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Chair

Mr. Robert Oliphant

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• (1115)

[English]

The Chair (Mr. Robert Oliphant (Don Valley West, Lib.)): I call the meeting to order, starting with an apology to our witnesses. We are at the command of our whips and our leaders in the House today; there'll be another vote at 11:50 so we have about 20 minutes before we're going to have to head back to the House of Commons.

I suggest we take 10 minutes for each of the presentations and we might have two minutes for questions, but my suspicions are that we'll just be able to hear from the witnesses before we have to go back. This gives you a chance to get on record and make sure we have your concerns or your suggestions ready for our study on OSI and PTSD.

Who would like to begin?

Mr. Stapleton, from the Union of Solicitor General Employees.

Mr. Stanley Stapleton (National President, Union of Solicitor General Employees): Good morning. Thank you for having us here today.

I started my career at Drumheller Institution in 1980 as a correctional officer. In 1983, I transferred to Edmonton Maximum Security Institution. In 2002, I transitioned to a program officer.

USG represents over 15,000 employees working in 16 government departments and agencies, including the RCMP, Correctional Service Canada, the Department of Justice, the Parole Board of Canada, Public Prosecutions, and several others.

Federal employees who are represented by USG do a wide range of jobs in both penitentiaries and policing environments. What is notable about the work is that many of our employees are constantly interacting with inmates and offenders within and outside federal penitentiaries. As you can appreciate, there is always some amount of risk working directly with offenders who can be dangerous, volatile, and unpredictable even after years in custody. At the same time, many of the federal employees that USG represents from the RCMP and other agencies are actively involved in supporting the investigation and prosecution of crimes and are monitoring potential and ongoing criminal activity.

As such, while they may never leave their desks, they frequently encounter violent and often traumatic stories and images. As you are no doubt aware, long-term exposure to direct and vicarious trauma puts our members at risk for operational stress injuries. What distinguishes the work that our federal employees undertake in the

world of corrections and policing is they do it without the protection of bars, windows, and firearms.

With the exception of correctional guards, USG represents approximately 7,000 employees who work in Correctional Service Canada, both within and outside federal prisons. This includes thousands of parole officers, program officers, teachers, aboriginal liaison officers, tradespeople, clerks, case managers, and many others. USG also represents thousands of public servants within the RCMP and front-line staff in every RCMP detachment across the country, who undertake a wide range of tasks, including interacting with highly distressed members of the public.

In more rural and remote locations, our members answer 911 calls in detachments where no other 911 services exist. They oversee other aspects of crisis management in communities where the RCMP detachment is one of the few resources in that community. USG also represents several thousand other public servants, including the federal sex offender registry analysts who are exposed on a daily basis to details of the worst kinds of sexual abuse; transcription clerks, whose job it is to read and transcribe statements and files regarding offenders and their crimes on a daily basis; and Parole Board of Canada employees who prepare the cases of offenders seeking parole for the review of the parole board. Not surprisingly, the cumulative effect of this work can lead to experiences of vicarious trauma because of the ongoing exposure to devastating stories and the images related to sexual offences, child abuse, and violent crimes.

Clearly, working in corrections and other public safety institutions over an entire career can take a serious toll on workers' mental health. We are only now beginning to understand the extent of operational stress on our members working in corrections, the RCMP, and other departments. To this end, USG is doing its own internal inquiry into the effects of trauma and stress on our members who are public safety office holders. We applaud this committee for embarking on this study and going beyond the arena of first responders. We are very confident that this study will go a long way to breaking the stigmas surrounding mental health and put into place tangible measures to assist all public safety office holders.

I will now turn to my colleague, David Neufeld, who will speak on the specific realities of parole officers.

• (1120)

Mr. David Neufeld (Vice-President, Union of Solicitor General Employees): I would like to thank the members of this committee for allowing us this opportunity to speak with you today on this very important topic.

I started my career with the Correctional Service of Canada back in 2001 as a community parole officer. I did not start my career like most parole officers. I was hired off the street and did not have any prior penitentiary experience.

From the age of 12, I knew that one day I wanted to have a career where I could help people. In fact, this was ingrained in me by my grade 6 teacher who had predicted that one day I would become a social worker. Little did I know that my teacher was onto something at the time.

What I didn't know when I entered into my career with the CSC is the sheltered life I had lived. Learning to work with offenders in the community provided me with a new perspective on life. I realized I was fortunate to have never experienced or witnessed family violence, substance abuse, chronic unemployment, and so on, but many people do. I can tell you that this work has profoundly changed me and how I see the world.

While the work of correctional officers and the incidents they face on an ongoing basis are more sensational and easy to understand, the complex accumulation of trauma that is faced by parole and program officers is more insidious and difficult to define.

You are all aware that parole officers or program officers have been attacked, threatened, and even killed while on the job. The case of Louise Pargeter looms large for nearly everyone at CSC, a parole officer who was murdered while visiting a former offender in Yellowknife. It provides a devastating example of the dangers of this job.

