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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Wednesday, February 22, 2017**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

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•(1540)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** Good afternoon. I'd like to call the meeting to order.

I apologize to our witnesses. We had a vote at the end of question period, so we're starting about 10 minutes late.

Pursuant to Standing Order 108(2), this is a study of mental health and suicide prevention among veterans. Today's witnesses are from the Department of National Defence. We have Captain Langlois, director of casualty support management; and Commodore Sean Cantelon, director general, Canadian Forces morale and welfare services.

We will start with our 10 minutes of witness statements, and then we will go to questioning.

Welcome, and thank you for coming today. The floor is yours.

**Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Department of National Defence):** Thank you, Mr. Chair.

Good morning, Mr. Chairman and members of the committee. I am Commodore Sean Cantelon.

In my role as director general, morale and welfare services for the Canadian Armed Forces, I am responsible for a range of programs and services in support of the operational readiness of the Canadian Armed Forces, in such areas as fitness, sports, recreation, and health promotion, both on bases and wings in Canada and on deployed operations.

This ranges from financial banking services offered through our SISIP Financial services, to mental health programs and services for Canadian Forces members and their families through "Support Our Troops" funds, including the Soldier On fund, and the military families fund.

I am also the director general and chief of military personnel organization who is responsible for casualty support and transition services on retirement. In this capacity, I worked very closely with retired Brigadier-General Dave Corbould, who developed the JPSU renewal.

[Translation]

Joining me today is Captain(N) Marie-France Langlois, the Director of Casualty Support Management who is also representing the joint personnel support unit. Captain(N) Marie-France Langlois is a former commander of the joint personnel support unit and, in her

current capacity, is leading the renewal of transition services for releasing Canadian Armed Forces members.

[English]

I am very pleased to speak with you today on the topic of transition programs and services that are available to Canadian Forces members transitioning from military to civilian life. These services and programs are offered jointly by the Canadian Armed Forces and Veterans Affairs Canada, and are assisted by third-party, not-for-profit organizations.

The CAF approaches the topic of military to civilian transition through a holistic lens, looking at the military community as a whole, inclusive of regular and reserve force members, veterans, and their families. On average, over 10,000 regular and reserve force members transition out of the Canadian Armed Forces every year. Of that number, approximately 16% on average are medically released. This is significant because members who leave the service for medical reasons often require unique services.

There are a number of services available to our members, of which I will highlight just a few. However, before I go on, I would like to say that the majority of programs that I mention are available to all military members, regular or reserve, regardless of reason for their release from the Canadian Armed Forces.

[Translation]

Since 1978, the Canadian Armed Forces have provided transitioning military personnel with a two-day second career assistance seminar, run at each military base and wing. These seminars delve into such topics as: pension and benefits, release proceedings, psychological challenges of transition, and services and benefits administered by Veterans Affairs Canada. An additional one-day seminar is provided specifically for those members medically releasing.

At all seminars, the attendance of spouses is strongly encouraged.

•(1545)

[English]

The service income security insurance plan offers benefits to all CAF members leaving the military for medical reasons. These personnel receive income support for up to 24 months, and up to 64 months if they are unable to return to work. Those who leave of their own volition are also eligible for the same benefit if they are deemed totally disabled.

A component of this program is the vocational rehabilitation program, which enables participants to restore or establish their vocational capacity to prepare them for suitable gainful employment in the civilian workforce. This program focuses on releasing CAF members' abilities and veterans' abilities, interests, medical limitations, and the potential economic viability of their chosen plan to help them establish their future. The vocational rehabilitation program support can start up to six months prior to their release from the Canadian Armed Forces.

Similarly, Veterans Affairs also offers a suite of social benefit, income support, and rehabilitation programs. Considerable effort is ongoing to better align and harmonize the Canadian Armed Forces and the Veterans Affairs programs to ensure a seamless transition to civilian life for all CAF members.

Over and above the internal work that I just highlighted, the Canadian Armed Forces also works closely with third-party organizations to assist transitioning members, veterans, and their families. We continue to expand our relationships with multiple educational institutions across the country that have shown an interest in better understanding the qualifications and training of military personnel and offer them advanced standing in assorted academic programs at their institutions.

One example of our partnership is the military employment transition program, which works with more than 200 military-friendly employers to help members find meaningful employment. There are currently over 5,000 registered members and over 1,200 hires. This is in pursuit of their goal of 10,000 jobs in 10 years.

Successful transition to civilian life is a key priority of my organization and is in line with the CAF's comprehensive suicide prevention strategy, which is currently being developed and integrated across a spectrum of initiatives in order to prevent suicides. To help promote effective and efficient transitions, we work closely with Veterans Affairs Canada to remove barriers, raise awareness, provide members and their families with appropriate resources and support, promote research and evidence-based responses, and develop policy, protocols, guidance, and support programs and initiatives.

[Translation]

We are also actively working with Veterans Affairs Canada on improving services to veterans offered by our organizations through a joint national career transition and employment strategy. This strategy takes a whole-of-government approach and anticipates expanding its focus to include other government agencies such as Employment and Social Development Canada, Service Canada, the Public Service Commission and others to leverage existing programs and resources in support of transitioning members and veterans.

[English]

The delivery of the Canadian Armed Forces and Veterans Affairs transition services is accomplished through the joint personnel support unit, which consists of eight regional headquarters, 24 integrated personnel support centres, and seven satellite locations across the country with a headquarters here in Ottawa. The JPSU serves regular and reserve force personnel and their families, as well as the families of the fallen.

The JPSU and IPSCs are envisioned as a one-stop shop where those who are ill or injured can receive advice, support, and assistance, not only from the military staff who deliver programs and oversee the IPSC, but also from our colleagues at Veterans Affairs, personnel who are co-located with the Canadian Armed Forces at IPSCs.

