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Introduction

In 2001, my Office investigated the way in which the Canadian Forces (CF) treated members diagnosed with post-traumatic stress disorder (PTSD). Our *Special Report: Systemic Treatment of Members with PTSD* detailed the stress experienced by CF members when they returned home from operational deployments without sufficient debriefings, support or time to adjust. The Report examined different approaches to reintegrating members into their home environment after intense operations, including decompression at a separate location. At that time, I acknowledged that I had some initial reservations about this approach. I noted that I was not completely convinced that keeping members away from their families longer was a productive or practical way to address the problem of reintegration after deployment. I also noted that extending tour lengths may increase stress levels and that the logistical and financial implications were considerable. Regardless of these concerns however, I felt that, given the critical importance of reintegrating members in the most effective way possible, it was incumbent on the CF to explore all options in order to ensure that the members' needs were being served. I recommended that:

The Canadian Forces set up a pilot project to determine the most effective way of allowing members returning from deployment to be reintegrated into family and garrison life.

This recommendation was supported by the CF, which pledged, in the fall of 2002, to conduct a best practices exchange on reintegration and decompression. This took place in January 2003. The overall goal was to outline 'the way ahead' for both pre- and post-deployment policy and procedure. One of the objectives was to 'create a clear statement of purpose and definition of terms used in the process.' Decompression was one of the terms specifically mentioned.

My second report, *Follow-up Report: Review of DND/CF Actions on Operational Stress Injuries*, which was released in November 2002, demonstrated that my initial reservations about decompression at a separate location were unnecessary. The report detailed how the concept was successfully implemented by the 3 PPCLI Battle Group after deployment on Operation Apollo in Afghanistan in July 2002. Returning battle group members were sent to Guam for between three and five days of rest and decompression time. Those days included information and training sessions on subjects such as family and work reintegration, anger management and suicide awareness. On their return home they worked up to five full days and seven half days before going on a period of block leave, allowing them time to deal with issues related to the mission and permitting gradual reintegration with their families.

Given the timing of my Office's follow-up report and the members' return from Afghanistan, our ability to get direct feedback from the soldiers or their families on the decompression period and reintegration process was limited. Of those persons we did speak to, including the care providers involved in the process, virtually everyone we spoke to said that the Guam decompression was an excellent initiative that should be repeated routinely with each deployment. I congratulated the CF on this initiative and

noted that while it may be necessary to alter the scope and duration of the redeployment phase, according to the circumstances of each mission, the concept was excellent.

Subsequent to my Office's follow-up report, in December 2002 the Chief of Defence Staff issued an order (Staff Order 119) assigning the authority to implement a separate location decompression period after deployment to each Task Force Commander, in consultation with the Deputy Chief of Defence Staff.

In November 2003, I visited CF members participating in Operation Athena, in Kabul, Afghanistan. One of the preoccupations on the minds of the troops I spoke to was whether or not there would be a separate location decompression period at the end of their rotation, similar to that provided to members of Operation Apollo in 2002. These CF members were due to return to Canada in late January and early February 2004. I learned at that time from Major General Andrew Leslie, Deputy Commander of the International Security Assistance Force (ISAF), that no firm decision had been made on this issue. It appeared however that it was unlikely that members would be provided with a decompression period at a separate location prior to returning home at the end of their rotation. Major General Leslie indicated that he was not convinced that a third location decompression period was necessary as there had not been a large number of casualties at that point. He added that another factor he was taking into account was that deployed members had the Home Leave Travel Assistance (HLTA) program, which allowed them periods of mid-tour leave to return home to visit their families. Major General Leslie did note that he would reconsider his position if further casualties were to occur later in the mission.

What struck me during my visit to Kabul and my conversations with Major General Leslie and other members of the chain of command, was that there was no defined policy or guidelines to assist members of the chain of command in their exercise of authority under the Chief of Defence Staff's directive. There were no general principles set out anywhere that they could refer to in order to make a well-informed decision. There was also no means of ensuring that the basis for making such a decision was consistent from one rotation or deployment to the next.

On my return to Canada, I met with the Chief of Defence Staff and shared with him my observations on a number of issues that came to my attention during my visit to Afghanistan. I also shared with him my observations with respect to the success of the decompression period after Operation Apollo and informed him of my concerns about the lack of guidance for commanders who were charged with determining whether there should be similar decompression periods after other deployments. I offered the independent and objective expertise available through my Office to research this issue and bring together all of work done externally and within the CF on the subject, as well as best practices in other countries. I also offered to develop a recommended set of principles to guide commanders in deciding whether or not third location decompression should be provided to troops before returning home after deployments. The Chief of Defence Staff agreed with my observations and readily accepted my offer.

Investigation and Methodology

This case was assigned to the Special Ombudsman Response Team, led by Director Gareth Jones, who accompanied me on my outreach visit to Afghanistan. The Special Ombudsman Response Team was put into place to conduct investigations of high profile systemic issues affecting CF members and their families. The team has developed a wealth of knowledge, expertise and contacts on the subject of operational stress as a result of its involvement in three previous investigations on the treatment of CF members suffering from operational stress injuries including PTSD. Investigators Mary Kirby and Brigitte Bernier conducted the investigation.

I also requested and received advice and assistance from my Office's Special Advisor, Brigadier General (rtd) G.E. Sharpe, who has done extensive work on the issue of operational stress as a CF leader and President of the Croatia Board of Inquiry in 1999, and more recently as a retired CF member and well-respected consultant on the subject.

During its investigation, SORT examined a large volume of documentation, starting with current DND/CF policies, procedures and research with respect to decompression at a separate location after deployment. It also looked at the experiences of members serving on Operation Apollo who participated in the third location decompression phase in Guam and those serving on Operation Athena who did not have the benefit of a decompression phase at a separate location before returning home. Finally SORT examined the practices and policies in place in other militaries as well as non-governmental organizations, such as the World Health Organization and the International Red Cross. A list of the documents reviewed is attached as Appendix 3 to this report.

During the course of the investigation, more than 70 individuals were interviewed including:

- Commanding Officer of 3 PPCLI during Operation Apollo, as well as members of the battle group and their families
- Professional care providers from Edmonton and Winnipeg, who provided reintegration services and support to members from 3 PPCLI and their families after Operation Apollo
- Operational Trauma Stress Support Centre and Military Family Resource Centre staff from Edmonton
- Deputy Commander International Security Assistance Force (ISAF) during Operation Athena, Major General Andrew Leslie
- Professional care providers from Petawawa who provided reintegration services and support to members and their families after Operation Athena
- Military Family Resource Centre Staff from Petawawa
- National Defence Medical Centre staff

- CF Quality of Life Directorate staff
- Operational Stress Injury Social Support staff (OSISS)
- Veterans Affairs Canada staff

Members of the CF who served on deployments prior to Operations Apollo and Athena were also interviewed in order to obtain information with respect to their experiences on deployment and the reintegration process after deployment.

Finally, a number of officials from foreign militaries and non-governmental organizations were interviewed with respect to their reintegration and decompression practices including:

- Military Attaché from Germany
- Military staff from the Australian Defence Force
- United States Military Attaché and military personnel from the United States Embassy
- Director of the Health Research Centre, Italian Defence Force
- Canadian Defence Attaché from Italy, Greece and Albania
- Commander of Canadian Defence Liaison Staff and Defence Advisor Canadian High Commission, London, England
- Médecins sans frontières
- International Red Cross
- World Health Organization

Once the fact gathering phase was completed, an analysis was conducted in order to arrive at a list of recommended principles to be taken into account by commanders when determining whether or not soldiers should receive the benefit of a decompression period at a separate location before returning home after deployment.

The Concept of Decompression

A third location decompression period is intended to provide CF members, who have undergone periods of prolonged and/or intense stress during an operational deployment, with a period of time for rest, relaxation and education at a location away from theatre before they return home and are faced with reintegrating with their families and the community.

The primary objective of the decompression phase is to facilitate a member's transition from the operational environment to a normal, home environment. Depending on a number of factors set out later in this report, this phase has the potential to significantly improve a member's quality of life and assist the entire family through the sometimes difficult transition back to normal life.

Although the evidence is not conclusive, some believe that decompression may mitigate the risk and/or severity of operational stress injuries. This potential relationship however has been the subject of much debate. National Defence Medical Centre staff we interviewed indicated that they were not aware of any definitive scientific evidence documenting the short or long term benefit of third location decompression periods or any relationship to operational stress injuries or reintegration stress. In fact, they argue that whether such programs should be undertaken, or what they should include, are unknown at this time. Clearly further study is needed on the issue.