While there's always a risk of physical safety, most of the trauma is a result of the cumulative effect of collecting all the bits and pieces of detailed accounts of trauma and violence related to the offenders. By reading these accounts, the employees we represent become secondary witnesses to rape, abuse, violence, and death.

Parole officers, like many of the other jobs performed by USG members who work at the RCMP and in the other agencies, spend most of their days reading detailed accounts of horrific acts committed by a person against their victims. These accounts are full of horrific, graphic content outlining the physical and mental harm done to people, including small children. Then parole officers read victim impact statements and relive the accounts of the offences from the victim's perspective.

In the words of one of the correctional staff employees that USG represents, I want to quote a fellow community parole officer about the impact of this work on her well-being.

"After becoming very familiar with an offender's history...it gets worse because you have to meet with the people, the offenders who were capable of doing these things. You meet with them and talk with them a lot. You have to offer them meaningful engagement,

treat them with respect, offer support, talk to them, try to encourage them to change. Talk to them about horrible things. You listen to the offender deceive and rationalize and excuse their behaviour or malign and blame victims and then you have to calmly and rationally challenge them on these things. You are at war with yourself."

"During all of this, you must empathize with the offenders to be effective, but you must never sympathize. Never compare your experiences, never cry, never emotionally react. Offer encouragement or verbal support, but not too much. Challenge the offender, but do not put yourself in harm's way. Model effective behaviour. Don't cross boundaries, don't give them a grip on you, show no vulnerability or it can be—and probably will be—exploited. Then you listen to the offenders' disclosures of their own trauma. Sometimes it's the first time they've told someone and they relive the trauma when talking to you. Stories of how they were abused, sold, drugged, neglected, and abandoned. How they repeat the cycle with others. They offer up those experiences and leave those with you, too."

"You go into random homes to meet with offenders. You don't know who is there. You don't know if you have to beat a hasty retreat. You have no partner, no support. How is your car parked? Where are the exits, are there unexpected vehicles? You assess the person at the door: are they drunk, high, angry?"

"You do all this because it's your job. It's the right thing to do. You're trying to prevent horrible things from happening to anyone ever again in any way you can. You can't own their successes or failures, but you can't help but ask yourself what more could you have done when an offender on your caseload hurts someone else, robs someone, rapes someone, kills someone, kills themselves."

• (1125)

"You didn't make that choice, but you feel responsible. It's your job to keep the public safe from the people you watch. What did you miss? Who didn't you call? What didn't you see? Imagine the stress all this creates every day. Imagine the changes in your brain over time. Imagine how your sense of safety changes. You are more watchful of the people you encounter, more weary, more prone to react quickly. You are more vigilant with your kids. Taking them to pools, public places, becomes more difficult after everything you've seen and heard."

"Imagine when an offender starts threatening you."

Mr. Stanley Stapleton: The following six measures would be enormously helpful to many of the individuals represented by USG.

Externally commission a study by Public Safety Canada to assess the degree and extent of occupational stress injuries by non-officers and non-guards who are directly engaged in keeping Canada safe.

Reduce the workload of parole officers who are overseeing too many offenders within and outside a federal correctional facility.

Restore the community corrections liaison officer program within Correctional Service Canada. These liaison officers were part of an innovative, integrated police and parole initiative across the country that provided key information on activities of offenders in the community, and crucial backup when an offender had to be apprehended back into custody.

Federal employees need better access to qualified psychologists who deal with this sort of trauma, and there must be more training for managers and supervisors to support those dealing with an operational stress injury.

The option of early retirement should be extended to non-officer members of the RCMP and other employees in the federal department, who work in high-stress policing and correctional environments.

Lastly, the recommendations from the CSC advisory committee on community staff safety, which regularly assesses the working conditions of correctional staff in the community, should be reviewed annually by the minister's office.

Thank you very much for this opportunity.

The Chair: Thanks very much, Mr. Stapleton.

If you have written notes, those might be helpful.

Mr. Stanley Stapleton: Yes.

The Chair: Thank you very much.

We're doing well so far, without bells. We're going to go to Monsieur Beaulieu.

Mr. Marc Beaulieu (Chief Transportation and Safety Officer, VIA Rail Canada Inc.): Thank you very much, Mr. Chair, for giving us the opportunity to speak to this committee. At VIA Rail, mental health is paramount to the overall health and safety of employees, and we take it very seriously. VIA Rail has adopted the national standard for psychological health and safety in the workplace, a set of voluntary guidelines promoting employee psychological health. We're also participating in a study by the Mental Health Commission of Canada.

Now, more specific to our higher risk employees, who are our locomotive engineers, in 2010 we were noticing some significant, long disabilities following critical incidents. Critical incidents are typically due to somebody committing suicide in front of one of our trains or a level crossing accident, where the locomotive engineers not only get subjected to the incident, but also have to, occasionally, offer care and supervision at the incident while awaiting the authorities to come to support them.

