Bringing Our Wounded Home Safely

Report of the Standing Senate Committee on National Security and Defence

Committee Members

Sen. Colin Kenny – Chair
Sen. David Tkachuk – Deputy Chair
Sen. Tommy Banks
Sen. Joseph A. Day
Sen. Grant Mitchell
Sen. Michael A. Meighen
Sen. Wilfred P. Moore
Sen. Nancy Ruth
Sen. Rod A. A. Zimmer

Second Session
Thirty-ninth Parliament
2008

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THE STANDING SENATE COMMITTEE ON NATIONAL SECURITY AND DEFENCE

39TH PARLIAMENT, 2ND SESSION

The Honourable Colin Kenny
Chair

The Honourable David Tkachuk
Deputy Chair

and

The Honourable Senators:

Tommy Banks
Joseph A. Day
Michael A. Meighen
Grant Mitchell
Wilfred P. Moore
Nancy Ruth
Rod A.A. Zimmer

*The Honourable Marjory Lebreton, P.C. (or the Honourable Gerald Comeau)
*The Honourable Céline Hervieux-Payette, P.C.
(or the Honourable Claudette Tardif)
*Ex Officio Members

Special Advisors to the Committee:
MGen (ret) Keith McDonald and Barry Denofsky

Library of Parliament Research Staff:
Melissa Radford, Maureen Shields and Jason Yung

Clerks of the Committee:
Shaila Anwar and Gaëtane Lemay

Extract from the *Journals of the Senate*, Tuesday, November 20, 2007:

The Honourable Senator Kenny moved, seconded by the Honourable Senator Banks:

That the Standing Senate Committee on National Security and Defence be authorized to examine and report on the national security policy of Canada. In particular, the committee shall be authorized to examine:

(*a*) the capability of the Department of National Defence to defend and protect the interests, people and territory of Canada and its ability to respond to and prevent a national emergency or attack, and the capability of the Department of Public Safety and Emergency Preparedness to carry out its mandate;

(*b*) the working relationships between the various agencies involved in intelligence gathering, and how they collect, coordinate, analyze and disseminate information and how these functions might be enhanced;

(*c*) the mechanisms to review the performance and activities of the various agencies involved in intelligence gathering; and

(*d*) the security of our borders and critical infrastructure;

That the papers and evidence received and taken and work accomplished by the committee on this subject since the beginning of the First session of the Thirty-seventh Parliament be referred to the committee; and

That the committee report to the Senate no later than March 31, 2009 and that the committee retain all powers necessary to publicize its findings until 90 days after the tabling of the final report.

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

Paul C. Bélisle

Clerk of the Senate

Canadians Wounded in Afghanistan:

How Well Does Canada Rescue, Treat and Rehabilitate?

Since the Government of Canada began its military mission to Afghanistan in 2002, 88 Canadian soldiers and 1 diplomat have been killed there. Another 280[1] have been wounded, some seriously.

Non-battle injuries – including personnel repatriated to Canada for compassionate reasons, including operational stress disorders, have totaled 395.[2]

The Senate Committee on National Security and Defence has studied the Afghanistan mission, visited the country three times, and has made many recommendations on the goals and conduct of the mission.

In doing so, we have paid tribute to the soldiers who have died in service for Canada in Afghanistan: our last report – ***How are We Doing in Afghanistan?*** – concluded with a list of the names of those soldiers killed up to the first week of June 2008.

There is nothing we can do for those who have died in Afghanistan, other than honour their valour and comfort their families. But the Committee does believe that it can be of some use to Canadians who have been injured in Afghanistan and their families. To help us understand the challenges, we have made an effort to walk with the wounded.

Toward that end, we have visited the Kandahar Air Field (KAF) Hospital in Kandahar, the Landstuhl Regional Medical Center (LRMC) in Landstuhl, Germany, the Glenrose Rehabilitation Hospital in Edmonton, as well as other Canadian facilities.

[1] Figure for "Wounded in Action" from 2002 until the end of December 2007. Figure provided by the Department of National Defence on May 6th 2008 in response to a Committee request for information.
[2] Figure for "Non-Battle Injuries" from 2002 until the end of December 2007. Figure provided by the Department of National Defence on May 6th 2008 in response to a Committee request for information.