My Office came across historical references to decompression-type activities in the old practice of redeploying members from theatre to home via ship. The time aboard ship allowed for a clean break from theatre without the pressures of immediately readapting to home life. It also allowed time for post-deployment medical check-ups, peer discussions about their experiences, and a general opportunity to wind down before rejoining the family. In stark contrast, as a result of modern air travel, troops can return home from theatre in just a few hours, leaving little or no time for decompression and readjustment to Canadian society and the return to everyday family life. In one instance, a CF soldier reported finding himself standing in his driveway with his children less than twenty four hours after having left the theatre of operations, and looking down to see that his boots were still covered with blood.

The following was put forward by the 3 PPCLI battle group in May 2002, as the rationale for the decompression period provided to CF members in Guam, at the conclusion of Operation Apollo:

The purpose of (Decompression) is to provide a safe environment, outside of the combat theatre for the Brigade Group to collectively decompress, rebuild interpersonal skills, and examine coping mechanisms necessary for their return to Canada. This will be accomplished through direct interaction with the care provider team and organized recreation and social activities. The intent of this phase is to allow for informal conversation while decompressing, physical relaxation, and transition from the combat environment to a sense of civilization. Validation and reflection of the mission and the shared experience is an essential

ingredient in minimizing stress. This time will also provide the care providers the opportunity to provide any individual or collective issues that will have to subsequently be addressed.

The best location for decompression after deployment has been the subject of debate. Some suggest that decompression should take place at home as part of the reintegration process. Others argue that decompression, by the very nature of the exercise, requires a location away from family and the CF community, including garrison life. This report will focus on the value of decompression at a separate location after deployment and before troops return home and reintegrate themselves into family and garrison life.

Current DND/CF Policy on Decompression and Redeployment

The CF has made considerable investment in improving the treatment of deployed members, helping them deal with the stress of operations and facilitating their return home, so that they continue to remain productive members of the Canadian Forces. In a 2003 report on future Canadian Forces Human Resources strategy, then Assistant Deputy Minister Human Resources (Military), LGen Christian Couture acknowledged the responsibility of CF leadership and the connection to the overall ability of the CF to carry out its mandate:

The operational capability of the Canadian Forces is ultimately derived from its people. These young men and women of whom we ask so much, rely on their leaders to look after their well being and interests.”¹

Chief of Defence Staff Order 119 outlines current CF policy on the use of decompression periods and stress mitigation activities as part of re-deployment. The order is intended to be read in conjunction with Deputy Chief of Defence Staff Directions for International Operations, Chapter 16: Health Services Report and Chapter 12: Post Deployment Requirements, paragraph 1220.

Order 119 gives the responsibility to task force commanders to develop plans to meet their troops’ needs for decompression and stress mitigation:

...Although the lessons learned from the 3 PPCLI Battle Group program are specific to a land force unit, the principles can equally be applied to all missions and/or components of a Joint Task Force. The onus is on the Task Force Commanders to assess the impact their mission has had on their personnel, and develop plans to satisfy their decompression and stress mitigation requirements.

The objectives of decompression initiative and stress mitigation programs are to minimize family reintegration stress and ensure early identification of any potential health problems by providing service members the opportunity to reflect on and recognize what had been accomplished during their tour, to gain a sense of closure, and to facilitate a smoother reintegration into Canadian society. This concept will be further developed by the ADM (HR-MIL) Best Practice Exchange.

...The intent of all plans must be for service men and women to meet their families after taking a clean break from the mission area. They are to be well rested and in good spirits after having completed their mission...

¹ Couture, LGen C, Assistant Deputy Minister (HR-MIL), Military HR Strategy 2020, Department of National Defence, Ottawa. 2002.

Deputy Chief of Defence Staff Directions for International Operations, Chapter 12: Post Deployment Requirements Paragraph 1220 (Appendix 2), refers to four phases of reintegration plans for members returning from deployment.

Phase One: Preparation of Deployed Personnel and their Families at Home, includes in-theatre preparation, creation of a re-deployment checklist, and coordination between deployment support groups, unit rear parties, bases and military family resource centres. As part of the first phase, in-theatre briefings are to occur two to four weeks before redeployment and are to cover PTSD and family and workplace reintegration among other issues, and may also include one to one interviews with padres, social workers or mental health professionals as required.

Phase Two: Decompression in a Third Location states that decompression is to take place *“if the requirement has been identified”* and requires the direct support of both the force generator and *“other specialist personnel.”* The direction notes that the aim of this phase is to *“provide a safe, clean and restful location that will enable all members to make a clean break from the mission and deployment area, and leave for home rested and in good spirits.”*

Decompression, when it occurs, is followed by Phase Three: Reintegration in Canada at Garrison Locations. This phase requires completion of all Arrival Assistance Group (AAG) activities, including any medical and other specialist requirements and completion of the redeployment checklist. The reintegration phase must be complete before members are permitted to proceed on disembarkation or other authorized leave.

Phase Four: Post Mission Follow-Up, begins once members return from leave and is intended to extend for six months from the date of return to Canada. This phase includes physical and mental health follow-up activities and the completion and sign off of the redeployment checklist.

The Deputy Chief of Defence Staff Direction also speaks of post-deployment operational stress injury follow-up and notes that, because of the effect that operational stress injuries could have on CF members and on the effectiveness of operational units, consideration of the impact of OSI must be *“forefront in our command culture, especially in the awareness of deployed commanders”*. The directive states that all task force commanders and unit commanding officers will assume a *“pro-active role in promoting a culture of support, understanding and caring towards injured personnel.”*

The ADM HR (Mil) Best Practices Exchange on Screening and Reintegration took place in January 2003. The objective was to identify the way ahead for pre- and post-deployment screening and reintegration in terms of program, policy development, and standardization. The resulting action plan includes the recommendation to develop clear statements of purpose and definition for reintegration and decompression.

My Office was advised that the staff within the Quality of Life Directorate were tasked to work on establishing guidelines for deciding when third location decompression periods should be used as part of the redeployment process. A CANFORGEN on screening and reintegration is currently being coordinated by DQOL and is expected to be released shortly. I hope the recommendations put forward in this report will assist ADM HR (Mil) to finalize these guidelines as quickly as possible.

I also hope the guidelines will be approved and available for use in order to guide the reintegration process for the current rotation of Operation Athena (Roto 1) which, we were told, is anticipated to return home sometime in July/August 2004.

Any policy and guidance put forward should include a clear definition of the purpose and intent of decompression and must be effectively communicated throughout the chain of command, to the care provider community and most importantly to CF members and their families.

CF Experience with Third-location Decompression: Operation Apollo and Decompression in Guam

Operation Apollo, Canada's initial military contribution to the international campaign against terrorism, was the first time that the CF used a third-location for decompression before troops returned home. In January 2002, Colonel (then Lieutenant Colonel) Pat Stogran, Commanding Officer of the 3PPCLI Battle Group, decided to make a third-location decompression period part of the redeployment plan for the group. He described the purpose of the decompression period as follows:

This will be the first transition to the physical comforts of life – from tents to sheets. Furthermore, it will be an opportunity to move from a highly structured theatre schedule to a less rigid and threatening environment; a time for relaxation, participation in sports and social activities, but more importantly, it will be a juncture to build upon the formal reintegration process that occurred during Phase One.

The decompression period took place in Guam. Other locations, such as Diego Garcia, Singapore, and Hawaii had been considered but Guam, which has a large US military presence, was thought to be the natural choice. The location was accustomed to absorbing large groups of military members, yet was small enough, and had familiar facilities such as a mall, a theatre, recreational activities and good restaurants.

The decompression schedule was busy. The contingent stayed in a hotel. They did not all arrive at the same time, but were staggered over the five-day period, resulting in some having more time in Guam than others. All were involved in fitness activities, lectures, cultural and sightseeing events, but with some private time. The debriefings presented during this time covered such topics as the home front, work reintegration, anger management, and suicide awareness.

According to the office of ADM Finance/Corporate Services, the total cost for the Guam decompression exercise was \$1.636 million. The entire cost for Op Apollo was \$396.5 million.

Feedback and Evaluation of the Guam Decompression Period

SORT investigators interviewed 40 members who had been deployed to Khandahar with 3 PPCLI as part of Operation Apollo. Those interviewed included the Commanding Officer, his adjutant and officers and non-commissioned members of all ranks. A number of deployed members' spouses and Military Family Resource Centre personnel were also interviewed, as well as care providers deployed on Operation Apollo and those who participated in the Guam decompression period. Virtually without exception, those interviewed felt that the decompression activity had value and was beneficial.

It should be noted that some members and their families initially had concerns about the Guam decompression period. When the addition of a decompression period at the conclusion of Operation Apollo was announced, some spouses and members were unclear about the purpose of the activity and were not in favour of extra time being added to the tour schedule. A few concerns were also expressed about a small number of incidents of excessive alcohol use en route to Guam, but this was by no means portrayed however as a major issue or a systemic problem.