We were having some significant issues with their mental health and their length of disabilities. In 2011, in co-operation with the Teamsters Canada Rail Conference union and Université du Québec à Montréal, one of the doctors of psychology assisted us in creating

a help protocol. We call this the critical incident support guidelines to operating crews, and the intent of this protocol is to normalize the situation for them as much as we possibly can, to treat them at—

• (1130)

The Chair: I'm sorry, I just need to interrupt you for one minute, because the bells are ringing. It's a 30-minute bell. I need unanimous consent to continue going while the bells are on. My proposal would be that we go for eight minutes, which gives us 22 minutes, but I need unanimous consent for that. Do we have it?

Some hon. members: Agreed.

The Chair: We have unanimous consent. We'll go for eight more minutes. That gives us 20 minutes.

Please continue.

Mr. Marc Beaulieu: That's fine. Thank you, Mr. Chair.

To add to that, the protocol calls for an immediate and mandatory three days off for locomotive engineers following any critical incident, with a strong suggestion of meeting a counsellor prior to returning home from work. We also provide employee assistance programs. They can also choose to seek the therapy of their favoured provider.

In 2013 we decided to adjust the protocol after assessing its effectiveness, and decided they would take a mandatory three-day holiday whenever an incident occurred. They could have an extra two days off at their request, no questions asked. Again, that's with strong support for continued therapeutic help from either a counsellor or a person of their choice. Since that time, we have significantly reduced the duration for claims for disability.

We're also participating with

[*Translation*]

the University of Quebec in Montreal

[*English*]

with Dr. Bardon and Dr. Mishara, in a study that is measuring the effectiveness of our protocol, to make sure it is delivering all of the desired results, not only from an employee-continuing-to-work perspective but their overall mental health and their quality of life. This study will go on until July. We're looking forward to the results.

Another strong pillar of helping us with this type of incident is that we provide peer support training by Dr. Solomon, a well-known expert in psychological assistance. He's worked with police forces all over the United States, railways in the United States, the FBI, and with VIA since the early nineties. We provide two sessions per year of peer support. You have people in each terminal across Canada who can provide peer support when one of their colleagues is injured. As well, in the event they've never had an incident, it can prepare them on how to deal with it ahead of time. And if they've had such an incident, this three-day full-time workshop, with 24 to 30 participants, goes a very long way toward improving the mental health of our locomotive engineers.

For the sake of time, I'll end it there and pass the microphone over to Mr. Pastor.

I would be willing to answer any questions you may have. Thank you.

The Chair: Thank you very much.

Mr. Pastor.

Mr. Jose Pastor (Chief of Staff, Office of the President, VIA Rail Canada Inc.): From my end, while Marc was managing the safety aspect and the train operations aspect of this issue, I was handling the HR side and the disability management. In terms of disability management, you may be aware that one of the rules is that the longer the employee stays off work, the fewer chances there are that the employee is coming back to work. After three months, it is a critical moment for the employee to be able to return to work in a successful manner.

When we started in 2010, we had a few cases, and we needed to think from the perspective of how VIA would be able to bring the employees back to work in a safe manner. Marc already talked about peer support. He talked about the EAP provided. There are another couple of things I would like to add in terms of disability management.

We have a specialized nurse on trauma and grief, who has been helping us for the last three or four years. She is the liaison with workers' compensation. She supports employees with the paperwork and with the processes. She is going to be doing the link with treatment centres. She identifies needs for treatments and locates those centres that can help our employees. At the end of the day, she accelerates the return to work of our employees.

Again, without going into too much detail on those other two project initiatives Marc mentioned, in the last couple of years we've been using a firm in Montreal that uses neuro-feedback: brain mapping and neuro-feedback training. This is something that has been used by the U.S. Army for several years already to help their veterans who are coming back from conflict and suffering from PTSD. For the last couple of years, we have been using it with a couple of our locomotive engineers. After a very few sessions, they are coming back to us and saying that the results are incredible. In regard to the before and after of those sessions, the feedback we are receiving from them is very significant.

For the very last thing, it is my understanding you have a graph before you. This is the summary of what we've been doing for the last three or four years in terms of results. The number of incidents,

as Marc was referring to, remained stable. We are talking about 14 or 15 incidents a year, times two locomotive engineers, so we're talking about 30 cases. What we are measuring here is the number of claims and the absences, the number of claims to workers' compensation or CSST, and the average duration of their absences.

You can see that in 2009 we had nine cases. The average duration of the absence was 271 days, for a total of 2,500 days lost that year. Then we see what we can call an anomaly in 2013, where there was a big incident, a big collision where six people died that day. That is the reason that can explain that peak, but you can see that in the last two years, 2014 and 2015, we almost don't have cases or claims to workers' compensation. Actually, for the last one we had in 2015, the employee didn't miss a day.