Important Questions

The questions we asked ourselves on those visits were questions every Canadian would have asked in our place. Are Canadians wounded on the battlefield receiving the kind of quick and capable attention they deserve? Have those who need more sustained treatment – either physical or psychological – received such treatment when they returned home?

The Committee has done enough personal examination of facilities and asked enough questions of military personnel to reach some conclusions. Most of our conclusions are positive so far, but some are not, and we hope the latter will encourage Canadians across the country to take a close look at whether soldiers who have been injured in Afghanistan are getting the kind of state-of-the-art treatment that their country owes them.

An Early Assessment

To this point the Committee has determined that there are very good things happening in terms of treatment of Canada's wounded military personnel. But while these people appear to be receiving first-rate treatment overseas, it is evident that they are receiving a uniformly high standard of treatment across the country once they arrive back home.

1(a) Rescue in Kandahar

In Kandahar, it goes without saying that by far the greatest number of Canadian casualties occur "outside the wire" – in patrols or convoys that deploy outside the defensive perimeter of the Joint Task Force Afghanistan (JTF-AFG) headquarters at Kandahar Airfield.

These operations are always prepared to move quickly to minimize human trauma when incidents occur. For a start, all Canadian soldiers are trained in advanced first aid. Furthermore, it is a Canadian operational imperative that Canadian troops who operate outside the wire are never far from a medic. A medic is a soldier with medical training similar to that of an ambulance paramedic, but with advanced training in combat casualty care designed to deal with trauma in the field.

Physician's assistants are also required to be close at hand. The U.S. military has used physician's assistants for many years but the role is relatively new within the Canadian Forces. Physician's assistants are not qualified to perform all the duties of a doctor, but may specialize in some medical areas. They are also given advanced training in trauma care before being deployed to Afghanistan.

Helicopters Quick to the Scene

When a Canadian soldier is injured, a U.S. helicopter is sent immediately to transport the soldier to Kandahar Airfield (KAF) Hospital. This hospital serves all of Southern Afghanistan. Round trips are expected to take no more than two hours, with a one hour targeted maximum for areas designated as having "hot" combat potential. American physician's assistants are on board. The distance between the helicopter landing pad at the Hospital and the trauma unit is approximately 15 metres.

1(b) Kandahar Airfield Hospital

Committee members visited KAF Hospital in December 2006. We were pleased to learn of the hospital's informal motto: "You arrive alive – you stay alive." It may be an impossible goal to live up to, but it is certainly a worthy one.

The hospital is not only the first destination for Canadian soldiers and their allies operating in Southern Afghanistan, it is also an alternate medical facility for the treatment of Afghan National Army (ANA) troops, since local hospital facilities are usually inadequate for the treatment of critical injuries.

KAF Hospital, a NATO asset, is a Role 3 hospital, equivalent to a tertiary care trauma centre in North America – that is, a centre that can offer specialty care, intensive care and perform major operations. Canada provides lead staff. KAF Hospital is typically staffed by two trauma surgeons, two orthopedic surgeons one oral maxillofacial surgeon (for head, neck, face and jaw), and now has one neurosurgeon. This can change depending upon which surgeons are available on any particular rotation.

Stabilize and Treat

The first imperative at KAF Hospital, of course, is to stabilize a soldier's condition in preparation for possible further interventions. Given that the majority of injuries

treated there result from Improvised Explosive Device (IED) blasts, resulting in injuries such as compound fractures, most surgeries are orthopedic.

For serious injuries, evacuation from KAF Hospital is often a second step to full treatment. One example: for a soldier with a compound fracture, KAF Hospital will do open reduction and external fixation. What this means is that the wound is actually left open and flushed on a regular basis while the limb is stabilized with bolts and rods in the bone. Wounds are left open because of the risk of closing a wound that may be infected with local infections to which the soldier has not built up a resistance. Such a wound would eventually be closed at Landstuhl Regional Medical Centre (LRMC) hospital.

2. The Landstuhl Regional Medical Center (LRMC)

The Committee visited the Landstuhl Regional Medical Center (LRMC) on April 4, 2008. LRMC is an overseas military hospital operated by the U.S. Army and the Department of Defense, and is available to NATO troops.