My investigators were told that many of the initial concerns were allayed once members had a chance to proceed through the decompression activity. As well, there were many comments from spouses after the members' return that indicated positive support for the activity because of the changes they witnessed in the members' attitude and behaviour in contrast to previous re-deployments.

The CF members we interviewed identified four main benefits arising from the Guam decompression period:

- 1. Recognition:** Members appreciated the extra effort and expense which the CF invested in order to ensure that they were properly cared for and followed up. They appreciated this recognition of their value and contribution to the mission.
- 2. Comfortable environment:** We were advised that despite CF attempts to improve things, the living conditions in Khandahar bordered on appalling. The Guam decompression period allowed members to de-stress and prepare for the return home while enjoying the comforts they lacked in theatre, such as clean sheets, television, running water, hot food and the occasional beer.
- 3. Ability to unwind mentally:** Overall, the members we interviewed indicated that, if it accomplished nothing else, the decompression period provided a much-needed way to unwind from the harsh environment of theatre. Many commented about the need for downtime, and how much they had enjoyed the chance just to have a beer and unwind in a North American type of atmosphere. Their spouses also noted the positive effect a few days of down time before the troops got home had on their readiness to rejoin their families.
- 4. Access to education and training:** The troops had positive comments about the lectures that were given during decompression. The "homefront" lecture received the most positive response. Members appreciated that the care providers conducting the lecture had taken the time to speak with their spouses before coming to Guam and were able to define what the members could expect when they returned home.

Little formal evaluation or empirical research on the effectiveness of the decompression period in Guam was conducted. However, the lecture program was evaluated by the Operation Apollo AWAY team of care providers using feedback from members. In this brief analysis the Area Chaplain noted:

... the decompression phase in Guam was a success...it would appear that indeed the military chain of command at all levels worked in tandem to create a positive return home for our battle weary soldiers. As an addendum, in speaking with the duty chaplains at Edmonton Garrison since the return of our troops there has been a decrease in the number of after duty calls or home visits.

In September 2003, Defence Research and Development Canada (DRDC) provided a report to the Director General Health Services, aimed at measuring the effects of post-deployment reintegration. The report noted low levels of negative post-deployment experiences among returning members of Op Apollo and hypothesized that the Guam decompression period may have played a role in the overall positive reintegration experience:

Data was collected approximately nine months after soldiers returned from Op Apollo... It may be that most negative reintegration issues these soldiers had encountered had been dealt with in the intervening months since their return from Afghanistan. This may account for the low levels of negative post deployment experiences seen here... It should also be noted that these soldiers had taken part in a three day stop over in Guam that was specifically ordered by the Commanding Officer to assist soldiers in “winding down” from and dealing with the intensity of the tour. This opportunity may well have facilitated post deployment reintegration for these soldiers...²

In its Post Operation Report, dated February, 2003 the 1 Canadian Mechanized Brigade Group also recognized the positive feedback received on the Guam decompression period:

...It is strongly believed that the process used during this deployment has set a new standard for how we redeploy and reintegrate our soldiers after difficult missions. The real measures of success of this approach will not be known for some time since it will require follow up processes and monitoring of the OP Apollo soldiers. Based on the initial feedback from the soldiers, the leadership and the care givers’ community however, it appears that we have already seen some success in our early intervention for some soldiers.

² Thompson, M, Blais, A., Febbraro, A., Pickering, D., McCreary, D. The Development of a Multidimensional Measure of Post-deployment Reintegration: Initial Psychometric Analyses & Descriptive Results. Defence Research & Development Canada. September 2003

The report concluded that the decompression period was worth the cost, noting that: *“The up front costs of this type of program are high in terms of time effort and cost, however the Chain of Command strongly believes that the investment will pay large dividends in the future as we will have fewer soldiers suffering from Operational Stress Injuries.”*

The report also noted the additional benefit of the decompression period in improving morale and confidence of the troops: *“Moreover it has reinforced the confidence in our soldiers that the Chain of Command up to and including the National level will go the extra mile to look after our most important resource, our soldiers.”*

It is evident that, from the perspective of those directly involved, the Guam decompression period was beneficial. But it is not easy to quantify the impact which decompression has on stress reduction or its potential long-term effect on reducing operational stress injuries among those deployed. Nor is it easy to compare the Operation Apollo experience to those of other deployments. No two deployments are exactly alike and the stresses and pressures faced by the troops differ from one circumstance to the next. In the case of Operation Apollo, the deployment was a single-tour combat mission with no subsequent rotation, unlike previous deployments in Yugoslavia or, more recently, Operation Athena. There is more than enough feedback however to demonstrate that the decompression period following Operation Apollo was both appreciated by, and beneficial to, members and their families. For these reasons alone, it can be said that the process was effective and worthwhile.

Operation Athena

Operation Athena is Canada's contribution to the International Security Assistance Force, the United Nations authorized mission in Kabul, Afghanistan. The mission is intended to remain in theatre for a 12-month period. Major General Andrew Leslie was appointed as the Deputy Commander of ISAF as well as the Commander, Canadian Task Force Kabul.

A Canadian Forces General Message (CANFORGEN 094/03 CDS 080 161630Z) issued in July 2003 noted the risks and dangers associated with Operation Athena:

Operation Athena is seen as not a traditional peacekeeping mission and it has risks. Afghanistan remains a dangerous theatre that we are acutely aware of and concerned by threats and incidents of violence...

Those concerns were not misplaced; before the first rotation ended in January/February 2004, there would be three Canadian fatalities.

Planning for the Operation Athena deployment began in February 2003 and the option of a third location decompression phase was raised and discussed among Major General Leslie and senior staff. The initial thinking was that a decompression phase after the first rotation of Operation Athena was likely not going to be necessary as living conditions were vastly improved over those of Operation Apollo. No decision would be taken however until more experience was gained in theatre. We were informed that there was

also discussion that a major incident had to occur in order to justify a decompression period.

My Office was advised that there was constant interaction between the deployed force National Command Element (NCE), National Defence Headquarters Personnel staff (J1) and Personnel staff (G1) in Land Forces Central Area, as well as the Theatre Activation Team. At least one senior member from Operation Apollo was serving with the Operation Athena staff so there was first hand knowledge being shared with the National Command Element. The question of a third location decompression period was discussed among the Operations group approximately once a month. The issue was also raised by National Defence Headquarters Staff (J1), for planning purposes. In accordance with the Chief of Defence Staff directive, the ultimate decision was left to Major General Leslie.

My Office was advised that discussions about the need for a decompression period at a separate location often focused on the differences in living conditions between Operation Apollo and Operation Athena. Upon arrival in Afghanistan, members of Operation Apollo had to construct a camp from scratch. They had no basic amenities such as hot showers, hot meals, proper beds, basic latrine facilities and no leave other than one short rest and recreation period. Members of Operation Athena, on the other hand, had a camp that was 60% constructed; it had phones, computers and workout equipment. Most importantly, Operation Athena personnel had the benefit of a three-week mid-tour leave, and the mission was staffed accordingly.

The actual planning for the return home in January 2004 started in December. Land Forces Central Area personnel did the initial work and sent plans into theatre where the deployed staff provided input. The plans were then sent to the Deputy Chief of Defence Staff. In theatre, there was some discussion about conducting some or all of the reintegration measures at Camp Mirage in South West of Asia. We were told, however, that medical staff took the position that reintegration follow-ups had to be done in Canada, due to a shortage of available medical personnel.

A CANFORGEN issued by the Deputy Chief of Defence Staff and dated December 2003, suggested that the reintegration process for all members returning from the first rotation of Operation Athena would be held at CFB Petawawa. This would have meant holding members who were not from Petawawa for several days before they could return home. There were concerns that this might cause considerable distress among members from other areas who wanted to return to their families as quickly as possible. We were advised that this decision caught the deployed chain of command by surprise and took about a week to resolve. Major General Leslie's strong intervention was key to having it reversed. The final recovery order, we were informed, was for returning troops to spend one day in Trenton and then finish the reintegration process at their home units for about 3 days, after which they could go on leave.

Land Forces Central Area (LFCA) issued a Recovery, Reintegration and Reconstitution plan dated December 2003. In the plan Brigadier General Lessard, Commander LFCA stated that the CF would take a stepped approach to reintegration that:

...will allow our soldiers the opportunity to decompress from the high tempo of operations, and gradually return to a professional and domestic state of normalcy, under the supervision of the chain of command. I will ensure that the legal and moral obligations to the welfare of our soldiers are met, and having done so, will ensure that their return to their families is expedited.

Following this, a CANFORGEN was issued outlining the four phases of the reintegration plan and indicating that the decision for Phase 2 – Decompression in a Third Location, was to be made by the Commander, Task Force Kabul. The message stated:

Phase II - Third location: will only be exercised if Comd TFK, with DCDS concurrence, deems a third location necessary for decompression. At this point in time there is no requirement for a third location.

