a form, it is definitely part of their briefings and the orders appear in Canadian Forces documentation.

In the JPSU, it's just since we have people who are unwell, who are less likely to go read those documents, we want to inform them for their own protection.

Ms. Joyce Murray: Some of the armed forces members and their representatives are not of the view that you have about this. They view this as over the top and it's an attempt to shut people up.

I'm hearing that it's not the case; that it's a general practice in the Canadian Armed Forces to be required to sign this. It is the case in the JPSU, just for the military.

In your comments you talk about peer support around sharing and helping peers connect with others, about "peer support to those making the first steps in re-establishing a social connection in both one-on-one and group formats". Would you see social media like Facebook and Twitter as being consistent with what you think is a critical therapeutic pathway for the wounded veterans, the wounded soldiers?

Col Gerry Blais: Anything that helps someone communicate is a positive, there's no doubt about that, because we don't want those with PTSD to be in their homes barricaded, not communicating with anyone. And if that first step is to a computer, that's just wonderful.

Ms. Joyce Murray: But to force them to sign a form that says they're not going to say anything critical or discouraging—

Col Gerry Blais: That's not what the form says, ma'am.

Ms. Joyce Murray: So could you tell me the exact wording of the restriction?

Col Gerry Blais: It is not restrictive per se, it is guidance. It's Canadian Forces policy in dealing with the media in general. What we ask people to do in dealing with the media is to respect their areas of expertise. So if it's something that's not in your area, you should not be discussing it because you do not have the knowledge to do so.

Ms. Joyce Murray: I'd like to ask quickly some questions on the shortage of staffing and the JPSUs. Were you aware of the briefing note that the chief of mental health, Scott McLeod, sent to the minister a year ago asking for the ability to hire uniformed clinical psychologists?

Col Gerry Blais: Again ma'am, the medical component of the armed forces has nothing to do with the JPSU. We work together, but we are distinct.

Ms. Joyce Murray: So you don't have clinical psychologists who work through the JPSU?

Col Gerry Blais: We do not.

Ms. Joyce Murray: So they're not on the mental health team at the JPSU?

Col Gerry Blais: There is no mental health team in the JPSU. The Canadian Forces health services provide the mental health services and the joint personnel support unit, through the integrated personnel support centres, provides all the social support for military personnel.

Ms. Joyce Murray: Okay, so there are other staff—

•(1135)

The Chair: You have 30 seconds.

Ms. Joyce Murray: So the other staff who were not the mental health staff that were short...where are you at with respect to that shortage of personnel?

Col Gerry Blais: I believe at last count we had four vacant military positions and I believe six civilian positions, but those are not shortages per se. They are the usual rotation as people leave and are replaced.

We also have a number of other initiatives in place to bolster the staff as we have a fulsome review of the JPSU and where the staffing levels need to be in the future.

The Chair: Thank you very much, Colonel.

Mr. Williamson, please.

Second round of questioning, five minutes please.

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

The Chair: And if I could just remind members. the surgeon general will be before committee on Tuesday, April 8, to answer questions of that sort.

Mr. John Williamson: Thank you, Mr. Chair.

Colonel Blais, thank you for being here today.

I'd like to go back to something that Mr. Harris was talking about. It's something that we hear about when CF members are discharged; we see these news stories where benefits were denied. You touched on that, I think, and in fact you highlighted that it's because they're eligible for Veterans Affairs programs, which in many cases are more generous.

Could you just touch on that a little bit? That, I think, is where we as members don't always see this or don't always hear about in the news, for example. We are dealing with two different departments here. I think this is where the public misses it a little bit as well. I think Canadians do want to know that veterans who are injured while on duty do have programs accessible to them and will be treated well.

Col Gerry Blais: Absolutely.

The suite of programs is quite complex. There are a number of them in both the armed forces and Veterans Affairs. We're working very, very hard to have the programs mirror each other as much as possible while the person's in service so that as they do transition over it's basically the same.

But there will be differences. While you're in the armed forces, you're in receipt of your salary, so some of the long-term disability benefits, etc., you won't receive while in service. As you transition out, that's where some of these benefits kick in.

Each case has to be looked at on its own merits as to whether the injury is service-related, because Veterans Affairs, of course, only compensates for injuries that are related to military service. So which path? Are they then better off with SISIP Financial Services and the insurance benefits through SISIP? For those who have non-service-related injuries, that would be their gateway.

Each case requires individual analysis and work with the individual and the entire team in order to make sure we're providing them with what's best for their individual circumstances.

Mr. John Williamson: Just for my own information, what would be an example of a non-service-related injury?