The CAF is committed to providing improved service delivery for care of the ill and injured, which is why we work in close partnership with Veterans Affairs to enhance programs and services. Veterans Affairs and the CAF are intertwined in many aspects of the service delivery, and personnel from both organizations work together at all levels to provide service and assistance.

Among its other programs, the JPSU is also responsible for the operational stress injury social support program, or OSISS. It is a joint VAC-Canadian Armed Forces program that provides valued peer support to members, veterans, and their families. The goal of OSISS is to ensure that when peers enter the gateway of peer support, they will be able to reap the benefit of support based upon lived experience to help guide them to the programs and services that can assist them on their road to recovery. Since 2001, OSISS has assisted many peers in accepting their new normal.

Mr. Chairman, I would like to thank you for the opportunity to appear today. Captain Langlois and I would be pleased to respond to the committee's questions.

• (1550)

**The Chair:** Thank you.

We'll start with Mr. Kitchen.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Chair.

Thank you, Commodore and Captain, for your service and for being here to talk with us today. I appreciate that.

One of the things we've heard a lot when talking about mental illness is identity loss. I'm wondering if you could tell us.... Is there any point in time, at the JPSU, when identity loss is identified and spoken to?

**Cmdre Sean Cantelon:** I'll ask Captain Langlois, who has commanded the JPSU and can speak best to that to answer.

**Captain(N) Marie-France Langlois (Director, Casualty Support Management, Department of National Defence):** I think the key is to keep the link with the former unit of the military member, if he wishes to do so. That's something we are enhancing to ensure that the communication between the commanders of different operational units across the region is supported, with this approach by the commanding officers in the regions.

It's challenging, for sure, for people who have known physical injury. I think by creating a trust bond with the member we're supporting, we'll be better able to communicate.

**Mr. Robert Kitchen:** You mentioned the word "trust". That appears to be another aspect. We've heard from a lot of our witnesses on the issue of trust.

Again, I go back to identity loss. These soldiers, seamen, and airwomen are saying that they've lost their identity. It has been taken away from them, whether because of a physical injury or a mental injury. I look at things from a health-care point of view. I look at that and say, "Well, how we can advance that? Can we not put this into the program right from the start?"

Earlier, we talked about our service delivery, and providing services right from the moment they enter the forces. Likewise here, when we're talking about treatment and trying to provide that, while looking at identity loss and trust, we must make sure that it comes from CAF and rolls into VAC.

**Cmdre Sean Cantelon:** First, I will touch on some of the changes that Brigadier-General Dave Corbould instituted as commander of the JPSU.

They were very focused on creating that unit identity that we all grow up with in the Canadian Forces—part of the team, part of the unit. We've done that by adjusting the authorities and the sense of the unit. It is a unit in charge of people, and they have the authorities and responsibilities. That creates those bonds that we've all grown up with.

Second, to go back to the larger issue of trust, this comes back to the ongoing dialogue that we're all leading and we've had great success with. It starts at the top with mental health and that it's okay to say, "I didn't have a good day," and then building that relationship within the culture.

Bell Let's Talk Day may be one day that we embrace in the Canadian Forces, but we are also bringing about a complete culture shift towards the ongoing care of those who are ill and injured, so that the fragility to the unit that you and others have spoken about won't be there. That culture shift is ongoing right now.

**Mr. Robert Kitchen:** Thank you.

I'm going to ask if you might be able to provide us with some figures.

Can you break down the percentage of people entered into the JPSU who are dealing with mental health issues? Have you done that? Do you have that category at all?

**Capt(N) Marie-France Langlois:** Actually, the joint personnel support unit deals with medical employment limitations. We deal with the prognosis, not the diagnosis, so we're not aware of the actual medical condition of a member. That would be something that the health services of the Canadian Forces may be able to provide.

**Mr. Robert Kitchen:** Do you track or keep any record of people who have gone through the JPSU who may have committed suicide?

**Capt(N) Marie-France Langlois:** Again, this is tracked through the....

**Cmdre Sean Cantelon:** You heard previous testimony by a witness talking about the Canadian Forces' tracking of personnel on release. That process is centralized through the central registries.

Obviously, if someone's a member of that unit or under the care of that unit at the time, the unit is aware of it. It's not a responsibility of the JPSU to track those. The specifics of those would have to come from elsewhere in the department, but we track the care and feeding of people for whom we're responsible at the time.

•(1555)

**Mr. Robert Kitchen:** Thank you.

In your presentation, you mentioned a program that is provided to people, basically to educate them on topics of pension benefits, release procedures, and so on.

I remember when I first became a member of Parliament. I went through a two-day force-feeding of information on what goes on here. I found that it was great information—lots of stuff—but it was in one ear and out the other sometimes, and I couldn't put my finger in there fast enough to stop it.

One of my questions to them was if they could do it a second time, maybe a month or two down the road. Is that process involved in—

**Cmdre Sean Cantelon:** Absolutely, two, three, or 10 times. We encourage people to do it a minimum of five years prior to their planned release, and then they can come back and do the next package. We are working on enhancing that package availability. It is an optional process for all members of the Canadian Armed Forces. We run it on every base across the country. I personally have done two, though I'm not releasing tomorrow.

It's exactly the point you have made. To make sure that members don't suffer from, "I thought I heard about that," they get an opportunity to come back. There's no restriction on the number of times they can go to the SCAN, second career assistance network.

**The Chair:** Thank you.

Ms. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** Thank you, Mr. Chair.