LRMC is the largest military hospital outside of the continental United States. It serves as the closest emergency treatment centre for wounded soldiers that have to be evacuated from Iraq and Afghanistan.

Some facts learned by Committee members during our visit:

- LRMC has treated 46,000 soldiers since October 2001, a small percentage of whom have been Canadians.
- Canadian soldiers stay an average of 5 days.
- Staff is mostly U.S. military and civilian medical personnel, augmented by German civilian personnel.
- The Canadian Forces do not have any personnel posted to LRMC. The Canadian Forces do have three medical personnel posted to the Canadian Forces facility at Geilenkirchen, Germany (one nursing officer, one medical officer and one medical technician) who are available for medical evacuations and tasked with providing support to Canadian Forces members sent to LRMC[3].

[3] Information provided by the Department National Defence in response to a Committee request for information on December 19, 2007.

- All patients are assessed for traumatic brain injury (TBI) to determine whether it is mild, moderate, or severe).

  Traumatic brain injuries can be very difficult to diagnose and can cause long-term problems. Continual and follow-up medical care is necessary for this type of injury.

- Battle injuries often involve limbs.

- Many of the evacuees do not suffer from direct physical wounds – the Center treats an average of one suicidal patient[4] a week.

- Mental Health Services perform psychological assessments on *all* in-patients.

- There are 140 beds, but it is rare that 100 are in use.

- Canadian Government civilians working in Afghanistan are also treated there.

Advantages of the Landstuhl Regional Medical Center

LRMC has one advantage over the average civilian hospital – staffs usually know at least 12 hours in advance if a patient will be arriving, and what his or her needs might be. They also have a breadth of experience in dealing with battlefield injuries, whether they be physical or mental.

Another critical advantage is that LRMC has the facilities to offer cost-free living to close family members so they can be with injured soldiers during the critical days they spend there. This is thanks to the U.S.-based Fisher Foundation, which builds "comfort homes" on the grounds of major U.S. military and veterans' affairs medical centres. The Fisher House™ at Landstuhl is the one of only two located outside U.S. territory and is happy to accommodate Canadian families as well as families from other NATO countries involved in missions with the U.S. military.

Fisher Houses™ are designed so that visitors can live lives that are as normal as possible under the circumstances. They feature a number of suites with common kitchens, laundry facilities, a spacious dining room and an inviting living room

[4] The Committee would like to clarify: LRMC treats an average of one suicidal patient out of the total number of patients (not just Canadian) a week.

with library, and toys for children. These are designed as temporary residences – not treatment facilities, hospices or counselling centres. Volunteers help keep the houses going, and chaplains are available.

We were told that 24 Canadian families have stayed at the Fisher House™ at LRMC.

Some Committee members had the opportunity to sit down and chat with a Canadian family whose son was undergoing double amputation surgery below the knee. They were very appreciative of the accommodations and of the Canadian Forces' support, which provides a full time assisting officer to accompany the family from home. Sadly, we were also witness to the overwhelming sadness of an American family that had to make the decision to take their son off life support.

We weren't there long, but it was obvious that staff at Fisher House™ are extremely compassionate and capable of developing close relationships with visiting families over a very short time. They have been trained to give families space and to encourage them to feel at "home" and keep themselves busy with cooking, laundry, etc. But they are also there when support is needed.

Committee members are not experts on the capabilities of medical practitioners, so we would not be able to offer an opinion on the expert staffing of the medical centre – even if our visit had lasted for weeks. But LRMC has a reputation for first-class treatment, and the backup facilities for families at Fisher House™ impressed us very much.

One last thought: One staff member mentioned how appreciative Fisher House™ is that Canadians in recent years have donated disproportionately to the Foundation, even though it is a U.S.-based institution. Anyone considering making a donation should take to the Web at www.fisherhouse.org.

3. Back in Canada

Wounded Canadian soldiers are repatriated to Canada via contracted civilian medical flights, Canadian military flights or U.S. military flights.

For anyone who has suffered significant physical or psychological wounds in Kandahar, the next step is invariably rehabilitation.