MGeneral Leslie ultimately decided toward the end of the tour that, in the case of the first rotation of Operation Athena, no third location decompression phase would be necessary.

During an interview with SORT investigators Major General Leslie discussed the rationale behind his decision. He made clear that he did not reach a final decision until late in the tour, after the major block of leave was completed, and that his decision was taken as a result of collective advice from the entire leadership involved in Operation Athena. According to Major General Leslie, the two factors which were most important in deciding that third location decompression was not required were the significantly improved living conditions, and the fact that all members had a substantial block of leave from theatre during the tour. These conditions, combined with the relatively stable threat environment and an absence of large-scale casualties, created an atmosphere from which he felt extensive decompression was not necessary.

Practices of Other Militaries & Non Government Organizations

Members of the Ombudsman SORT obtained information from the World Health Organization (WHO), the International Red Cross and Médecins sans frontières about how they assist employees in their return home after missions overseas. Unlike the CF, these organizations do not usually repatriate large numbers of employees at the same time, however, their experiences do reflect similar challenges. All non-governmental organizations provide access to formal counselling services for returning personnel and some also provide access to peer support networks. None of the non-governmental organizations we approached however, provided employees with a third location decompression program at the end of their mission or deployment.

SORT members also interviewed military personnel from the Netherlands, Australia, Germany, Italy, Greece and the United States Army. While each country provided a reintegration program for troops returning from operational deployments, only the Netherlands and Australia had made use of decompression periods at a third location as part of their programs.

Royal Netherlands Armed Forces

The Royal Netherlands Armed Forces uses third locations for decompression after a mission. What follows is a synopsis of procedures used by the Royal Netherlands Navy Marines. (The Royal Netherlands Army also uses third location decompression periods but has a slightly different process).

Decompression at a third location is only used after high tempo missions, such as those conducted in Ethiopia/Eritrea, Liberia, Iraq and Cambodia, and those that go on for at least two and a half to three months. (The average deployment is 6 months).

The aim of the third-location decompression period is to allow a contingent returning from a mission time to balance their operational and emotional experiences under professional guidance prior to returning home.

The following principles underpin the Royal Netherlands Armed Forces decompression policy:

- Decompression must take place between departure from the mission area and arrival back in the Netherlands. The troops do not return home before beginning decompression.
- The decompression phase may take place on board ship, if appropriate, however the area selected must have sufficient provisions and facilities to accommodate up to two hundred military personnel and up to fifty members of a debriefing team.

- The decompression area should be able to segregate the military personnel from third parties (including other military troops, civilians, tourists) unless under strictly controlled conditions. This precludes hotels in tourist sites from being considered. A military base is the preferred option.
- The decompression program should contain the following elements: rest and recreation, medical debriefing and psychological debriefing (e.g. guided groups discussions)
- A team of specialists must be available, including a debriefing team, a medical team and an administrative team. There should also be a military police team.
- All military specialist personnel returning from the mission area are considered to be *clients* and will not be detailed to act in the team of specialists.

The Royal Netherlands Armed Forces has put together some lessons learned from their experience. The first, drawn from the return of their military from Cambodia in 1992-93, concerned the nature of the location to be used. They had chosen Thailand for this activity and, in retrospect, decided it was too public with access to too many tourist-type activities.

For the return from Eritrea in 2000/01, a base in Southern Belgium, that could accommodate nine hundred soldiers. was chosen. Smaller groups were flown in for two days each, over a ten day period. Unfortunately, members were not informed in advance of this activity, resulting in some members and their spouses being unhappy with the delayed return home. The decompression phase at a third location is now viewed as part of the normal deployment process, resulting in much greater acceptance by senior leaders, members and families.

Officials from the Royal Netherlands Armed Forces note there are still some challenges in implementing the third location decompression concept. They would like to have one location to simplify and standardize the logistics. Their deployments are now growing shorter, for example their deployment to Iraq was scheduled for four months rather than six. Finding locations and negotiating with governments takes a great deal of time and resources that could be used elsewhere. Additionally, they would like to see the activity standardized across all environments, which is not currently the practice.

Australian Defence Force

The Australian Defence Force (ADF) is currently studying the concept of decompression and its utility through a theoretical review, as well as examining the success of their experience with decompression periods to date.

According to a senior ADF Officer involved in operations, the concept of psychological decompression has been informally accepted and implemented but its purpose and application is not widely understood. There is no specific ADF doctrine dealing with decompression, however internal policies have been developed and designed to meet individual unit/formation needs.

Within the ADF, decompression periods provide the opportunity for “a gradual RTA” (Return to Australia), which is usually offered to troops in formed groups at a staging area for a specified period of typically two to five days before they return home. The intent of this period is to allow for rest and to facilitate the mental transition needed for personnel returning home from an operation. Opportunities for rest and recreation are provided and troops also typically undergo psychological screening and participate in redeployment briefings and medal parades.

Some of the issues that have arisen in formulating a formal policy on decompression include the requirement to have a formed unit, the challenges in providing decompression to augmentees, and the question as to whether the policy should be dependent upon the duration and intensity of the mission. There is also the concern that any policy introduced must be communicated effectively to the troops so that they fully understand the intent and benefits of decompression, as opposed to viewing it as an unnecessary restriction on them and their families.

Analysis: A Principled Approach to Decompression

Ultimately, the decision whether to have a decompression period at a third location, and its intensity and duration, must rest with the senior commander of the group and his/her in-theatre chain of command. The commander retains the full responsibility and accountability for the overall welfare of the CF members deployed on an operation. Accordingly, they must also ultimately have control over the reintegration and/or decompression process.

The purpose of taking a principled approach to the use of third location decompression periods is to facilitate the decision making process. If used correctly, the guiding principles I recommend will not diminish the authority or control of commanders but will rather make their decisions easier and better informed.

It is important that it is understood from the outset that the principles I recommend are exactly that – they are intended to be used as a guide, not an order or directive. The principles are presented in such a way as to assist commanders in balancing the different and sometimes competing considerations that must be taken into account in order to decide whether or not to have a decompression period at a third location.

One senior leader we interviewed, who was deployed as part of Operation Athena, indicated that in his view, it would have been helpful to have had a series of adaptable models or options on the shelf that a commander could pull out and use as a basis for planning if needed. He stressed that these should be options only, and not checklists which he feared would metamorphose into ‘*an inflexible NDHQ policy*’. I agree with his concern. Any guiding principles ultimately adopted by the chain of command must be used in such a way as to enable the decision making process, not constrain it.

Although many of the advantages of a principled approach to decision making are obvious, I have set out a number of specific gains to be made by adapting this common sense approach to the issue of using a third location decompression period after a deployment:

- Empirical basis for decision making: It is clear that making this type of operational decision is far from an exact science. Much of the research on decompression and operational stress is still evolving. The use of consistent principles however, will ensure that decisions are based, at least to some extent, on existing psychological and scientific research as opposed to just instinct or “*gut feelings*.”
- Balancing competing considerations: It will likely be said that many of the guiding principles in this report are obvious and merely good common sense. By setting them out in this format, with a discussion of each, I hope to assist commanders in balancing the different and competing considerations to be taken into account.

- Flexibility: Each mission will obviously be different and each will have its unique stresses and successes. Providing a list of factors to be considered will allow operational commanders to retain the necessary flexibility to take the special dynamics of each mission into consideration.
- Consistency: In addition to providing flexibility, a list of guiding principles can also provide greater consistency in decision-making. Although operational decisions can never be completely standardized, at least the factors underlying decisions should be consistent from one mission to the next.
- Credibility: Decisions affecting the welfare of deployed personnel that are imposed from a distance and not fully explained are not as well accepted by the troops as decisions made by those closer at hand, and their benefits can be greatly diminished as a result. The guiding principles I recommend will assist commanders in communicating their decisions and the reasons behind them to troops and their families. The principles should provide reassurance to all affected that a decision was made objectively and should also help them better understand the reasons behind it. This will lend credibility to the decision by showing it as well-reasoned and based on neutral and objective principles, not capricious or arbitrary thinking.
- Expediency: I hoped that the guiding principles will expedite the process by facilitating decision-making. As noted elsewhere in this report, the timing of a decision about whether or not to have a decompression period at a third location is extremely important. Such a decision should be communicated to members and their families at the earliest possible point during the deployment.
- Predictability: The guiding principles may also help in the planning process if it is apparent that a number of the factors favouring a decompression period are in place. Although the decision ultimately lies with the operational commander, tentative plans can be made in the appropriate circumstances.
- Relevancy: Not only will the guiding principles help commanding officers in making decisions in the best interest of their troops, it is hoped that the information set out in this report will also help ensure that any decompression period is relevant and appropriate to the needs of the troops concerned. The factors listed can also be considered when deciding upon the length, intensity and content of the decompression phase.