I find your testimony very interesting. We've talked before in our service delivery study as well. We have conflicting views, I guess, on the JPSU and its functionality. On one hand, we're talking about the fact that it's envisioned as a one-stop shop, and that every door is the right door. We hear from other health care professionals that's the approach many mental health models are taking now. On the other hand, we have this conflicting testimony from others who are saying that it's not functioning well and that people are falling between the cracks.

What are the challenges that you see? Obviously, people are in transition and it's a difficult time for them, but are there any specific areas where we know we can do better? That's really where we see suicide happening. People are falling between the cracks and not responding to some of the services that are available.

**Capt(N) Marie-France Langlois:** I think closing the seam when somebody transitions from CAF to civilian life is very important. We're working very hard with Veterans Affairs to enhance the different programs we have.

Veterans Affairs will be involved earlier in the process, probably when there's a notification of decision of release. We're working at simplifying and reducing the complexity of the paperwork. A pilot is being worked on as well as guided support. It links to the ombudsman's recommendation, where he talked about concierge services. This guided support is interesting.

For example, the JPSU is tailoring the services to the needs of the individual. With this guided support, which will be VAC's responsibility, working jointly with CAF, depending on the need of the individual. If somebody has less complex needs, for example, they'll be able to access the portal. If they need support to complete forms and know what resources are available, then a veteran's service agent would be appropriate. A case manager could be more appropriate for some people with complex transitional needs.

Right now there's a lot of... We're working in different groups to look at the new transition model. This involves transition early in a career. When we talk about a seminar or network, we're looking at the beginning, the first posting for an individual. He will have training concerning the long-term financial responsibilities, looking at what to look for in personal development training when they eventually transition.

The My VAC Account will be available sooner. A lot of work is being done to enhance that portal.

For sure, there's always space for improvement. We take the comments of the veterans and CAF members very.... It's very important for us to apply them to policy change, programs, and services.

• (1600)

**Mrs. Alaina Lockhart:** You spoke about starting to talk about this transition earlier. One of the things we've heard that's been recurring is the loss of identity, so I think it's very important that you do that.

When do we consider earlier? Obviously, those are for planned retirements, and that sort of thing.

**Cmdre Sean Cantelon:** In my organization I touched on SISIP financial services. One of the parts, besides managing that insurance program, is financial counselling and investing advice.

Two years ago we hired David Chilton to do the *The Wealthy Barber* tour. Now we have one of our executives who's retired military, quite dynamic, he calls his "Pierre's Talk". He styled it after TED Talks. He's going across the country, educating them on finance. It's a challenge. It's never too late, but it's a heck of a challenge when you arrive 20 years later and say you should have known and done that. These are the ongoing services we're doing to enhance this.

We're very engaged with Veterans Affairs right now to figure out the appropriate times—and we have some trials, which the captain touched on—to inject the guided support to build the person's awareness so it isn't, as your colleague described, too late, too quickly. That should help address the identity piece.

Often, identity comes from a lack of understanding and knowledge. As we demystify this process, which arguably is a bit mystifying.... Many people join the military. First thing after basic

training, they don't say, "When I get out". They usually say, "When I drive my tank" or "go to sea on a ship".

We want to help deal with all of that. A wide range of activities are ongoing now. We're working with our colleagues at Veterans Affairs to bring out enhancements that can be announced at the appropriate time, once they're through. We've touched on the pilot, and guided support is a classic one.

**Mrs. Alaina Lockhart:** I just received this. It's "The Guide to Benefits, Programs, and Services for Serving and Former Canadian Armed Forces Members and their Families". We haven't seen this before, I don't think. I'm wondering if we can enter it as evidence. It's a relatively new document—from October. How widely is this being used and distributed? Is there an online version of this document?

**The Chair:** I apologize, but you'll have to make it very short. We're running out of time on this one.

**Capt(N) Marie-France Langlois:** There is an online version. That guide has been updated many times, and we'll make sure that we provide you with a copy.

**Cmdre Sean Cantelon:** It's also provided at all the SCAN seminars. They get to see it there. They go through it, and they're given it in advance.

**The Chair:** Perfect. If you could just send it to the clerk after, we'd appreciate it.

Ms. Mathysen.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you, Mr. Chair.

Thank you very much for being here and helping to support our study into issues around mental health and suicide.

Captain Langlois, you talked about working with VAC to enhance programs and simplify paperwork. I wonder if you could give an example of some of the limitations you might have run into at JPSU in regard to that goal. Is there something that is preventing you from achieving what you want, or are things going well?

**Capt(N) Marie-France Langlois:** There are many fronts that CAF is working on with Veterans Affairs.

A good example of a program is the skills translator. When a CAF member is transitioning out, often the military skills are hard to translate into a civilian occupation. Right now CAF is working very closely with ESDC and Veterans Affairs to build a portal that is a translator. It's called MOC to NOC, so military occupation to national occupation. This is quite exciting, because this portal is going to grow, and we're looking at it eventually linking up into an education piece, into educational institutions. This is the work that is currently being done.

There is already skills translation on the ESDC site, but this is something we want to do. If you go on the CAF site or you go on the ESDC site or you go on VAC, they're all linked together. That's a tool that will assist the CAF member to transition, so that's a good example of the work we're doing.

• (1605)

**Ms. Irene Mathysen:** We heard testimony from a number of veterans that they feel as though they've been stripped of their identity, that they've literally been pushed out of the military, and they have feelings of abandonment.

Do you think this skills translator will help them to connect to a new sense of identity, or connect to a feeling of being needed again? I suppose it comes down to being needed, being valued.

**Capt(N) Marie-France Langlois:** It's going to be a tool not only for transition but also for recruiting and for retention.