Col Gerry Blais: When I'm at home playing basketball in the driveway on a Saturday night, I break my ankle.

Mr. John Williamson: Okay. Fair enough.

I don't know if it's in your field of knowledge or expertise, but could you touch on some of the Veterans Affairs benefits? The stories often end with no CAF pension benefits, and on to the next story, but often there is that transition and suite of programs available. Could you touch on some of the highlights?

For example, if someone doesn't qualify for a pension because, as Mr. Harris was saying, they were discharged for medical reasons, would they be eligible for some sort of pension or long-term disability payment until the end of their days? What are we talking about here?

Col Gerry Blais: There are long-term disability payments. There is a disability award, which is what used to be the Veterans Affairs... under the old Pension Act. A person received a pension; they now receive a lump sum award. That sum is provided.

Yes, there are a number of other programs with Veterans Affairs. It depends on your situation and how seriously you're injured. But as the seriousness of the injury is compounded, the benefits provided are more significant.

Mr. John Williamson: Right.

I just want to make sure I understand this correctly. You mentioned that one of the controversies has been actually that the

old system provided a pension and the new system provides a lump sum. But in fact, even under the new Veterans Charter, there continues to be long-term payments. I don't think we call them pensions, but if, for example, someone loses a limb...

Could you talk about that a little bit? Maybe I'm incorrect, but I'd appreciate hearing your perspective.

• (1140)

Col Gerry Blais: It's not in my lane, per se. That's a Veterans Affairs question.

Mr. John Williamson: Okay.

Col Gerry Blais: But I can tell you that there are programs there that provide compensation as a person moves along. It's not limited to just the disability right.

Mr. John Williamson: Thank you very much.

The Chair: Thank you, Mr. Williamson.

Ms. Michaud, please.

[*Translation*]

Ms. Éline Michaud (Portneuf—Jacques-Cartier, NDP): Thank you very much, Mr. Chair.

First, thank you for your presentation, Col Blais.

Last week, we heard that, in Afghanistan, our soldiers unfortunately had no access to psychological assistance services in French when they were there. They had to depend on services provided by the Americans. Of course, the situation is different back in Canada when troops are not deployed. Be that as it may, I believe that we must make sure that psychological services are available in the soldiers' mother tongue. I am specifically thinking about places like Petawawa and Gagetown, where it is more difficult.

Could you tell me what steps are being taken to make sure that francophones, mainly— given that they are generally the ones dealing with this problem—have access to psychological assistance services in their own language, at least on Canadian soil?

Col Gerry Blais: As the chair indicated, the chief of the Canadian Forces health services group will be here next week. He will be able to answer that question. However, I can tell you, that, in my unit, we make sure that people everywhere have access to services in both languages.

Ms. Éline Michaud: Is that a function of the profile of the volunteers who are chosen? How can you give that assurance? I do not know how the schedule of volunteers and staff is arranged, but are you guaranteeing that at least one bilingual person will be available to people at all times? How can you guarantee that service?

Col Gerry Blais: The profile of all the service providers includes a language profile that has to be observed. We make sure that bilingual staff is ready to respond in each of our units, because we are providing services.

Ms. Éline Michaud: Which level is required?

Col Gerry Blais: That depends on the position and the region.

Ms. Éline Michaud: Which level of bilingualism do you require from the volunteers who are in direct contact with those receiving the services?

Col Gerry Blais: We do not require that from volunteers, because we do not have the right to do so.

Ms. Éloise Michaud: I see.

Col Gerry Blais: We are very happy to accept all the volunteers who come forward, but we make an effort to ensure that the volunteers are absolutely bilingual.

Ms. Éloise Michaud: So you are not in a position to guarantee bilingual service since you are not able to force bilingual volunteers to come forward. As you said, you cannot require bilingualism because these are volunteers. As I understand it, then, it is possible that no one may be on site to respond to francophones asking for your unit's services in French.

Col Gerry Blais: Not at all, because volunteers are only one part of the program. In the Joint Personnel Support Unit, we provide services in both languages. If a person is comfortable with a volunteer speaking his second language, and the person is ready to go that way, that's great. If not, the person will go with someone from the unit who can meet his needs in his official language.

Ms. Éloise Michaud: My understanding is that the person might not be a volunteer. It might be an employee, if no volunteers are available to assist the person in French.

Col Gerry Blais: Yes, most volunteers just provide extra support for the program. We desperately need them to meet the demand. That being said, the first point of service comes from public service employees. So we make sure the service is provided in both official languages.

Ms. Éloise Michaud: To wrap up, can you tell me what level of bilingualism is required of the public servants?