Recommended Guiding Principles:

It cannot be stressed enough that the rule for applying the principles is not to treat them as regulations or directives. A “common sense” approach is key. The principles listed below are not intended as a checklist. They should not be taken as orders to be followed on future deployments. Nor is this guidance a judgement or critique of decisions made on past deployments. Each deployment is unique and the commanding officer must assess what is ultimately best for the troops under his or her command. What is set out below is intended to draw from past experience in order to aid the decision-making process in the future.

No one principle is necessarily more important than any other. The weight to be given to each must ultimately depend on the nature and circumstances of the mission. The order in which they appear and the numbers used are for reference only.

The principles are meant to be applied by the commander on the ground for the duration of the mission. The commander will have the fullest appreciation of all of the circumstances of the mission, in addition to the shared experience of the deployed members. He or she will also have the confidence of the troops and the credibility to lead them through the decompression and reintegration phases.

The principles should be considered flexible and may be adapted as required, as operational tempo and the nature of operations change. They are by no means exhaustive. As circumstances change, new principles and considerations may emerge which warrant adding to the list.

It must also be understood that timing, communication and understanding will be just as important as the decision itself. Regardless of the positive impact of a decompression phase, if the troops and their families are not informed of it well in advance and do not understand the purpose of the decompression activity, it will have a demoralizing effect and will be seen as an unnecessary barrier to their long-awaited reunion with loved ones. We were advised that this was the initial reaction of many of the spouses of the members of Operation Apollo, when the announcement was made that time in Guam was being added to the end of the rotation.

Troops and their families should receive information on the purpose of decompression and its importance and the possibility that a decompression period will take place even before they leave on the tour. This will allow them to plan accordingly. Information on any policy or guiding principles ultimately adopted should also be provided to them. They should be informed as early as possible of any decision to organize a decompression period at a third location. When such a decision is made, it must be communicated from the perspective that this is an integral part of wrapping up the mission, as opposed to a delay of the return home. Information on the potential positive impacts of decompression, and on the training and education to be offered during the decompression phase, should be communicated directly to the families at home, as well as the troops.

Factors to Consider in Determining Whether Decompression at a Third Location is Warranted After an Operational Deployment

1. Level of threat/danger experienced on the mission

Colonel Stogran, Commanding Officer of 3 PPCLI, wrote the following in his proposal to the Deputy Chief of Defence Staff, in support of the decompression period for members of the 3 PPCLI battle group after Operation Apollo:

The deployment of the 3 PPCLI Battle Group to Afghanistan as part of the War on Terrorism was a unique event in Canadian history. As such it placed new and different demands on the Battle Group soldiers. Historically, the CF has employed different theatre-exit/reintegration strategies with varying degrees of success...it was concluded that the methods currently used to deal with Peace Support Operations would not be adequate for soldiers returning from a combat mission...Not only has the mission been significantly more demanding than previous Peace Support Operations, it continues to evolve and present new challenges.

Extended periods of time in a threatening and dangerous environment will clearly increase daily stress levels. Stress may come from the sheer nature of the mission or from the fact that it is being carried out in a dangerous and/or unstable environment. Regardless of the circumstances, where troops are required to face the threat of potential danger on a daily basis, the opportunity to unwind and to prepare for the return home away from the dangerous and stressful environment will obviously be of value.

When evaluating the significance of the level of threat/danger of a mission and the resulting stress experienced by the troops, the perceptions and fears of the members are just as important as the number of actual incidents or the classification of the mission as “combat” or “peace keeping.” Troops may be subjected to high levels of stress and fear as a result of perceived danger and risk even where no major incident or casualty materializes. For this reason, the absence of casualties or few serious incidents should not be a major factor in deciding whether or not to schedule a decompression period. What is more important is the state of mind and morale of the troops as a result of their perceptions of the environment they are serving in.

Although Operation Athena was technically not a ‘combat mission’, those participating often felt that they were exposed to a similar degree of risk as that of Operation Apollo. Certainly, the threat of danger in both operations was omnipresent and potentially immediate. There were a number of incidents in both operations, which clearly illustrated that no one could tell exactly when a dangerous situation would materialize. This was evidenced by the tragic deaths on both tours, and the manner by which they occurred.

2. Casualties/major incidents experienced during the mission

Many missions that the Canadian Forces are expected to become involved in will entail exposure to physical danger. Military members and their families are aware of the dangers inherent in their jobs and accept this as a potential consequence of serving their country. When a casualty occurs however, the impact on those left behind who have lost a friend, comrade and colleague, regardless of the circumstances, will be devastating. Not only must they deal with the reality of losing a team member but they must also cope with the fear that they too could fall victim to any of the numerous dangers which can occur during a military operation.

In the case of Operation Apollo, the senior leadership in the field clearly indicated that the friendly fire incident at Tarnak Farm, which killed four CF members and injured eight others, was a major factor in the decision to provide troops with the benefit of a decompression period before returning home. My Office was also advised by the senior leadership in Operation Athena that one of the factors considered in the decision not to have a third location decompression period was that the number of casualties did not warrant it.

The occurrence of casualties is clearly an important factor when gauging the level of stress experienced by troops during an operation. The impact on the morale of the remaining members of the group is also obviously important. Clearly the commanding officer on the ground is best placed to determine the significance and impact of such incidents. Other factors include the timing of the casualties in relation to the beginning and end of the deployment, how they occurred and the frequency and number of incidents. That said, there should be no magic formula as to what number of fatalities or incidents must occur before a decompression period is deemed warranted. What is important is the impact the casualties have had on the troops, not their number.

It also bears repeating that casualties should not be seen as necessary to justify a decompression period. A major incident resulting in serious injury or a heightened degree of risk, such as a near miss, may also cause a significant degree of stress and anxiety so as to warrant a decompression phase at the end of a deployment.

3. Mission mandate and its extent and clarity

Another factor which can have an impact on stress level and morale, is the mandate of the mission. This includes the clarity of the initial mandate, whether it changes during the tour and to what extent the troops feel prepared to carry out their duties and respond to the situations they face.

Both Operation Apollo and Operation Athena enjoyed clear mandates, well defined by government. The Canadian public was supportive and members and their families were relatively confident of the significance of their role in the anti-terrorism campaign. The planning process for the Afghanistan missions was extensive and the Government constructed a multi-departmental framework for the missions where the full range of national interests were clear to both the public and the deploying members. This allowed for communication of clear mission statements throughout the chain of command, and the soldiers on the ground never doubted why they were there.

By contrast, in the past the CF deployed forces on missions where the mandate was not as clearly defined. For example, the early rotations of Operation Harmony in Croatia in the early 1990s saw CF members who were prepared for relatively straightforward peacekeeping activities forced to observe some of the worst forms of atrocities.

When the purpose of an operation is vague or changes dramatically during the deployment, it is much more difficult to comprehend the reason soldiers and their families are making the sacrifice. During these deployments soldiers can be placed in situations where they are literally powerless to stop atrocities or influence other events as they have been trained to do. Many members who have come to my Office suffering from the effects of operational stress injuries, including Post-Traumatic Stress Disorder, report having been affected by the traumatic impact of such situations. Clearly, these can be much more difficult circumstances to return from unscathed, and the transition challenge can be much more demanding for both members and for their families.

4. Public awareness and support for the mission

In addition to the clarity and extent of the mission, public awareness and support for the mission, can also significantly affect the morale of deployed CF members and their families.

Many Canadian citizens are frequently unaware of the level of sacrifice CF members and their families are called upon to make. Often the degree of danger CF members are exposed to, even during peacekeeping missions, is not well understood by the public. For example, during the Operation Harmony peacekeeping mission in the Balkans in the early 1990s, CF members frequently found themselves in outright combat operations, faced with atrocities of the worst kind. Many Canadians were oblivious. CF members have told my Office that when they returned home from operations they found that their fellow Canadians had little or no appreciation of what they had gone through. They reported feeling isolated and unappreciated. This contributed to their level of stress and to difficulties in reintegrating into society and their families.

Those participating in the Afghanistan missions advised my Office that the very high level of public awareness and support for the deployments was unprecedented. Senior officers and non-commissioned members of both Operations Apollo and Athena noted that the strong support from the public contributed to the high level of morale. This was partially attributed by one senior leader to the embedding of journalists, and their ability to convey what was happening on the ground. A constant stream of information was sent back to Canada. As one leader noted, *“Reporters once embedded tend to write supportive stories. Canadians can sympathize when they see from reporters how tough a mission can be.”*

The level of public awareness and support for a mission is critical to the level of morale experienced by the troops. Experience has also demonstrated that CF members who feel that they have the public's support will feel better appreciated and more prepared for the challenges of reintegrating into Canadian society than those members who feel that their sacrifice was not recognized. For these reasons the level of public support for the mission should also be considered as a factor in determining whether or not decompression at a third location may be warranted.