If somebody is in a specific occupation and knows how it translates to civilian life then he can, at the beginning of his career, maybe pursue more education in that field. So yes, with regard to identity, for sure I believe it's going to enhance it.

**Ms. Irene Mathysen:** Thank you.

Commodore, you talked about shifting the culture. Is there something more in regard to that military culture that you could talk about that is preventing it from living up to this potential to successfully help the veterans who are transitioning out?

**Cmdre Sean Cantelon:** That's a challenging question for me to answer because I think if I had the key I'd be brilliant.

I've been in the military for 34 years and I have seen dramatic changes in culture and how we approach a wide range of activities. Our culture, as it does everywhere, reflects our society.

The chief has been very clear about the activities not in our military, and very open as well. Obviously it started with General Dallaire, but we've had serving officers at very senior levels and very senior NCOs, which is extremely critical, come out and speak about the challenges of transition and the challenges with things like mental health or physical recuperation.

That's what I mean by an open-culture shift, because previously those were private conversations involving only two or three people, and now they're becoming more open. I think that's the best thing we can do. As the leaders of today's Canadian Forces, we're taking our leadership responsibilities and trying to change that culture so we don't get to that sense of alienation and loss of identity.

**Ms. Irene Mathysen:** We've heard a great deal of late about opioids and addictions connected to opioids. I have the sense that a lot of our veterans are being prescribed opioids. Do you have any concerns about the prescribing of opioids? I know they're intended to be painkillers, but would other medication be preferable? They're extremely addictive, and they seem to play a role in well-being and mental health.

**Cmdre Sean Cantelon:** I'm not a doctor, and I'm not the surgeon general, so it's not in my area of expertise. I would point out what Captain Langlois said. At the JPSU, we know the prognosis, in other words what the outcomes will be for the individual. We don't have an

idea of their prescriptions or medications, or the specific medical limitations. We're focused on who they are.

**Ms. Irene Mathysen:** They don't talk about feeling dependent...?

**Cmdre Sean Cantelon:** That's between them and their doctor in a medical capacity, which is how I understood the question.

**Ms. Irene Mathysen:** Because very often there are very strong connections between how someone is adapting and preparing for life on the outside and these underlying issues, I wondered if you had a sense of any correlation. Obviously not.

• (1610)

**The Chair:** Thank you.

Mr. Fraser.

**Mr. Colin Fraser (West Nova, Lib.):** Thank you both very much for coming today and sharing this information with us.

You mentioned an average of approximately 10,000 who transition out of the Canadian Armed Forces every year, and about 16% of those are medically released. Do we know how many of that number are released with mental health challenges?

**Cmdre Sean Cantelon:** I don't think we do.

**Capt(N) Marie-France Langlois:** It would be with the surgeon general.

**Mr. Colin Fraser:** One of the things that was mentioned was—and I totally agree, and we've touched on this in our service delivery report, which was tabled back in December—better aligning and harmonizing the CAF and VAC programs to ensure transition to civilian life is as seamless as possible. What does that mean to you? What are the challenges right now?

Captain Langlois, you touched on closing the seam, which is important. Especially for morale and services programs, what do you see being done right now to help make that transition easier?

**Cmdre Sean Cantelon:** That's one of the real flexibilities we have in the morale and welfare services. We operate under the non-public fund framework, which allows the CDS to provide services both to members and their families. That includes when they become veterans. Our programs, such as the Canadian Forces health identification card, which gets them discounts—we work with industry—is seamless between being a service member and a veteran. You stay in that program for life and your family stays in that. That's an example where we're closing the gap, where we can, between the day you have your uniform on and the next day you get up and it's something you used to wear to work.

There are many activities like that where we're working very hard so that, the day after, you carry forward and have a very smooth transition. We touched on that, and the JPSU's example is the vocational rehab I spoke about. That program starts prior to your release so that, as you take off your uniform and you're now a vet, you're still working with the same vocational person you started with in uniform. That's a seamless piece. That's an example where we don't have a gap.

There are other ones we're working to address with our colleagues in Veterans Affairs. Some proposals are coming forward that I can't speak about, but they will address many of those gaps.

**Mr. Colin Fraser:** With regard to morale and welfare services, are you somehow currently monitoring or tracking morale on some scale within the Canadian Armed Forces? If so, how are you doing that?

**Cmdre Sean Cantelon:** We do a community needs survey, not just of service members but their families—families in the wide definition—and veterans. We've just finished collecting the data, and are now in the process of processing the data and what it means. I don't have that version available for release, but I'll go back and we'll provide the clerk with the most recent one, which showed how we're meeting their needs.

The question of their morale is more complex. It's a bunch of services. That's how we do it. It's about how we can best meet their needs so that we can adjust our services.

**Mr. Colin Fraser:** Does it entail mental health services in any way, or asking questions along those lines?

**Cmdre Sean Cantelon:** It asks questions along the lines of, what are your primary stressors? What are the quality of life factors? You could then deduce capacities in regard to programs that would address mental health.

It doesn't to my knowledge...but there may in fact be a question. I had better watch myself on that.

**Mr. Colin Fraser:** That's fair enough, but if you could provide that information, that would be helpful.

**Cmdre Sean Cantelon:** Yes. We can provide the most recent survey.

**Mr. Colin Fraser:** With regard to SISIP, the member can receive income support up to 24 months. If they're unable to find a job or return to work, they may apply.

Can you help me understand exactly what determination goes into how long they get that SISIP assistance for?

**Cmdre Sean Cantelon:** Absolutely.

Every member of the Canadian Forces, since 1982, has been mandated into the long-term disability plan through SISIP. This is a government-provided plan. They also have the option for other SISIP products for optional life insurance.