Col Gerry Blais: Once again, that depends on the region. If you are in Ottawa, for example, the requirement is higher, but if you are in Wainwright, Alberta—

Ms. Éloise Michaud: Give me an example for Wainwright, because that is a concern of mine.

Col Gerry Blais: Let me make a note of your question and provide you with an answer later, because I don't have the information with me.

Ms. Éloise Michaud: I still think that the level required is quite important for service delivery. Unfortunately, I was able to see that there is a difference between what a level means and what happens in practical terms. Levels "B", "C", "D", or whatever, are not necessarily as efficient as we would like them to be. I would really like you to provide us with those details.

Col Gerry Blais: We can do that.

Ms. Éloise Michaud: Do I still have time, Mr. Chair?

The Chair: Yes.

Ms. Éloise Michaud: Are your volunteers specifically trained on issues that women might typically encounter? Let me explain. When women suffer from post-traumatic stress disorder after a deployment, it is not always because of the tough combat situations they have experienced. There are also cases of sexual abuse, which are specific to women. Are volunteers made aware of that issue to help them direct women who may be suffering from stress of that kind to the most appropriate services?

• (1145)

[English]

The Chair: A short response, please.

[Translation]

Col Gerry Blais: Absolutely. We make sure that employees are able to direct individuals to the services they need.

[English]

The Chair: Thank you, Colonel.

Mr. Opitz, you have five minutes.

Mr. Ted Opitz (Etobicoke Centre, CPC): Thank you, Mr. Chair, and through you, Colonel, thank you for coming again. It's good to see you.

Regarding the last question, cutting to chase, if a service member requires a particular service, whether it is in a medical field or whether it is in a particular language, is it fair to say that the CF bends over backwards to make sure that the member is accommodated and gets exactly what they need?

Col Gerry Blais: Absolutely. We go so far that if an individual cannot obtain the health services they need... We had a case fairly recently where somebody in New Brunswick could not find a mental health practitioner who spoke French. We had them posted to Quebec City to ensure that they could get that service in their mother tongue.

Mr. Ted Opitz: On guidance on media, I know as a former CO myself, there are admin days once a year in all units and you get not only media guidance, you get the fire briefings, the IT briefings, all those briefings. Would it be fair to say that the media briefing consists of left and right of arc for a soldier. They can talk to media. There's no issue with that, but they speak on the things they have expertise in. They're not to speculate on things they have no expertise in.

Col Gerry Blais: That's exactly what it is. As you say, it is a component during briefings. There are a number of forums on the Canadian Forces harassment policy, on things of that nature. There are a number of policies, and we go over all of them. This one is just to heighten interest.

Mr. Ted Opitz: I agree with you on the process for the program, that therapeutic aspect of being able to talk to peers is very important. Now that I look at what you've written and the role of families, I think my father turned me into his own therapy kid as I was growing up because he would always tell me about these stories and of course interact with his comrades at the Polish Combatants' Association when he was a member. When I was growing up I saw the value of this kind of interaction, especially to allied soldiers who never formally had a lot of these programs back in the forties, fifties, sixties, and seventies. We've come miles in that respect, I think.

On the job front, I know you mentioned the Canada Company. I had a lot of involvement in the past with Colonel Goldring and others, but of course there's Helmets to Hardhats, Treble Victor Group. A myriad of different organizations help soldiers transition but also find gainful and meaningful employment. Would you agree with that?

Col Gerry Blais: Absolutely. I'm very proud to say that we are harnessing all those efforts under one umbrella: the Canada Company computer software, if you will, where the program is. It's a password-protected program for all members so we can develop a statistical database as to how well we're doing. All the individual programs, such as Helmets to Hardhats.... We've got others where we have franchise opportunities, etc. They're all under that one program so when the individual seeks employment, everything is located in one area so they don't have to go running around to find a job.

Mr. Ted Opitz: Canada Company, just for definition, is made up of Canada's captains of industry, their motto being "Many Ways to Serve". They certainly do that.

What would you say to critics of the VAC program? As you said, there's a lot of interaction between you and VAC. You do it, guide soldiers both in and out as to what benefits they can receive. A lot of critics say there are deficiencies in that. Would you say that before a soldier leaves or a veteran comes in for treatment, they get good guidance and advice on accessing VAC programs?

Col Gerry Blais: Very much so. As I say, Veterans Affairs is now collocated in all the integrated personnel support centres so as soon as we have notice that a medical release is about to happen, six months prior to that the individual sits with Veterans Affairs, there's a transition interview, and a transition plan is prepared to ensure that between the Canadian Forces case manager and the Veterans Affairs case manager everything is handed over so the full knowledge base is there.

● (1150)

Mr. Ted Opitz: What would you estimate the satisfaction rate is for people becoming VAC clients?