5. Tour length

The majority of CF members have become accustomed to serving six-month deployment tours. The length of the tour may become a source of stress and anxiety for members where it is extended without warning or for reasons not clearly articulated or defined. Members who are faced with extended tour lengths, even when provided with periods of leave, may face additional challenges when reintegrating with their families, as a result of the sheer length of time that they have been away.

In many cases, however, what will be more important than the actual length of the tour itself is the nature of the members' experiences during the tour. A short tour where members are exposed to extreme or high-risk conditions could be far harder to return from than a longer relatively peaceful tour. Similarly, not all members of an operation are exposed to the same situations. For example, some Air Force personnel experienced considerably shorter tour lengths during Operation Apollo than the members of the 3 PPCLI battle group.

What is also important about tour length is whether it is predictable. If members know they will be away for a set period of time, they and their families will accept and plan around that time period. Even short unexpected extensions of the time away can cause great morale problems.

My Office was advised by members of both Operation Apollo and Operation Athena, as well as military officials we consulted in the Netherlands and Australia, that early and open communication is the key. This is why it is so important that members and their families be prepared at the outset for a potential decompression period at the end of the tour. This can easily be accommodated as a contingency which, if not required, can be struck from the plan and result in an earlier return home. Additionally, if members and their families fully understand the purpose of the decompression phase, and are encouraged to accept it as normal and important, they will be less likely to view it as a needless extension of the time away or an unwelcome delay of the return home.

6. Number of tours/operational tempo

In judging whether a period of decompression is warranted after a specific deployment, consideration should not be limited to the circumstances and impact of the current operation. Instead, the overall experience of the deployed group's participation in operational tours should be looked at with a view to considering the cumulative stress they have experienced. The number and history of deployments and the time between them is an important factor.

The number of overseas deployments the CF has participated in, coupled with increasing personnel shortages, has made it more likely that some CF members will be unable to get the recommended time at home between deployments. CFAO 20-50 provides that a member will not normally be posted overseas or to an isolated post unaccompanied (without spouse or dependants) within one year after returning to Canada from another such tour, and that normally a member will serve three years in Canada between unaccompanied tours. Exceptions may be made by the NDHQ chain of command where volunteers exist or service requirements dictate.

At this point in time, we are advised that there is no data available on how many CF members have been required to participate in multiple deployments with shortened recovery periods. Colonel Stogran, noted however in his January 2002 reintegration plan for Operation Apollo that many soldiers on the mission *"are here within one year from previous deployments."*

Many care providers who treat persons suffering from Operational Stress Injuries have reported that the down time between deployments is very important to an individual's ability to recover rapidly from the stresses and pressures of life in a deployed environment. It makes good sense that where a significant number of members on a specific deployment have participated in multiple deployments with limited recovery time, that this should be an indication that a decompression period would be beneficial.

7. Tempo of the mission

One of the issues brought to my attention during my visit to Kabul in November 2003, was the shortage of troops to complete all assigned tasks. Soldiers were frequently working sixteen-hour days, many of them on patrol or guard duty, with very few days off. I met several who were clearly physically exhausted.

When troops face increasing workloads and associated pressures over extended periods, whether as a result of changing demands of the operation or shortages of personnel or both, this will obviously contribute to cumulative stress and fatigue. Such conditions clearly merit in favour of a decompression period so the troops can recharge their batteries and recover before facing the challenges of returning home.

It should also be considered that a heavy workload and acute stress towards the end of a deployment might interfere with members' ability to participate in the briefings intended to prepare them for reintegration. Their mental abilities to process and reflect on the information provided may be limited as a result of fatigue and stress and in some cases

burnout. In such cases it may be more effective and beneficial to provide reintegration information and education briefings during a decompression period at a third location, removed from the immediate pressures of the theatre and in a situation where members have some time to relax and recover.

8. Living and working conditions during the tour

Both the living and working conditions soldiers experience during a deployment clearly affect their levels of stress and anxiety, as well as their reactions when returning home. Good quality in-theatre life not only reduces the hardship factor of the tour itself, but can also ease the transition back to the normal home environment. Conversely, poor conditions can be constant stressors and make readjusting to the home environment more challenging.

When the 3 PPCLI battle group arrived in Afghanistan as part of Operation Apollo, the conditions they faced were more than difficult. They were required to build a camp virtually from scratch and, as I observed during a visit to Khandahar in 2002, there were few comforts. Although the conditions improved slightly as the mission progressed, thanks to the Herculean efforts of the chain of command, the ingenuity of the troops and the use of US facilities, there was no air-conditioning in stifling weather, accommodation was rudimentary and prepared hot food was a rarity. There were also no proper latrines, hot showers or gym equipment for a long period of time. The camp was built adjacent to a runway operating 24 hours a day. There was constant noise from landing and departing aircraft. Cold bottled water was at a premium and strictly rationed due to very limited refrigeration facilities in temperatures that often exceeded 45 degrees centigrade. Conditions on patrol in the field were even more primitive.

By contrast, members of Operation Athena had a camp that was 60% erected when they arrived. As I noted during a media interview on my return from my visit to Kabul in 2003, living conditions were very favourable and the quality of life was very high. Members had access to excellent food, refrigerated water, computers, phones, messes, a shop, video games, satellite television, proper tenting, ample exercise equipment and recreational support staff. We were advised that the superior living conditions, in comparison to those that confronted members of Operation Apollo, was one of the factors considered by the senior leadership, in deciding that a decompression period was not necessary after Operation Athena.

In evaluating the quality of life experienced during the operation and its impact on members, the working and patrol conditions they face cannot be ignored. During Operation Athena, members routinely patrolled streets and narrow alley-ways flanked by garbage and open ditches flooded with the stench of raw sewage. Colonel Stogran noted the following with respect to one operation conducted during Operation Apollo, *“...the headquarters went into an old 13th century fortress...where the inhabitants of this particular fort had defecated all over the place and we were living amongst that.”*

Even if a well-appointed base camp with excellent recreational facilities exists, it does not mean that soldiers are not experiencing harsh conditions on patrol or during other operational assignments. These too, can take their toll.

9. Ability to communicate with family/loved ones

Access to technology, such as telephones and computers, once considered a luxury, has become a necessity that few can go without. The ability to contact loved ones regularly through phone calls and the internet, can improve the quality of life for deployed CF members and their families by mitigating some of the hardship experienced during long and difficult times apart.

My Office received several complaints about delays in mail delivery to Khandahar and the general difficulty in communicating on a regular basis with loved ones. Although the chain of command did everything they could to improve the situation, some members deployed on Operation Apollo did not have regular access to an email system until relatively late in the tour. Conversely, communications with the outside world from Kabul were generally excellent.

Most CF members and their families recognize and accept that situations may arise during a deployment where their ability to keep in touch and communicate on a regular basis will be interrupted. But maintain regular contact plays a significant role in the quality of life and morale of the troops and their families at home. If communication with families is limited or constantly interrupted, stress and anxiety can increase and this should be considered in deciding whether or not a third location decompression period is appropriate. The lack of communication with families and the resulting desire of troops to return home to see their loved ones, may factor in a decision to shorten the decompression phase. As technology continues to improve, however, those situations where troops are isolated from contact with their loved ones are likely to become the exception rather the rule.

10. Opportunities for leave during the tour

CF members are eligible for leave while on deployment as part of the Home Leave Travel Assistance program. The purpose of this program is to allow members the opportunity to reunite with their next of kin when granted leave from their posting or out of the mission area. CDS Instruction 119 indicates that the opportunity for leave should be considered by commanders in deciding whether a decompression period at a third location is warranted.

According to CF Military Foreign Service Instructions, deployed members are eligible for one block of leave as well as home leave travel assistance.

Personnel in the CF Directorate of Compensation and Benefits Administration (DCBA) have suggested that the average home leave benefit is two days per month of deployment, amounting to an average of eighteen days, plus travel time.

Due to the operational requirements of the mission, members of Operation Apollo were not able to take leave to travel home during the deployment, although some members did have the benefit of one short rest and recreation period. As compensation for the lack of leave, members were granted additional leave upon their return home, as well as a tax-free Post-Combat Reintegration Allowance.

In contrast, all members deployed on Operation Athena in Kabul who were entitled to home leave received it. Major General Leslie said this was a major consideration behind the decision not to have a third location decompression period.

Access to leave for deployed members is clearly an important factor in successful reintegration. Leave to return home during a mission provides a much needed break, helps members keep in touch with their families and life at home, and undoubtedly softens the shock of returning home by breaking up the time away. With that said, although the opportunity for leave is one factor to be considered, it should not be viewed as a substitute for decompression.