If they're medically released or they apply for non-medical release for a medical condition, that disability plan guarantees them two years' worth of income, up to a maximum of 75% of their previous income. It's adjusted if they have a pension, as per any disability plan in society, and the same with the rest of our federal government colleagues

In that two-year period, they go through vocational rehab through SISIP. If they stay on that plan, it's based upon whether or not they're determined to be totally and permanently incapacitated. We have individuals who've been on that plan for in excess of 20 years. That plan carries forward as long as the need is there. That's the macro piece.

Their application is once going in—you asked about that—and they're enrolled. It's kind of a one-stop shop. They'll do that at the JPSU, because once there are medical conditions, they'll apply it. It's managed administratively through SISIP Financial, and the insurer is Manulife that provides the service.

•(1615)

**Mr. Colin Fraser:** In your presentation, you touched on working with third-party organizations, and you gave one example.

I'm wondering about other examples, ones dealing with mental health challenges in particular, and whether you've seen more third-party organizations reach out to or building partnerships with them over the last number of years where it's become obvious that mental health challenges within the Canadian Armed Forces and veterans community have become more acute.

Can you talk about that, please?

**Cmdre Sean Cantelon:** I'll sort of back up a bit on that.

Increasingly every year, we have organizations coming to us. Through the DCSM organization, they'll list these partnering organizations. I used MET as an example.

There's a strong interest in helping mental health, whether it's as partner organizations or research through such organizations as CIMVHR, which is dealing with both Veterans Affairs and military families.

An example of mental health that I might touch on is that there is a new organization called Team Rubicon, which has started up in Canada. This is back to that sense of belonging, and I notice a lot of nodding heads. Team Rubicon is going to allow you to leverage those military skills as a civilian with that gang doing those activities. Of course, the one directly in our line of organizations—and you had testimony from Jay Feyko, who is an employee of the staff of the non-public funds and works as part of CFMWS and we partner with organizations.

There is the direct one such as Soldier On. We would work with another organization like that, and ones that I would say are prescriptive, if I could add that, for things like Team Rubicon. They have a wide list. They would be on the website. That would be the best place for those names, Chair.

**The Chair:** Thank you.

Mr. Eyolfson.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Thank you so much for coming.



I'd like to expand a little on a very good question that Dr. Kitchen across the way asked at the beginning. We talked about the identity of people in the armed forces. As the old slogan would say, it's not just a job; it actually is someone's identity. Of course when they're released, they would like to keep that identity.

We know there are members who leave due to illness or injury who might be able to serve some roles in the military, but can't due to universality of service, as they can't perform certain tasks. Is there any way to identify roles that they may take within the military as civilians?

We know there are civilian jobs within the military. Civilians are doing certain jobs in clerical positions, offices, these sorts of things. Is there a way to identify some of these veterans who might be able to serve as a civilian while still participating in the military?

**Cmdre Sean Cantelon:** That is one of the main points of our SCAN seminars. I don't want to go too far into how the public service hires in priority for ex-military personnel. There would be better witnesses on that. However, in my purview, as the staff of the non-public funds, which is an agency that works for the Canadian Forces. I'm the CEO of that agency in my capacity as director general, Canadian Forces morale and welfare services and 40% of our employees in the agency, which is over 4,500 people, are either spouses of or former service members, one or the other. We find a great deal of wealth in hiring former service members, who then provide a variety of services.

You had Jay Feyko speak to you. Jay is an example of that. We hired an ex-major who had a unique experience and who could bring forward a program through the morale and welfare service. That is exactly what we aim to do. We look for those people where we can help them be part of the team and keep that identity.

**Mr. Doug Eyolfson:** Good.

Speaking to that, would there be a greater role for coordination between public services and the military when making hiring decisions?

I was a little surprised to know that it wasn't the military hiring these people. If they're working for the military, even if they are civilians.... That was obviously an incorrect assumption of mine that the armed forces would be hiring them.

• (1620)

**Cmdre Sean Cantelon:** The Public Service Commission, which we spoke of in our introductory remarks, is one of our partners that we work with on that, and there are processes to allow for priority hiring for ill and injured military veterans. The exact details of that you'd need to get from the experts at the Public Service Commission. There is definitely those skills sets and that sense of identity and understanding of the military life that they bring to the public service.

**Mr. Doug Eyolfson:** Okay, thank you.

Does the Canadian Forces analyze characteristics about their lives that might help with their transition: what socio-economic level they come from, what might their financial needs be on release, also the kinds of jobs they did in the Canadian Forces that might better point them toward what to do in a civilian career? Is that information analyzed while they are actively serving?

**Cmdre Sean Cantelon:** Yes, in a slightly different manner.

That is what the service provided through SISIP Financial does on all the bases. We have the financial counsellors, the financial advisers, and investors. That's exactly what they do. They sit with the member, go through their life's goals, and ideally find them freedom 55 or whatever the slogan is, show them how they are doing, and build them a plan. We do that everywhere. For those who are in crisis...ideally we are going to get them prior to financial crisis and set them on a path so that both their military career and their retirement are successes.

**Mr. Doug Eyolfson:** One question, changing gears a wee bit, is that I understand there are different medical systems between active serving military members and the rest of the population. Actively serving Canadian Forces members aren't covered by the Canada Health Act. They receive all their health care through the armed forces. Of course, when they are transitioned and become veterans, then Veterans Affairs will basically supervise their care but they are now under the various provincial health care systems.

Is there a way of coordinating between the armed forces and Veterans Affairs, particularly for veterans who might have complicated medical needs? You might have someone who leaves the military and is healthy and uninjured and just needs a family doctor, the way everyone does, and can wait. Whereas you might have someone discharged with complex injuries or complex medical problems, and they need to be very quickly hooked up with someone to coordinate their care. Is that kind of coordination done between VAC and Canadian Forces?