• (1135)

The Chair: I'm going to end it there.

Thank you very much. Again, our apologies.

I'm not sure whether or not we are going to get back after this vote, so here's what I'm going to ask for. We have another witness coming at twelve, Mr. Richard Kent, who has provided us with a written document. I think it would be appropriate if we had a motion to at least receive this in as testimony in case we don't get back.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): I'll give you a motion to receive it.

The Chair: Are we all approved for this?

Some hon. members: Agreed.

Monsieur Dubé.

[*Translation*]

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Mr. Chair, will this document be available in both official languages?

The Chair: Yes.

[*English*]

Secondly, I'm going to request that the recommendations of members from the various parties that could go into the report, or that would be part of the report, be submitted by Friday at five, before we go away for a week of break. That will give the analysts time to put them in and weave them into the report. It's a constituency week.

All agreed?

The last thing is, we'll have a meeting on Thursday. We're going to try to hear some witnesses for one hour, and then give directions to the analyst for a second hour. We're still firming up some extra witnesses for that last meeting.

The meeting is suspended. Go and vote.

• (1135)

_____ (Pause) _____

• (1225)

The Chair: The clerk tells me we have quorum.

We will continue. We are going to hear from Mr. Kent and then have questioning of our witnesses.

Thank you, Mr. Kent. We have notes from you, and thank you for being here in person.

Mr. Richard Kent (President, Aboriginal Firefighters Association of Canada): Thank you for inviting me on behalf of the Aboriginal Firefighters Association of Canada. We're glad that we got an opportunity to present some information that we have on our first nations first responders. Of course, I deal with mainly the firefighters, the fire departments, the structural firefighters within the first nations communities of Canada.

My name is Richard Kent, and I am the acting president of the Aboriginal Firefighters Association of Canada. We represent the interests of Canada's first nations firefighters.

In 2015, a study paper on mental health was produced by the National Collaborating Centre for Aboriginal Health, by Sherry Bellamy and Cindy Hardy. The study was entitled "Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research". The indicators are that aboriginal people in Canada are more likely than non-aboriginal people to experience traumatic events in their lifetimes, including historical, collective, and individual trauma. Demographic, individual, and environmental factors such as being female, stressful living conditions, poverty, and violence all contribute to increased risk for developing PTSD in aboriginal populations. In addition to the review of potential risk factors, the paper overviews the current knowledge, prevalence, health impacts, resilience, and treatment options of PTSD within an aboriginal context.

The paper's summary states:

Even though Canada is recognized as a country in which citizens enjoy a high standard of living, many health and lifestyle benefits are not extended to all Aboriginal peoples. There is general consensus among researchers investigating the health of Aboriginal peoples that historical and intergenerational trauma have resulted in collective psychological and emotional injury that has directly and indirectly led to considerable distress among Aboriginal peoples.

Today, Aboriginal peoples in Canada are more likely than non-Aboriginal people to experience traumatic events in their lifetimes. In addition, they are at increased risk of developing PTSD as a result of historical, collective and individual trauma, compounded by stressful current living conditions resulting from high levels of poverty and abuse. It is crucial that more culturally appropriate services are made available to Aboriginal peoples in all communities across Canada. Further research is needed to investigate cultural factors that foster resilience in order to understand the complex interactions between risk and resilience in Aboriginal communities. Interventions that honour Aboriginal holistic values and traditions and promote resilience factors that are already present in Aboriginal culture are most likely to be met with success.

Further, there is a need to develop and implement interventions and treatment programs that aim to heal families and communities as these types of interventions are most likely to foster improved health and well-being collectively, and thus reduce some of the environmental factors that work to reinforce and perpetuate trauma within communities. The protection of future generations is dependent on healthy families and communities.

In my own limited research into post-traumatic stress disorder in relation to Canada's first nations emergency responders, I could find no information that was specific to them. But what I do know, after being in the fire service for 35 years, is that responding to traumatic situations is very stressful in itself.

When we look at Canada's first nations emergency responders, we must be aware that the people they respond to who need their help are more often than not friends, relatives, or acquaintances.

●(1230)

Our first nations communities are very close-knit communities where everyone tends to know everyone. This definitely adds to the emotional injuries that they will be suffering from.

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

We're going to begin a round of questioning. I think we'll be able to get one full round in if we leave two or three minutes at the end of the meeting.

We begin with Mr. Mendicino.

Mr. Marco Mendicino (Eglinton—Lawrence, Lib.): Thank you, Mr. Chair. Let me thank all the witnesses who were here, as well as the witnesses who testified on behalf of VIA Rail, who are no longer with us. We appreciate the time you have taken to come and provide your evidence to this committee. As I think has been expressed by the chair, we are also very thankful for your indulgence as we have been shuttling back and forth for some of the votes today.