According to CF policy, leave is taken during a tour and not in the last 30 days or as part of the return home. Leave during a deployment, although beneficial, does not provide the type of separation from theatre inherent in a decompression period. Decompression serves the important additional purposes of providing time for unwinding and destressing apart from pressures associated with returning home, and the opportunity for information and education about reintegration. Decompression in a third location ensures that this crucial information is provided in an environment removed both from the pressures associated with the theatre and from the immediate diversions and emotions associated with the actual return home. It also provides an important opportunity for members to share their experiences with their peers and to learn effective techniques to deal with transition issues.

The opportunity for leave during a mission is important in that it has an impact on morale and the overall level of cumulative stress and anxiety experienced by members. It may also impact on the level of challenge associated with return home. Leave is an important part of managing the well-being and health of members. Where a decompression period is otherwise warranted however, the fact that members were provided with an opportunity for leave during the deployment should not preempt the decompression phase.

11. Training and education to assist in reintegration

Colonel Randy Boddam, Director of Mental Health Services in the CF, described the challenges associated with returning home after a deployment and the importance of education and reintegration periods, in a CF Personnel Support News Letter, dated June 2001:

Even people coming back from Bosnia, a relatively calm theatre of operations, is stressful, both for the member and their families... The family carries on without the service member. There is telephone and e-

mail contact, but in terms of the day-to-day business of the family, the member is not involved. You take a member that has been out of that environment for six months and put them back in it, that's a stress. Dynamics are changing - the spouse has had a role that she or he likely didn't have before the member was deployed, and part of the member's role has been assumed by the spouse. Now they have to negotiate and reform their roles within the family. Reintegration periods like this may lessen the instances of marital or family breakup, he said. "Education can help people acquire skills to reintegrate with the family.

Education and training about what to expect upon the return home and how to deal with issues that arise, is an important part of the reintegration process. Operational missions have an impact on family members who remain at home, in addition to the members themselves. The nature of the mission can be a source of significant stress for families, particularly where there is a high level of media coverage of the associated dangers. Even missions that are relatively low risk and/or lower profile can result in pressures on the homefront.

Virtually all of the members and their families whom we interviewed, acknowledged that the return home can be challenging, as things change at home when a spouse and/or parent is away for a long period of time. Reintegrating a returning CF member into family life, where the family has been functioning without them for a significant period, can be a difficult process, requiring a lot of adjustment for everyone.

Third location decompression provides a valuable opportunity for education and training to sensitize members to the challenges inherent in the return home and to provide them with information on strategies to deal with them. This was one of the major advantages cited to my investigators by members who participated in the decompression program offered in Guam after Operation Apollo. The decompression phase can also provide an important opportunity for the chain of command to disseminate information about other issues arising during tour, such as what has been done to address issues surrounding potential exposure to environmental hazards.

In determining whether or not a decompression period at a third location is warranted, commanders should consider whether sufficient information and education on reintegration can be provided without a decompression period, including the availability of qualified staff to provide this information in theatre and whether theatre conditions, including workload, might interfere with the members' ability to participate in briefings and/or to absorb the information. If it is decided that information will be provided in garrison, as part of the return home, consideration should also be given to the impact on reservists and augmentees in order to ensure that they receive the same quality and degree of information.

12. Input from professional community

Those in theatre who provide support and care for deployed members, including social workers, padres and members of the medical chain of command should be consulted in determining whether or not a third location decompression period is warranted. Those who provide the support network for deployed troops are often best placed to advise the operational chain of command on the level of stress, morale issues and the impact of many of the factors mentioned in this report including workload, quality of life and the effects of any major incidents and/or casualties on the troops. They are also in a good position to gauge the level of preparation among the troops to meet the reintegration challenges involved in returning home.

It should not be overlooked that the stresses of deployment also affect care providers who are part of the support network. Consideration also needs to be given to their morale, cumulative stress level and fatigue when deciding if a third location decompression phase is warranted and also in planning for education and briefings on reintegration. Caregivers involved in Guam decompression period informed us that, although everyone would have appreciated more time to plan and prepare for the decompression phase, the experience was very positive one.

The Royal Netherlands Armed Forces policy on third location decompression requires that a separate team of specialists be made available during decompression; personnel returning from the mission are treated as clients and are not to be detailed to act in the team of specialists providing reintegration or other briefings. I strongly encourage the CF to formally adopt a similar approach.

Once a decision is made as to how the preparation for reintegration is to occur and whether or not there will be a third location decompression period, consultation will clearly be necessary with the appropriate staff within the Deputy Chief of Defence Staff organization, as well as the Health Services organization to ensure appropriate and timely planning and organization.

13. Input and feedback from members

One of the best ways to determine the impact of cumulative stress on the morale of members is to get firsthand feedback and input. Although the ultimate decision will rest with the operational commander, members' views should be canvassed on whether they feel a third location decompression period would be useful, both before and during the tour. Consultation during the tour should be an ongoing process, so as to gauge feedback at high and low points of the tour and to mitigate against the obvious pressures to want to return home as the deployment nears its end.

When seeking input from members, full and complete information should also be provided on the information and education to be offered during the third location decompression program and expectations should be clarified so that members understand that although one of the functions of decompression is to provide downtime and rest, there will be limits on free time.

14. Recognition for member's participation in the mission

Napoleon was once quoted as saying that if he was given 30 meters of ribbon he could conquer the world. The message that soldiers will perform heroically if they know they will receive recognition for their sacrifice is still applicable today. Conversely, many members suffering from operational stress injuries, who have approached my Office, have complained about the lack of recognition and appreciation received from the CF. When deciding whether or not a decompression period at a third location is warranted, commanders should give consideration to the fact that it may be seen by the troops as a form recognition of their hard work and sacrifice.

Many of the members of the 3 PPCLI Battle Group interviewed by my Office, indicated that they felt that the Guam decompression period was an important and tangible sign that the system "cared about them." The level of effort and expense, both in time and resources, that went into the decompression was to them a recognition of the stresses and pressures they were exposed to and a validation of their experience. By and large, they were very impressed that the CF had committed significant resources and time to look after them. It seems reasonable to think that these feelings of recognition will have an impact on retention and future morale of the battle group members.

Conclusion

The men and women of the CF are routinely called upon to put themselves in harm's way for the good of others and so that Canada can fulfill its domestic and international obligations. During an operational mission, they can be called upon to make any number of sacrifices and to endure the stresses associated with constant threats of danger, unstable environments and even the devastating loss of friends and colleagues. They endure all this while separated from familiar surroundings and their loved ones for long periods of time. Experience has shown time and again that this can take its toll on even the strongest of soldiers. In return for this ultimate commitment, they rely upon their chain of command to take care of them and to ensure that they are given every possible advantage and opportunity to maintain their physical and psychological health, so that they can continue to serve. In response, the CF has made considerable investment in the welfare of its members and their families. The time and resources devoted to reintegration and ensuring that members are fully equipped to deal with the challenges they face when they return home from a deployment is one example of this kind of investment.

The value of decompression has been confirmed by the CF experience in Guam after Operation Athena, as well as experiences in the Netherlands and Australia. More research and study is necessary however, particularly with respect to the both short and long impacts and benefits. In the long term, it is possible that a relationship between decompression and the risk of the development of operational stress injuries will become clearer. Whether any clear link is established or not, it is fair to say now that, at minimum, there is clearly a demonstrable short term, immediate benefit.

The feedback from the CF's first experience with third location decompression after Operation Apollo has shown that the concept can be worthwhile. The Guam decompression period provided members with an important break during which they could recover from a difficult mission and receive training and education to help with the challenges inherent in returning home, reuniting with their families and successfully resuming their normal lives. It also left them with a feeling of recognition and appreciation. Those who participated in the Guam exercise felt that this was a clear sign of their chain of command's commitment to take care of them.

This report has put forward a series of recommended guiding principles to assist the CF in adopting an approach to be followed by operational commanders in deciding whether a decompression period at a third location is warranted at the end of an operational deployment. The principles put forward are based on common sense and drawn from experience gained by reviewing existing research, and most importantly from talking to CF members and their families, their support networks and care providers and the CF leadership. It is my hope that they will be used to assist operational commanders in future missions to make an informed decision that will reflect the best interests of their troops.