**Capt(N) Marie-France Langlois:** It is, and it's done through the surgeon general. It's in his purview.

**Cmdre Sean Cantelon:** That's part of what the JPSU is enabling, that conversation through OSISS, or through that process.

**Mr. Doug Eyolfson:** All right.

With that, I'm about done.

**The Chair:** Thank you.

Mr. Brassard.

**Mr. John Brassard (Barrie—Innisfil, CPC):** Thank you, Mr. Chair.

Captain Langlois, I want to pick up on a couple of things you talked about. You mentioned the DND ombudsman's report. You also mentioned guided support. When you mention guided support, are you referring to the concierge-type service that the DND ombudsman referred to in his report?

**Capt(N) Marie-France Langlois:** Yes.

**Mr. John Brassard:** You also said that would be a VAC responsibility. Can you clarify that as accurate?

**Capt(N) Marie-France Langlois:** It's interesting because the transition for a member is a joint effort between CAF and Veterans Affairs. Specific pieces fall under CAF, specific pieces fall under VAC, but the guided supports will be led by VAC in coordination with CAF.

**Cmdre Sean Cantelon:** While we're not VAC experts, they have a current pilot going on with the term "guided support" and as we work to close the seam, we're going to leverage those results going forward.

**Mr. John Brassard:** As you know the DND ombudsman referred to it in his report as a game-changer, the fact that the Canadian Armed Forces would retain medically released members until all benefits from all sources, including Veterans Affairs, have been finalized. He also talked about the concierge service and that the Canadian Forces offer a tool that's capable of providing members with information so that they can understand their potential benefit suite prior to release. Is there difficulty on the forces' or DND's side to implement these changes?

If the ombudsman and quite frankly the Veterans Affairs committee recommended this to Parliament, to the government, are there difficulties on your side to do this, to make sure that all these things are in place prior to the hand-off, if you will, to VAC? Are there logistical problems within DND to do that?

• (1625)

**Cmdre Sean Cantelon:** Going back to the macro points of what the ombudsman has spoken about is exactly what we're focused on, bringing that simplified process through the JPSU, the IPSCs, and the whole transition. General Corbould led that and brought forward a proposal to the chief on a reorganization that will affect those types of recommendations, so it is simpler for the member, it is guided concierge—

**Mr. John Brassard:** Is that recent?

**Cmdre Sean Cantelon:** That's very recent. That was done just prior to his retirement.

Those changes will be forthcoming soonish, I hope. In the interim, we are working behind the scenes to do that every day. While I can't provide the exact announcements at this time, we're not waiting for those announcements to close those seams and enhance that capacity. It is a clear part of this dual mandate that you are a member of the Canadian Forces until the day you're released. The chief takes that very seriously and I take that very seriously as his officer charged to do so. We will take care of them and when they're ready to take off the uniform and then transition the next day, they'll be in Veterans Affairs' care. But we don't want that next day to be their first day to meet Veterans Affairs. That's what the captain is touching on. We need them to meet as they are now with complex cases at the IPSC, with the veteran service agent, or the other appropriate levels of care.

That's what we're focused on achieving, so we're aiming to get to all of that which the ombudsman has described.

**Mr. John Brassard:** That's good to hear.

The other issue I want to touch on is the issue of re-employment. Obviously there's a priority within the public service. But one of the things that we've heard through testimony and through some of our own research is that the actual percentage of those who are either medically released or retiring from the Canadian Armed Forces and are able to get employment within the Public Service of Canada or within DND itself is abysmally low. What can you attribute that to? Why aren't we hiring more veterans? Why aren't we hiring more DND Canadian Forces people to work within our public service?

**Cmdre Sean Cantelon:** I can't answer that question. It's not within my lines of how the federal government hires.

**Mr. John Brassard:** Is it a qualification issue? You can certainly speak to the back end of it. Are we preparing our Canadian Forces members, our veterans coming—

**Cmdre Sean Cantelon:** We can absolutely speak to that. That's the point that Captain Langlois was talking about, the ability to take that unique military jargon and turn it into what a civilian is, how to go from describing repairing a tank in the battlefield to using it in the vernacular of renovating a house, because most Canadians understand renovating a house. Those are the tools we're aiming to create.

Resumé writing, all these programs are offered through the second career assistance network that I touched on in my introductory remarks. We need to enhance and professionalize that, and we're doing that now. We're going to do more and more and better and better, bringing better tools and working with partners like MET Canada that does an online webinar about how to do an interview, how to explain yourself. The cases of application often aren't a lack of capability, it's often how to express yourself as in any job interview and to be the successful candidate. We're addressing that inside the Canadian Forces.

**Mr. John Brassard:** I think it's a critical element of it, Commodore, because we're in the pursuit of understanding mental health and suicide issues amongst veterans. That transitional aspect, the sense of belonging, is not just within the military but outside of the military, and employment plays an important role in that part of it.

Thank you, sir.

**The Chair:** Mr. Graham.

**Mr. David de Burgh Graham (Laurentides—Labelle, Lib.):** Thank you, Commodore and Captain. I note your ribbons and that you have a couple of service medals from the Middle East.

I have a number of questions. I think we have to tie back to one of my favourite books, *Catch-22*. In *Catch-22*, Yossarian cannot get his section 8, in the American parlance, because if he says he's crazy, they know he's not crazy, but if he doesn't say it, they know he is. Either way, he's stuck there.

If I'm a member of the armed forces and I think I'm suffering from mental illness, what kinds of barriers are there to my dealing with it, in terms of a catch-22?