I have two areas that I'd like to cover with you. The first has to do with the potential drafting of a federal legislative framework that would deal with occupational stress injuries, and PTSD as a subset of that. Let me ask you in a very open-ended way what your thoughts are about a legislative framework that would, in essence, recognize a presumption of occupational stress injuries for first responders who work in the types of environments that you are familiar with.

Mr. Stapleton, why don't we start with you?

●(1235)

Mr. Stanley Stapleton: Thank you.

Some of the legislation needs to be related to workers' compensation, WSIB, WCB. We do have a federal workers' compensation bill, but it really defers the responsibilities to the provincial pieces of legislation. Unfortunately, I believe only Alberta and Ontario—I could be wrong there—really have legislation that recognizes the difficulties of first responders with regard to PTSD. However, we would like to see that expanded to include public safety officers, because as we explained earlier—and I could certainly give you lots of examples—working in these kinds of environments does take a toll mentally on an individual. To have that type of workers' compensation benefit available to members would assist them in their transition as they heal and get better, as well as something we recommended, more psychological assistance for federal employees who work in this.

Mr. David Neufeld: Yes, I certainly would support legislation that would address occupational injuries. I think one of the things that isn't realized by a lot of Canadians is the type of work we do, and the fact that this is a cumulative effect. As I mentioned in the presentation, this isn't just necessarily a one-time incident; it can develop over a series of years, or over a career. We really need to make sure there are supports in place for people in these positions. As I mentioned in my presentation, it does have the ability to change you and how you see the world. I can say, even from my own perspective of having been a parole officer, my wife over the first number of years of marriage would say, "David, why are you so particular on this? Why do you have to lock the front door when we're home? Why are you on me about setting the alarm?" It's simple little things like that, but you really start to understand. In my presentation I talked about how I had lived a sheltered life. When I came into this job I realized that the world isn't necessarily as friendly a place as I had thought.

So I think, certainly, we need to make sure the people who are doing this type of work, these other occupational groups that aren't as well-known as police and firefighters and paramedics, are taken care of as well.

Mr. Marco Mendicino: I think a number of people can relate to the anecdote you just shared with us when it comes to the exchanges with some of our better halves.

But let me move on to Mr. Kent.

Mr. Richard Kent: Yes, we're very happy that this is coming to light, and we hope something is going to be done for our first nations communities, because we really need something federally put in place. As was mentioned, Ontario and Alberta have presumptive legislation. But that is provincial legislation. It's like the Emergencies Act, but within the provinces. Those are provincial acts that don't necessarily have anything to do with first nations, because first nations are not provincial. We do need something federally so that it falls under the blanket of the federal government to look after PTSD and emotional problems within our first responders. We know we have a problem there. We just don't know how bad the problem is in regard to first responders in first nations, because we just don't have the amount of material and the studies done to give us that information. That's something we really need to look at.

Mr. Marco Mendicino: That's very good.

You actually pre-empted one of the questions that I was going to pose: namely, how is it that not having federal legislation may continue to promote a gap to certain first responders? You provided a very specific example in the first nations community and in our indigenous communities.

Are there any other areas or gaps that continue to be unaddressed in the absence of some kind of federal framework that would address a presumption of OSI for first responders?

Mr. Stapleton.

Mr. Stanley Stapleton: I certainly think we have to look beyond the traditional view of first responders. For example, if you work inside a prison, oftentimes you're not considered a first responder, but the reality is that you are.

I'll give a personal example. When I was a program officer and my task was to liaise between the inmate committee and the warden and senior management, if there was trouble, I was one of the first ones sent.

I was sent to the kitchen one morning at 7:30 because there was something brewing. I got there. I talked with the chief of food services. We heard a scream. We looked over to the inmate coffee area, and one inmate had poured what we thought was water on the back of another inmate. The screaming didn't stop, so we ran over and were the first ones on the scene. It had been boiling oil from a deep fryer, and you can imagine when he pulled his tee-shirt off.... We were there. We were getting control of the other offenders who, as you can understand, were agitated.

We're not considered first responders, but the reality is that we are in many situations. Certainly within an institution, we are the first responders.

• (1240)

The Chair: Thank you.

Mr. O'Toole.

Hon. Erin O'Toole (Durham, CPC): Thank you to all of our witnesses, and apologies for the disrupted schedule with votes today.

Mr. Stapleton, I think we had a very good session with prison workers and prison guards last week, describing I think in their words, that one day they could be a paramedic, one day they were like a police officer, another day they're a firefighter, depending on the needs of the situation.

I have to be honest, Mr. Neufeld, I've never considered parole officers to be first responders per se. How would you best describe the role?

Mr. David Neufeld: That is something, again, even within our own world of CSC, we've been saying for many years that people don't understand what we do in corrections, and in particular what parole officers do.

As I mentioned earlier, I started off as a community parole officer, and the learning curve was very large. What I learned very quickly is that we don't fit in as a police officer. We don't fit in any certain niche. We have a very unique job. We have a job that has, in some ways, more power than police.