Our Committee visited the Glenrose Rehabilitation Hospital in Edmonton, Alberta on January 30, 2007. We toured the facility and were briefed on the Adult Amputee Program, as well as the Prosthesis Service.

When prostheses are required, they are custom designed and fitted in keeping with each individual's functional needs and/or goals. Those services are provided by professional and technical staff with expertise in the treatment of persons with complex needs.

The Committee visited a room equipped with an array of motion and other sensors. Any movement is picked up and computerized to determine a person's range of motion. This helps specialists determine if someone is walking, running or otherwise moving properly.

Rehabilitative physiotherapy is then employed in an attempt to correct any abnormalities. This is especially helpful when a patient is beginning to use prosthetics. If the patient is not moving properly the prosthetics may have to be adjusted.

On 25 July 2008, the Committee received a report from Senator Grant Mitchell regarding his recent meeting with the injured soldier whose parents the Committee met during our Landstuhl visit. Senator Mitchell stated that "I actually visited him last week in Edmonton in the Glenrose rehab center and he asked me to go with him to his therapy session that day.…The Glenrose is a great facility giving him wonderful care."

During its visit to Glenrose in January 2007, the Committee met with Master Corporal Paul Franklin and his wife Audra. On January 15, 2006 Master Corporal Franklin, with One Field Ambulance of the Edmonton Garrison, was driving an armoured Mercedes jeep in a convoy in Kandahar in Afghanistan when a suicide bomber succeeded in blowing up the vehicle. The bomber killed diplomat Glyn Berry and delivered devastating injuries to Franklin, Private William Salikin and Corporal Jeff Bailey. Franklin lost both his legs, besides sustaining third-degree burns and wounds all over his body.

We found Master Corporal Franklin to be incredibly optimistic and ready to move forward with his life, but he also told us that the military isn't necessarily generous to its casualties unless they stand up and fight for what they deserve. An excellent article in the *Legion Magazine* on November 6, 2007 documented both his optimism and his struggles. Here is an excerpt:

> *Through it all–and despite the fact that he doesn't sleep too well these days–he's managed to maintain a positive outlook. "This time is just dessert, because I died last year. Everything else is just fluff. Just enjoy it."*
>
> *But his optimism has been tested. One of the most severely injured of the Canadian Forces members to survive the war in Afghanistan, he has come across a bewildering array of situations–from red tape to petty jealousies–in obtaining necessities such as home adaptations and in trying to maintain a career within the [Canadian Forces]. "I want to say I got good care," says Franklin, "because I did." He got top-notch treatment at the Glenrose Rehabilitation Hospital in Edmonton, where he learned to walk again, and, thanks to the $250,000 cheque he got immediately from the Service Income Security Insurance Plan, he was able to buy his car and relocate with his family to a house more suited to his needs.*
>
> *Still, despite becoming well-known in the media and gaining the ear of powerful people like the Chief of the Defence Staff General Rick Hillier, he's had his share of struggles with the system–and with perceptions. "People tell me all the time–oh, you had it easy. And yet, I've had to fight for everything."*[5]
>
> *Fortunately, his trials–and triumphs–are helping to bring about changes in the way the military, the Department of National Defence and Veterans Affairs Canada are looking after injured CF members.*

Care at Home Varies Widely From Province to Province

The Committee was extremely impressed with the rehab offered at Glenrose Rehabilitation Hospital. But conversations with military personnel at both the senior and junior levels have made it clear that while Glenrose offers the kind of

[5] http://www.legionmagazine.com/en/index.php/2007/11/the-quiet-fight/

rehabilitation that all damaged Canadian soldiers *should* receive when they return home, that kind of treatment is not generally available across the country. Far from it. In Alberta, Glenrose stands out. In Canada, Glenrose stands out like a 2009 Lamborghini on a car lot dotted with far too many 1970 Ladas.