• (1630)

**Cmdre Sean Cantelon:** This goes back to the stigmatism piece. The barriers ultimately, I think, in all of our society are how you seek help. That's the culture piece we're working very hard on. There are no physical barriers. There are no barriers to going into the hospital, identifying that you're having difficulties, and getting those services. The surgeon general would be able to explain to you the whole program there.

There's no one saying you can't go. All you need to say is, "Sergeant, PO, Commodore, I need to drop into the hospital tomorrow." That's it. No one asks why. If you have a close work relationship, someone might ask that, but at the end of the day, it's up to the individual. Once they're in, they have the programs and services that our health care system provides. That goes back to us, as a leadership team and as the Canadian Forces, to work hard on this culture, just as we're doing throughout the nation through the idea that a bandage that's invisible around your head is equal to a bandage around a broken arm from tobogganing on the weekend.

**Mr. David de Burgh Graham:** That's fair, but my point is that if somebody is feeling mentally ill, and they know that if they go and get treatment, they'll be identified by the military structure as having mental illness and therefore not being fit to serve, they continue to serve in order to avoid being kicked out because they have an illness. The closest metaphor in civilian life is a whistle-blower. If you come forward, you have to be protected. Is there any protection for that kind of person?

**Capt(N) Marie-France Langlois:** The OSISS program, which is a peer support program, is a confidential program, and the chain of command is not aware of the interaction between peers and the people who are supported. Often, this is the first step towards moving forward and seeking some medical help because these are people who have lived the same experience. Those kinds of programs, the same as Soldier On, are peer building and spirit building, and sometimes it takes that first step to be able to be referred or to accept to move forward and see that it's going to improve well-being.

For sure, those programs are beneficial.

**Cmdre Sean Cantelon:** There's a connection in your question that I would break up a bit on the assumption that, just because I go and get mental health in uniform.... I was involved, when I worked in the Arctic, in the crash of First Air 6560, which was the 737 that, unfortunately, missed the runway and impacted into the hill in the middle of Operation Nanook, and we lost a number of people. I was the on-scene responder. I've had, personally, over the years, some issues with that, and I've dealt with that through medical assistance. That has not precluded me in my ability to proceed. In fact, it's no different than someone who may have had an alcohol difficulty or has recovered from a physiological musculoskeletal injury if they do their rehab, if they are able to function.

A mental health illness does not automatically mean a release from the Canadian Armed Forces. We've had other generals who have spoken and other chief warrant officers who have spoken about their own individual.... You manage and move forward. That's the key, so I want to break that assumption that, just because you go to see the psychologist or social worker with a problem, that automatically leads to release. I think the more we have those cases, the more we talk about the fact that you can move forward in your life and you can be a functioning member, and there's no restriction in regard to promotion, etc., the better off.... That's the culture piece I talked about earlier.

**Mr. David de Burgh Graham:** You talked earlier about when somebody is ready to take off the uniform. How do you know when somebody is ready to take off the uniform, medically? If somebody

is in a medical position where the military feels they have to take it off and they're not ready to do that, how do you deal with that?

**Cmdre Sean Cantelon:** You've asked a medical question. Neither of us are medical officers, so we can't speak to that. We could speak to the process.

**Capt(N) Marie-France Langlois:** Yes. If somebody has a medical employment limitation that will breach universality of service, at that time they will likely have to transition out. The process of transition can take between six months and up to three years, depending on the complexity of the needs of the individual. For sure, with the work and efforts that we're doing with the transition piece right now at CAF and at Veterans Affairs, we want to make sure that the member is ready to transition out.

You have to meet the universality of service. Sometimes people don't meet the universality of service but can be employed in the CAF, can be retained for up to three years as well, and be employed in that capacity. It can vary between six months and three years.

•(1635)

**Mr. David de Burgh Graham:** We've talked a lot in the last few weeks—I've only been on this committee for a few weeks—about how a new soldier, a new person coming into the military, goes through basic training, which breaks them down into a military person, but there's no similar process where they're intensively brought back into civilian life. Would you agree with that assessment?

**The Chair:** I'll just have to limit that to a quick answer, if you could, please.

**Cmdre Sean Cantelon:** No, I wouldn't agree with that assessment.

**The Chair:** Thank you.

Ms. Wagantall.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** That was a quick answer. I might give you more time on that one.

I'm trying to understand JPSU. It's a combination. If an individual comes in who cannot serve at that time, their goal is probably to be restored to a full career and go back, or there's a chance, if they're going to recognize that they cannot continue on with that universality, that they become a veteran.

VAC and CAF are working together on this. How is that decision made? Who is the one who makes the final decision that you have to go this way or that way? In my mind, I'm thinking that, if it looks like they're being restored, it would be through the Canadian Armed Forces that the final decision is made. If the decision is being made that they have to leave, it should be VAC that makes the final decision that they're ready to make that move.

**Capt(N) Marie-France Langlois:** The decision to transition out or to remain in the forces is an administrative decision that's made by the director, military career administration, and it's based on whether the medical employment limitation meets the universality of service or not.

**Mrs. Cathay Wagantall:** So it's CAF that makes that decision.

**Capt(N) Marie-France Langlois:** That's CAF.

**Mrs. Cathay Wagantall:** Okay. We're dealing here with mental illness and suicide, and there are clearly dynamics of mental illness connected to circumstances like what you went through. That is a situation where you hit a crisis, and it's part of your life now. We also hear a lot about the frustrations of the release process that you're trying to fix with the seamless move. Then I'm thinking, why are we releasing them into the veteran world before they have a family doctor, before their house is retrofitted, without any money, and they have to wait months before they get paid? This has increased their stress levels.