Col Gerry Blais: The satisfaction rate—

Mr. Ted Opitz: When they interact with VAC, and the process begins.

Col Gerry Blais: I wouldn't be able to answer that one. That would have to be Veterans Affairs.

Mr. Ted Opitz: Okay.

The Chair: Thank you very much, Colonel.

Time has expired.

Mr. Harris, you have five minutes.

Mr. Jack Harris: Thank you, Chair.

I have a specific question about peer support. I believe at Algonquin College there's a program available for social support workers as opposed to social workers. It's a two-year program. A number of individuals from Petawawa have done it.

I know you have volunteers in peer support. Has consideration been given to hiring some of these people to help in providing family

and peer support to the families at bases even though they don't have full degrees so they can provide that service as employees?

Col Gerry Blais: Again, if they are interested in joining OSISS as volunteers, we would be more than happy to have them. As job opportunities become open in the OSISS program, if they meet the core competencies we would be happy to consider them for employment.

Mr. Jack Harris: But you haven't considered using that program as a means to having the kinds of supports that families might need.

Col Gerry Blais: We are open to looking at all various programs. But at the moment, for peer support, we find that the training model we have is very well established, it's constantly reviewed, and is very pertinent.

Mr. Jack Harris: On a broader question, Colonel, medical services in the military are provided by the military and that's the primary health services for individuals who are serving members. I take it that medical services are provided to members regardless of whether they're male or female, equally, and secondly, whether or not the matter being treated arises out of service or not.

Is that the general rule?

Col Gerry Blais: Yes, while you are a member of the armed forces, you get medical treatment from A to Z, no matter if it's cancer or any other form of illness or injury, whether it happens at work or at home.

Mr. Jack Harris: On a policy level, is that intended to apply to prosthetics as well?

Col Gerry Blais: Yes, it does.

Mr. Jack Harris: I have one further question and I'm raising it because it has come up.

You mentioned that it's whether or not a particular event arises out of service, and you used an example of playing basketball at your house on a Saturday night as a serving officer living at home.

Would you consider sexual assault or rape in the barracks, where a person is essentially required to live.... Would that be considered to be arising out of or related to service?

Col Gerry Blais: Again, I'd have to know the specifics.

But as a general premise, if it were demonstrated that occurred, the very strong likelihood is that it would be service related.

Mr. Jack Harris: Okay. One final question. And I may not even use my five minutes, unusually Mr. Chair.

Ms. Murray raised the issue of people being asked to sign documents about speaking to the public or media. I'm assuming it's not possible, but I'd like you to confirm it. You're not aware of any circumstances where an individual would be asked to sign a document not to talk about their circumstances as a condition of receiving either financial support or medical treatment?

Col Gerry Blais: Under no circumstances.

Mr. Jack Harris: That would be the answer that I would fully expect to receive.

Okay, I will investigate this further.

The Chair: Thank you, Mr. Harris.

Mr. Bezan, five minutes please.

Mr. James Bezan (Selkirk—Interlake, CPC): Thank you, Mr. Chair.

Thank you, Colonel Blais, for joining with us again and providing your expertise.

I just wanted to get a better handle on some of the staffing and crystal-balling of what might be needed for the OSISS program. So currently you're saying there are 120 some trained volunteers. How many paid staff do we have in the OSISS program?

Col Gerry Blais: We currently have 45 positions in DND and 10 positions in Veterans Affairs, for a total of 55.

• (1155)

Mr. James Bezan: And how many of those people would be reservists? Would you make use of reservists through OSISS?

Col Gerry Blais: No, we do not. We make use of them as volunteers.

But insofar as staff are concerned, all of the staff are public servants.

Mr. James Bezan: Public servants.

Not military, armed forces, or reservists.

Col Gerry Blais: No.

Mr. James Bezan: Okay good. I just wanted to know that.

Although if somebody is a public servant and also happens to be in the reserves that wouldn't be accounted for.

So as we now know, there seems to be an increase in the number of people making use of the OSISS program; they're in the JPSU, or just serving members, or as part of Veterans Affairs. Forty thousand brave men and women have served this country in Afghanistan.

Has there been any thought put into what the future might look like? You currently say 2,000 people right now are in the program. How many do you expect down the road?

Col Gerry Blais: We are measuring trends. There has been an increase in the use of OSISS services to the tune of about 20% over the last year or so. So we are monitoring very closely to see if that continues to rise at that tempo and if so we are also starting to strategize as to whether more staff are required.

Mr. James Bezan: Okay, so it's an increase of staff and increase in volunteers?

Col Gerry Blais: Yes.