The example I will give is that when we are supervising offenders on the street and we are continually assessing risk—again, our focus is on reintegration and rehabilitation—our focus is trying to make sure that when the offenders are under our supervision, that is done in a safe way and that the public is safe. We are often making judgment calls and assessing where the offender is at and whether it is safe for them to be on the street. There's a lot of accountability and responsibility that comes with that.

To answer your question, Mr. O'Toole, it's very unique. It doesn't fit in to a first responder job. Although I will argue that there are times...and I can think of a specific incident that happened with me. I went into a fellow's home and he became very volatile in the moment that I came into that room. The offender I was working with could have lost his handle on the situation, and it could have been very ugly. In trying to calm down the situation, I leaned that in a way I am a first responder. If I hadn't been there, I don't know what could have happened.

In terms of parole officers, they're very unique. They're often compared to police because there's nothing to compare them to. Again, the powers that come under the CCRA and under policy that we follow are very unique.

Hon. Erin O'Toole: I remember in your remarks that you said your grade 6 teacher predicted a future for you in social work, and you mentioned there are aspects of your role that have shown that to be true.

In your case, is that aspect of the role and the occupational stress from that a sort of vicarious trauma from dealing with someone who's committed horrendous crimes? Is that repetitive exposure what you feel people within your profession are exposed to?

Mr. David Neufeld: Absolutely. Again, it's such a unique job in everything that you do whether it's reading the file information, or dealing with offenders who have come from very unique circumstances. In the prairie region, we have a lot of aboriginal offenders in our institutions and in our communities. They too come from very traumatic backgrounds. When you're working with them and you're learning about where they've come from, and we focus on section 81 and section 84 releases and we try to prepare them for that release.

There are many things you see in this job that maybe you didn't learn going through high school or university. The job is so large and it goes in so many different ways that it does impact you. It gives you a broad knowledge of who we are as people in this country. We like to think that we're a very empathetic group, parole officers. But, of course, like I mentioned in my presentation, we cannot be sympathetic because there's the rule of law, which keeps us all safe.

•(1245)

Hon. Erin O'Toole: I'll divide the remainder of my time for my colleague, Mr. Rayes.

[Translation]

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Thank you, Mr. Chair.

I thank the witnesses for being here with us. We also apologize for the disruption this morning.

Can you explain to me what happens from the moment when an employee is experiencing stress and wishes to receive assistance? At this time, what means are in place in each of your organizations to deal with this? What procedure is followed? Is there some sort of support and do the employees have access to tools afterwards? Do the organizations have the necessary openness to help them?

[English]

Mr. Stanley Stapleton: We do have an employee assistance program and from that you can access limited counselling, usually four to six sessions. Unfortunately, with the counselling that you get through your employee assistance program, the psychologist, if it happens to be a psychologist, whoever it happens to be, cannot provide a sick note, for example, saying this individual will be off work for two weeks. They would have to go to somebody outside of that.

They would have to cover the cost of going, if it happened to be a psychologist. Sun Life does provide limited resources for that, and of course there is the family doctor. But the resources from something like the employee assistance program are very limited.

Mr. David Neufeld: One of the things that I think is important for the committee to understand as well, and we were talking about gaps in terms of level of service for federal government employees in these positions, is that if you end up going off on long-term sick—and I'm talking about up to the two-year mark, when you're on Sun Life—part of the difficulty is that if that trauma is extreme and you are not able to go back to work, then the question is what happens to you. Does that mean you have to resign from your position? Does that mean you have to go on medical retirement?

Vicarious trauma, there's no specific definition on how much time it takes to hit that point where you may be ill and you aren't able to do the job anymore. I think this is something that would be good for you, as a committee, to look at and say how do we make sure that we do take care of those people when we get to the point where long-term disability is just no longer available to them.

There is a point at which the employer has to make a determination as to whether they are able to come back to work in some capacity. I am, again, speaking from a correctional background. Sometimes that may mean you can't work in an environment where there are offenders. That has its own nuances in terms of trying to help manage that. That's what I would like to add in terms of Mr. Stapleton's answer.

[Translation]

The Chair: Thank you, Mr. Neufeld.

We will continue with Mr. Dubé.

Mr. Matthew Dubé: Thank you, Mr. Chair.

Thank you, gentlemen, for being here with us today.

My questions will be addressed to you, Mr. Stapleton and Mr. Neufeld, and will deal with your recommendations.

We have talked about treatments a lot. That is important, and I would never deny it. However, I think it is desirable to provide resources to avoid situations where someone has to suffer from post-traumatic stress. I am thinking for instance of your recommendation concerning the number of officers.

Currently there is a resource problem. If I understand what you said correctly, if we solved that problem, we could avoid more serious problems in future. In that way we would use prevention rather than reaction and treatments.