Health care is the jurisdiction of the provinces, and every Canadian knows the quality of health care can vary dramatically from province to province. It is the Committee's belief that Canadian military personnel wounded in the service of their country should receive one standard of rehabilitative treatment when they return home: *first class.*

> **If all provinces cannot or will not provide this first-class level of treatment, the federal government should step in and ensure that it is made available to every wounded returnee.**

Reserves Especially Vulnerable

The Committee is also concerned about the unequal and inconsistent treatment received by Reservists who are injured in the line of duty in comparison to treatment received by injured Regular Force members. In a CBC interview on April 3, 2008 following the release of her report entitled "Reserved Care: An Investigation into the Treatment of Injured Reservists," DND's Interim Ombudsman, Mary McFadyen has stated that it is unacceptable that in the Canadian Forces a Reservist's limb is worth less than that of a Regular Force member's [6]. In a strongly-worded report issued April 3, 2008 Ms. McFadyen observed, for example, that a reservist who loses a hand while serving with the Canadian Forces currently receives $50,000 in compensation, while a Regular Force member who loses a hand gets $125,000. "Frankly, the rule should be if you break them, you fix them."

Reservists currently make up approximately 20 percent of the Canadian contingent deployed to Afghanistan. Although Reservists serving in Afghanistan receive a classification equal to that of Regular Force members and are therefore entitled to full medical coverage, other discrepancies arise when Reservists return home. Often Reserve armouries are not close to large military bases and do not have the support systems that these bases offer Canadian Forces Regulars. In addition, there are a number of other complications. There is an obligation for Reservists to prove

[6] CBC News, "Reservists short-changed by military health-care system: ombudsman," April 3, 2008, accessible at http://www.cbc.ca/canada/edmonton/story/2008/04/03/reservist-health.html#socialcomments

that injuries have been sustained in the line of duty. Obstacles like these can be overwhelming to injured soldiers.

The Department of National Defence has committed itself to look into these issues, and the Committee looks forward to hearing the results of this investigation

Conclusions

1. The care and rehab facilities we visited in Kandahar, Landstuhl and Edmonton appear to operate with the kind of expertise and concern that Canadians serving in battlefields on behalf of all Canadians certainly deserve.

2. The backup facilities provided by the Fisher Foundation in Landstuhl represent the kind of supportive attitude toward soldiers and their families that the Committee applauds.

3. The Committee has heard enough anecdotal evidence to understand that we've witnessed only the best care Canada provides its soldiers, and that there have been cases in which such superb care has not been forthcoming.

4. The Committee notes that when it comes to rehabilitation, provincial plans drive the level of care received by injured soldiers when they return home. The Committee encourages programs designed to enhance the sharing of information and lessons learned among rehab centres across Canada regarding the care of injured soldiers.

5. The Canadian military stopped funding its own military care many years ago, primarily because it was expensive. The Department of National Defence MUST do one of two things: (a) reach an arrangement with all provinces to guarantee state-of-the-art treatment for wounded military returnees; or (b) offer such treatment itself.

6. Department of National Defence rules must be changed to give Reservists exactly the same compensation for injuries that Canadian Forces Regulars receive. Wounded Reservists should also receive the same state-of-the-art treatment in Canada that Regulars receive.

Is the Committee saying that Canadian Forces personnel who are either physically or psychologically injured in the service of their country deserve special treatment – treatment that isn't always available to all Canadians in all parts of the country?

That is ***exactly*** what we are saying. These are special people doing a special job for Canada. They deserve nothing but our best.

Encouraging Words

We will conclude with an excerpt from an *Ottawa Citizen* editorial published on May 16, 2008, which suggests that the current government may also be interested in assuring that these returnees get the very best:

> *Every death is counted and mourned, as it must be, and every injury is noted. And now there are signals that the hidden but equally dangerous injuries of war are also going to be counted and treated.*
>
> *The recent announcement of new clinics in Ottawa and across the country to treat returning soldiers and veterans suffering from emotional stress injuries is timely. Canadian Forces officials say the number of soldiers suffering from operation stress disorders has risen in the past five years from about 3,500 to 11,000, largely because of better efforts at early detection.*
>
> *The establishment of new specialized clinics, in addition to existing centres, to treat soldiers with stress injuries is a sign that the armed forces are doing more than paying lip service to the issue. By acknowledging the legitimacy of these disorders, military leaders are encouraging soldiers to come forward for treatment -- soldiers who in times past might have tried to cope on their own.*

If this proves to be a trend in the treatment of Canada's wounded soldiers, it will be a very welcome one.