Mr. James Bezan: So it's relatively the same numbers then, a 20% increase in client base, a 20% increase in staff and volunteers?

Col Gerry Blais: Again, it's probably a little premature to say, but that would be logical.

Mr. James Bezan: Now, when you look at all that has been accomplished since 2001, what are the lessons learned over the last 13 or 14 years? As well, what are the successes?

Col Gerry Blais: The successes are without a doubt the number of people entering treatment. The numbers in the joint personnel support unit have been going up significantly, but we see that as a

positive, not that we want to have injured people, but the fact is that people are actually going out to get the help.

It's the same thing with mental health. They've seen increases in the number of people they're treating, but that's a positive. I think it means that the stigma is reduced, because people are less concerned with going in to get treatment, and OSISS has a huge role to play in that. That is definitely a very positive trend.

Insofar as lessons learned, we've developed much more robust instruments for selecting staff. Before a person who has suffered an operational stress injury is ready to put themselves out there to help others, we have to ensure that they themselves are in the right place to do it. We have worked very hard at developing very robust selection tools to get the right people to help others.

Mr. James Bezan: When you take a look at our OSISS programming compared to what other allies are doing, how do we compare? Have any of our allies mimicked what we're doing? Have there been any best practices that we've adopted from our allies in bringing them into our OSISS program?

Col Gerry Blais: To my knowledge, we were the first to develop this program. As it is now, we've provided information to a number of our allies. I'm not aware of others who run a robust publicly funded program such as we do.

Mr. James Bezan: You also mentioned just briefly the helping others by providing empathy program, the HOPE program. Can you talk about how that works?

Also, if you have time, can you talk about the partnerships you have, and not only within Veterans Affairs and JPSU and other arms of the Canadian Armed Forces? We did mention the Veterans Transition Network. I know that there are probably other partnerships out there, like the military family resource centres. Maybe you could talk about those types of partnerships as well.

Col Gerry Blais: There are tons of them. Other important ones that we have are a number of charitable organizations that help us out. For example, when we are modifying someone's home, the public has rather generous benefits available to help us do that, but there are always wants that a person would have when they're modifying their home that the crown cannot pay for because they are not needs-based. Well, we have a network of charities that we can make phone calls to.

For example, last week we received a call from the spouse of a veteran with PTSD who was released in 1995. They are in Winnipeg. They felt that with their family being located in Cape Breton, he would move along much better there. We contacted a charity that was willing to pay for that move to get the family to Cape Breton. That network is very promising.

• (1200)

The Chair: Thank you, Mr. Bezan.

Thank you, Colonel.

As Mr. Harris did come in under his time, Mr. Larose has asked for one minute for a brief question and answer.

Mr. Larose.

[*Translation*]

Mr. Jean-François Larose (Repentigny, NDP): Thank you, Mr. Chair.

Thank you for joining us, Colonel Blais. It is always nice to see you.

We have learned that there was no French-language psychological care in Afghanistan. With that situation in mind, my colleague asked a question about the volunteers.

When we visited Petawawa, we actually met with the volunteers in charge of the program. They said they didn't know who was going to replace them. There were actually not enough volunteers. So it was a problem.

Earlier, you said that it was impossible to guarantee a mix of francophone and anglophone volunteers, or to make it a requirement. However, that service must be accessible to everyone. If mental health professionals are not accessible and they are replaced by volunteers, but you cannot guarantee that the volunteers are bilingual, we have to agree that there is a problem. A soldier who needs help can end up in an office with a volunteer who is not able to communicate with him as much as the volunteer wants to help.

Are you trying to solve that problem and ensure that more professionals are available and that the volunteers are there only to provide support, not to do the job of professionals?

Col Gerry Blais: That is correct. The volunteers are not in the offices.

Mr. Jean-François Larose: The ones we met with were.

Col Gerry Blais: Perhaps, but for specific appointments, public servants are the first contact. Once they have assessed the person's situation, they either direct them to a volunteer or keep them as a patient.

[*English*]

The Chair: Thank you very much, Colonel Blais and Mr. Larose.

Mr. Bezan.

Mr. James Bezan: I just want to point out that twice now we've heard today about these no-French-for-francophones psychiatrists and mental health workers. Just so the committee knows, there are both. There are English and French psychiatrists, social workers, and mental health workers.

There were no French or English psychologists deployed to Afghanistan. Those needing a psychologist were moved out of theatre and were provided with those services elsewhere.

The Chair: Thank you for correcting the record, Mr. Bezan.

Thank you very much, Colonel Blais, for your appearance again before us today.

We will go in camera for committee business.

This meeting is suspended.

[*Proceedings continue in camera*]

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