[English]

Mr. Stanley Stapleton: Yes, certainly we have had staffing reductions over the past number of years. In particular, parole officers in the institutions, I can speak to that very well. The ratio of offender to parole officer has been increased significantly in our opinion. What that has done is it has reduced the amount of time that a parole officer can have face to face discussion with offenders.

Oftentimes we're very good at telling the offender what their needs are but we're not so good oftentimes at listening simply because we don't have time. So if you're a parole officer doing a plan and you haven't had time to really interact with the offender you may make the mistake or you may not really understand the needs of the offender. That causes stress when things go south.

• (1250)

[Translation]

Mr. Matthew Dubé: Mr. Neufeld, what do you think?

[English]

Mr. David Neufeld: From a community perspective, through the deficit reduction action plan, another thing we had witnessed within the Correctional Service was a reduction in spending in the community. One of the issues that came up was the increase in workload at the community correctional centres, which is the federal halfway house.

Previously, prior to the deficit reduction action plan being implemented in 2014, the ratio was one parole officer for every eight offenders. It is now one to 13, which is a significant increase. I think our members would certainly want the committee to be aware that they want to spend more time interacting with the offenders and assisting in their reintegration efforts. Those offenders living in community correctional centres are the highest risk offenders that we manage in the community. There's a reason they're in that federal halfway house, and in our opinion that's why we need to make sure we're spending as much time with them as possible.

[Translation]

Mr. Matthew Dubé: That would certainly have consequences on rehabilitation. Obviously it would also be positive for the officers. It would allow them to work in a more complete way, if I can put it that way, and perhaps to be safer. Is that correct?

[English]

Mr. David Neufeld: That would be correct.

One of the things we hear consistently from our members in the institutions primarily is about the ratios that were changed under the deficit reduction action plan. In a minimum security institution there's one parole officer for every 25 inmates. In a medium security institution there's one parole officer for every 28 inmates; and in a maximum security institution there's one parole officer for every 30.

Prior to that it was 1 to 25 across the board, but that was changed. One of the challenges we face, and something we brought to the Correctional Service as well is that we feel there should be a resourcing formula similar to what we have in the community, which we've had for a number of years now, and where we measure the activities of a parole officer throughout the management of a

particular case. Then the resourcing is attached to the previous years' indicators.

That is something we feel would be very helpful for our parole officers in the institutions.

Mr. Matthew Dubé: You mentioned that the externally mandated study was another recommendation. One thing that's come back many times over the course of this study is the question of the lack of data outside of... When we talk about Veterans Affairs, for example, they've improved over the last number of years in gathering data, but I'm assuming from that recommendation, and you've mentioned it a few times, that it's still a problem when we look at what could arguably be called non-traditional first responders, for lack of a better way of putting it.

Mr. Stanley Stapleton: Yes, that's correct and that's why the USG is embarking on its own study of vicarious trauma and operational stress injury that is impacting our members. Hopefully, we'll be able to gather data and be able to share that with both our partners in the departments as well as people around this table.

Mr. Matthew Dubé: That's great.

Mr. Kent, you talked about always keeping in mind particular traditions that can exist specifically in first nations communities when we tackle these issues.

I'm wondering if there are any challenges in how first responders are asked to do their work. Keeping on that same theme, we talk a lot about post-traumatic stress, but is there anything we can do to make the work easier, to try to avoid getting to that point to begin with?

Mr. Richard Kent: Yes.

We need to provide more information to both the federal government and the community leaders, the elected officials themselves, on how to handle the PTSD and emotional problems within the communities.

I heard you mention the non-traditional first responders in relation to corrections. If you want to talk about non-traditional first responders you need not look any further than first nations. When we have a fire there the entire community responds; it's not the fire department.

Our fire departments are true volunteer fire departments in 95% of Canada. That means they don't get paid anything if they respond to a fire, if they take training. Our other volunteer departments across Canada get paid a wage when they're responding to a fire.

When we go or I go or I send someone and train firefighters, I'm training a new batch of firefighters every time because we have to make sure somebody shows up at a fire and hopefully somebody with some training. When the fire trucks show up at a fire, the entire community is there to grab a hoseline and fight the fire.

We have non-traditional first responders because we're talking about an entire community. We have to look at it in that light, and that needs to be studied a little further.

•(1255)

[Translation]

Mr. Matthew Dubé: Fine, thank you very much.

[English]

The Chair: Thank you.

Monsieur Di Iorio.

[Translation]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Thank you, Mr. Chair.

Like my colleagues I want to express my thanks to the witnesses who have been kind and generous enough to travel here to come and speak to us, as well as to those who were unable to stay after the interruption.

My first question is for Mr. Kent. It refers to the answer he just gave. It seems he had foreseen my question.

If I understand correctly, the firemen who are members of your organization are for the most part volunteers. You spoke of more than 90%.

[English]

Mr. Richard Kent: Yes, most of our first nations firefighters in Canada are volunteer firefighters. There are very few who aren't.