Then also, there is the part of it that my friend was mentioning where, in speaking to some of those who are helping vets in transition programs, we prepare them, we condition them to a fight-flight mentality and a change in their sleep patterns, but then we expect them to somehow transition back into what the rest of us do, like stay up late because we want to. They're not prepared, yet they can be. There are ways that they can be reprogrammed—that's a bad term—to be able to sleep without that sense of fight or flight. Why are we releasing them without giving them that gift, which I think would change a lot of their mental stress around trying to recondition into normal civilian life?

**Cmdre Sean Cantelon:** It's a big question. I'll start at the top. The chief has been very clear. We're going to professionalize the transition services. Part of that answer speaks exactly to your question about the right time to go. Captain Langlois explained the current processes and the rationale behind breach of universality of service. We are working with our VAC colleagues to enhance it so that, as they go through that transition process, they become, for lack of a better term, more civilianized where they need to be civilianized, but keep enough of the military so that they don't have that identity piece that has been asked about before.

Depending upon their career, where they live, and where they are in the country, there are various challenges with that. If you live in a very large military base in a very isolated location, such as Petawawa—well, Petawawa's not isolated—or Wainwright, it's fundamentally different than if you live here in Ottawa, where you blend in.

**Mrs. Cathay Wagantall:** Saskatchewan.

**Cmdre Sean Cantelon:** Yes, Saskatchewan and Moose Jaw. That's part of that professionalization program and process where we're working hard to close the seam and the gaps. I can't speak to the specific time of when to release. There are options under consideration to address how long you stay.

Can I address one minor point on the income?

•(1640)

**Mrs. Cathay Wagantall:** Yes.

**Cmdre Sean Cantelon:** If they've done their application for LTD, which they would do under a medical that they've started at vocational rehabilitation, their income flows in a vast majority of cases, within 16 days after their last paycheque. That's run through their private insurer program. Other income pieces that are often quoted in stories, I can't speak to because I'm not accountable for pensions or veterans benefits.

**Mrs. Cathay Wagantall:** Yes, I think it's a VAC issue there. I have one more quick question then. We also heard about the frustration of when they have to take that uniform off and it's just

“goodbye”. Is there something in the works to say, “We need to give these guys a parade, a recognition of their service in spite of the fact that it may not have ended up being what they envisioned or what the armed forces envisioned for them in the long term?” Because they leave without that sense of being valued by the armed forces that they gave their life to.

**Capt(N) Marie-France Langlois:** There is an existing program, the depart with dignity program. This is where people will be presented with letters from the Prime Minister, the mayor, their certificate of service. They will have their friends surrounding them, their families, often a gift from the unit, many comments from their peers. But it's really tailored to what the individual wants. Sometimes somebody wants to leave with something smaller. Some others want to have something

[Translation]

bigger.

[English]

The program is in existence and it's working well.

**Cmdre Sean Cantelon:** But it is their choice.

**The Chair:** Thank you.

Ms. Mathysen.

**Ms. Irene Mathysen:** Thank you, Mr. Chair.

I want to come back to an earlier question about the challenges that the JPSU faces. I wonder, do you have enough staff? We've heard from some veterans that there is just not enough people available to do all of the work that you have to do.

Is there enough staff? If not, do you have trouble finding qualified people in order to do that very sensitive and important work? What would you be looking for in terms of a staff person? Do you have enough funding? Very often it comes down to the resources available. Is there enough in terms of funding?

**Capt(N) Marie-France Langlois:** We are meeting the mission, but, for sure, the number of medical releases has recently increased so it puts more pressure on the staff. With the renewed structure of JPSU that General Corbould worked on and presented and that was supported by the chief, we're looking at enhancing the structure of the JPSU to make sure that the services provided remain at a high level and remain the standard so that we can meet our mandate with fewer challenges.

**Ms. Irene Mathysen:** What kind of person are you looking for to provide that very important support, in terms of your staff?

**Capt(N) Marie-France Langlois:** In JPSU we have a lot of former military as civilians because they bring with them the expertise, the lived experience, that they can share with the individuals. For the military personnel, it varies. They're from all different backgrounds. It's really based on the quality of the individual—compassionate, ability to listen. Pretty much the staff are there because they want to give back to the forces. They have either been in operations or they have people in their family who have been challenged with some of these life experiences, and they want to be there to assist the CAF members. That's what we're looking at.

**Ms. Irene Mathysen:** I don't know whether you will be able to answer this or if it fits within your role. Obviously as members of Parliament, we hear from those people who have not had a successful transition. They're very public in some instances.

Do you keep track of those people, and is there any way to go back to them? Do you have any mechanism whereby you can go back and try to close that gap or get them through what is obviously a very difficult time out there in the civilian world?

• (1645)

**Capt(N) Marie-France Langlois:** Every time somebody asks a question to the minister or to the chief or to the unit, we always make sure that we reply, that we follow up and that we close the loop with the individual.

Are we tracking them? No. We have a tracking system in the JPSU but the tracking system is to make sure that nobody falls

through the cracks. The people coming in are entered in the system and we make sure that we have follow-ups.

**Cmdre Sean Cantelon:** That's just until they're released. In these cases, when they're released, I can assure you that when we see the headline, we check and if we find an error in our process, we fix it.

The engagement with the individual, she already touched on.

**The Chair:** Thank you. That ends our time for today's panel.

On behalf of the committee, I'd like to thank both of you, Captain and Commodore, for taking time out of your busy schedules to testify today, and thank you for all you do for our men and women.

We are going to recess for a few minutes and then we're going to go back into committee business with the steering committee.

Thank you. This meeting is adjourned.

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