[Translation]

Mr. Nicola Di Iorio: Mr. Kent, could you enlighten us about one point, given that particular feature? When a volunteer is injured in his work as a firefighter, is he compensated? Is he supported in one way or another?

[English]

Mr. Richard Kent: It all depends on the band, on the insurance the band has for its employees. They have to make sure there is specific insurance that would cover what we would consider a firefighter for the band. We don't have a whole lot of information on that.

We have had instances where someone responded to a fire within the community and had an injury, broke an arm or a leg. Their main job was at a mine, let's say, up north. In some cases, they had no insurance and had to work through it without pay. We have to look at ensuring that the band has insurance for all the firefighters.

[Translation]

Mr. Nicola Di Iorio: Thank you, Mr. Kent.

My next question is for Mr. Stapleton or Mr. Neufeld.

Has any work been done to determine how prevalent suicide is among your members? If so, has a link been made between that phenomenon and the exercise of their duties?

[English]

Mr. Stanley Stapleton: I'm not aware of any studies. Corrections would have more information with regard to that. However, on a personal note, I know of individuals who have, after traumatic incidents, unfortunately, taken their own lives. It's something we have to live with every day. You go through a stressful situation

where you see people die or seriously injured, and often it's difficult to absorb and deal with.

[Translation]

Mr. Nicola Di Iorio: Representatives of the Union of Canadian Correctional Officers testified before our committee. They told us about many aspects of their work and we are very grateful to them.

Can you tell us about the interaction you have with correctional officers in the course of your work?

•(1300)

[English]

Mr. Stanley Stapleton: Over the years, having been a correctional officer in the early eighties, I can tell you that the role of the correctional officers has changed significantly.

In the early eighties, correctional officers were much more like the other individuals in the institution. You didn't carry pepper spray. You didn't carry weapons. You didn't have your vests or protective gear. Now correctional officers have all this stuff, whereas the members we represent don't have any of this equipment. We're in there by ourselves, interacting in a much more natural environment than that of correctional officers.

We have a decent relationship with correctional officers, but we play much different roles. It is our members who are, for the most part, providing the tools the offenders will have when they reintegrate into society and get back into the community.

[Translation]

Mr. Nicola Di Iorio: There is something else unique about your work.

People who do things who cause your members to suffer from post-traumatic stress have often, in many cases, themselves been victims of events that caused them to suffer from post-traumatic stress. There is a duality there. These people do certain things, but were also subjected to them.

Can you enlighten us about that dynamic that exists in your institutions?

[English]

Mr. Stanley Stapleton: When you are aware of that—of course you've read the files—you understand the offender and you're much more protective of yourself, much more cautious. You put up a bit of a wall, and it becomes difficult sometimes. Program officers deal with these types of situations, where they're trying to provide new tools for these offenders, because of the abuse they have endured over their lifetime. It's very difficult. It becomes stressful because you are aware that you are in a dangerous situation when you understand the crimes that some of these folks have committed.

Mr. David Neufeld: The major difference between correctional officers, parole officers, and program officers is that parole officers are the ones who develop what we call the correctional plan. They develop the plan that follows them from the beginning of their sentence to warrant expiry. The interaction that we have with offenders is far more intimate, more reintegration focused. These are efforts that a lot of people don't understand. The involvement of correctional officers is more static, although there is dynamic security involved. This exchange of information between parole officers and program officers and correctional officers affects the overall safety of the institution.

[Translation]

Mr. Nicola Di Iorio: You used the expression “dynamic security”. Can you define that term for us?

[English]

Mr. David Neufeld: “Dynamic security” is the information that we receive through various sources. If inmates are aware that something is going on, they may come to us, and then we share that information with the correctional manager or the correctional officers. It's part of trying to keep our institutions secure.

The Chair: I'm afraid we need to end there.

Thank you for your testimony today. It was very helpful to us.

I want to remind the committee that on Thursday we'll have witnesses in the first hour. Be prepared to give instructions to the analyst on Thursday. Recommendations for the report will be received until Friday at 5 o'clock. The other reminder is that the minister will be coming on Thursday, June 2, for supplemental (A) estimates, so get yourselves ready.

That leaves May 31 as an orphaned meeting. We don't need a decision on this, but I'd like to give a heads-up. Howard Sapers has been given a one-year extension on his order in council, and it has been referred to us, whether or not we want to take the opportunity to question it. The order's been done. This gives us a chance to say whether we agree with it or not, and it also gives him a chance to talk to us. I was thinking about that as a possibility for the meeting of May 31. Thoughts?

● (1305)

Hon. Erin O'Toole: It's already been done.

The Chair: It's been done, but it gives us a chance to hear from him and ask questions. Otherwise, I have to figure out something to do on May 31. It's an orphaned meeting in the middle of our study. You might want to think about it. We can talk about it on Thursday, but that's a heads-up for you.

All right, thank you.

We'll adjourn the meeting.

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