André Marin
Ombudsman

Investigative Team:

Gareth Jones, Director Special Ombudsman Response Team (SORT)
Brigadier General (rtd) G.E. Sharpe, Special Advisor to Ombudsman
Brigitte Bernier, SORT Investigator
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Appendix 1: Summary of Recommended Guiding Principles

1. Level of threat/danger experienced on the mission
2. Casualties/major incidents experienced during the mission
3. Mission mandate and its extent and clarity
4. Public awareness and support for the mission
5. Tour length
6. Number of tours/operational tempo
7. Tempo of the mission
8. Living and working conditions during the tour
9. Ability to communicate with family/loved ones
10. Opportunities for leave during the tour
11. Training and education to assist in reintegration
12. Input from professional community
13. Input and feedback from members
14. Recognition for member's participation in the mission

Appendix 2: CF Policy and Directives on Reintegration

Chief of Defence Staff Order 119
UNCLAS CDS 119

SIC LAD

BILINGUAL MESSAGE/MESSAGE BILINGUE

SBJ: DECOMPRESSION INITIATIVE AND STRESS MITIGATION DIRECTION

REFS: A. DCDS DIRECTION TO INTERNATIONAL OPERATIONS 02/00 REV ONE

B. NDHQ COS J3 350 271400Z JUN 02 FRAG O 027

1. FOLLOWING A HIGHLY SUCCESSFUL SIX MONTH TOUR IN AFGHANISTAN, 3 PPCLI BATTLE GROUP COMPLETED A DETAILED DECOMPRESSION INITIATIVE AND STRESS MITIGATION PROGRAM. THE INITIAL LESSONS LEARNED FROM THEIR PROGRAM HAVE MAPPED OUT THE WAY AHEAD THAT THE CF WILL FOLLOW FOR ALL DEPLOYED OPERATIONS. THIS DIRECTION SHOULD BE READ IN CONJUNCTION WITH CHAPTER 16 AND PARA 1220 OF CHAPTER 12 OF REF A.

2. THE EXACT IMPACT OF THE 3 PPCLI BATTLE GROUP PROGRAM WILL ONLY BE DETERMINED AFTER A LONG TERM ASSESSMENT, BUT THE INITIAL LESSONS LEARNED HAVE BEEN POSITIVE. THESE LESSONS ARE SUFFICIENTLY SOUND TO WARRANT PROMULGATION OF THIS INITIAL DIRECTION TO FORCE GENERATORS AND TASK FORCE COMMANDERS CONCERNING THE DEVELOPMENT OF DECOMPRESSION AND STRESS MITIGATION PROGRAMS SPECIFIC TO THEIR MISSIONS. ALTHOUGH THE LESSONS LEARNED FROM THE 3 PPCLI BATTLE GROUP PROGRAM ARE

SPECIFIC TO A LAND FORCE UNIT, THE PRINCIPLES CAN EQUALLY BE APPLIED TO ALL MISSIONS AND/OR COMPONENTS OF A JOINT TASK FORCE. THE ONUS IS ON TASK FORCE COMMANDERS TO ASSESS THE IMPACT THEIR MISSION HAS HAD ON THEIR PERSONNEL AND DEVELOP PLANS TO SATISFY THEIR DECOMPRESSION AND STRESS MITIGATION REQUIREMENTS.

3. THE OBJECTIVES OF DECOMPRESSION INITIATIVE AND STRESS MITIGATION PROGRAMS ARE TO MINIMIZE FAMILY REINTEGRATION STRESS AND ENSURE EARLY IDENTIFICATION OF ANY POTENTIAL HEALTH PROBLEMS BY PROVIDING SERVICE MEMBERS THE OPPORTUNITY TO REFLECT ON AND RECOGNIZE WHAT HAD BEEN ACCOMPLISHED DURING THEIR TOUR, TO GAIN A SENSE OF CLOSURE, AND TO FACILITATE A SMOOTHER REINTEGRATION TO CANADIAN SOCIETY. THIS CONCEPT WILL BE FURTHER DEVELOPED BY THE ADM (HR-MIL) BEST PRACTICE EXCHANGE SCHEDULED FOR 20-21 JAN 03. IN GENERAL, PROGRAMS ARE TO CONSIST OF FOUR PHASES:

3.A. PHASE ONE. PREPARATION BOTH OF DEPLOYED PERSONNEL AND THEIR FAMILIES AT HOME (PART OF REDEPLOYMENT ACTIVITIES WHILE THE FORMER ARE STILL IN THEATRE)

3.B. PHASE TWO. DECOMPRESSION IN A THIRD LOCATION (IF ASSESSED BY THE TASK FORCE COMMANDER AS REQUIRED)

3.C. PHASE THREE. REINTEGRATION IN CANADA AT GARRISON
LOCATIONS

3.D. PHASE FOUR. POST MISSION FOLLOW UP

4. PHASE TWO, THE DECOMPRESSION IN A THIRD LOCATION, WAS INCLUDED IN THE 3 PPCLI BATTLE GROUP PLAN BECAUSE OF THE SIGNIFICANT CIRCUMSTANCES THAT WERE EXPERIENCED BY THE BATTLE GROUP IN AFGHANISTAN. THE CIRCUMSTANCES THAT INFLUENCED THE BATTLE GROUP REINTEGRATION STRATEGY WERE:

4.A. THE BATTLE GROUP WAS MADE UP OF DETACHMENTS FROM 12 UNITS AND INDIVIDUAL AUGMENTEES FROM 17 OTHER SOURCES

4.B. THE OPERATIONAL AND LIVING CONDITIONS IN THEATRE FOR THE BATTLE GROUP WERE SEVERE

4.C. THE BATTLE GROUP SUFFERED A MAJOR TRAUMATIC ACCIDENT, AND

4.D. DUE TO OPERATIONAL CIRCUMSTANCE, MISSION LEAVE AND R AND R WERE NOT AUTHORIZED. PERSONNEL WERE ACCORDED ONLY FOUR DAYS OF FORCED REST OUTSIDE OF AFGHANISTAN

5. TASK FORCE COMMANDERS A FORCE GENERATORS ARE TO DEVELOP DECOMPRESSION INITIATIVES AND STRESS MITIGATION PROGRAMS FOLLOWING THE FOUR PHASE MODEL DESCRIBED ABOVE. SPECIFICALLY:

5.A. THE REINTEGRATION PLAN MUST BE SHAPED BY OPERATIONAL REQUIREMENTS TO FACILITATE THE ORDERLY RETURN OF DEPLOYED CF

PERSONNEL. IT IS RECOGNIZED THAT THE EXTREME CIRCUMSTANCES EXPERIENCED BY THE 3 PPCLI BATTLE GROUP WILL NOT NECESSARILY APPLY TO OTHER CF OPERATIONS AND THIRD LOCATION DECOMPRESSION PROGRAMS WILL NOT BE REQUIRED FOR ALL MISSIONS

5.B. EDUCATION AND PREVENTIVE SOCIAL WORK WILL BE COMPONENTS IN ALL PHASES. INDIVIDUAL AND GROUP COUNSELLING WILL BE AVAILABLE BUT NOT COMPULSORY IN ALL PHASES. FORMAL SCREENING TO IDENTIFY POSSIBLE AREAS OF CONCERN ABOUT INDIVIDUAL PHYSICAL, PERSONAL, SOCIAL, PSYCHOLOGICAL AND SPIRITUAL WELL BEING WILL BE CONDUCTED IN PHASE FOUR

5.C. THE INTENT OF ALL PLANS MUST BE FOR SERVICE MEN AND WOMEN TO MEET THEIR FAMILIES AFTER MAKING A CLEAN BREAK FROM THE MISSION AREA. THEY ARE TO BE WELL RESTED AND IN GOOD SPIRITS AFTER HAVING COMPLETED THEIR MISSION

6. TASKS FOR TASK FORCE COMMANDERS. ALL TASK FORCE COMMANDERS ARE TO:

6.A. ASSESS THE REINTEGRATION REQUIREMENTS FOR PHASES ONE AND TWO AND SUBMIT PLANS TO THE DCDS FOR APPROVAL

6.B. PROVIDE, AS PART OF THEIR PLAN, AN ESTIMATE OF INCREMENTAL FUNDS AND/OR PERSONNEL REQUIRED FOR EXECUTION. FOR SMALLER MISSIONS, IT IS RECOGNIZED THAT A TAV COULD BE REQUIRED TO EXECUTE THE PLAN FOR THE TASK FORCE

6.C. SUBMIT INITIAL CONCEPT OF OPERATION FOR THEIR DECOMPRESSION AND STRESS MITIGATION PLANS TO THE DCDS THREE MONTHS PRIOR TO REDEPLOYMENT. HEALTH SERVICE SPECIALIST ADVICE IS TO BE SOUGHT OUT THROUGH NDHQ J4 HSS IN DEVELOPING THE CONCEPT OF OPERATION. FOR SITUATIONS WHERE CIRCUMSTANCES WARRANT CHANGES TO THE INITIAL CONCEPT AFTER SUBMISSION, TASK FORCE COMMANDERS ARE TO ADVISE THE CHAIN OF COMMAND AS SOON AS POSSIBLE.

6.D. SUBMIT FINAL PLANS TO THE DCDS ONE MONTH PRIOR TO REDEPLOYMENT

7. TASKS FOR FORCE GENERATORS. FORCE GENERATORS ARE TO:

7.A. TAKE THE LEAD FOR PHASE THREE AND FOUR INCLUDING FINANCIAL RESPONSIBILITY

7.B. ENSURE PLANS INCLUDE ALL RESERVISTS AND INDIVIDUAL AUGMENTEES SERVING WITH THE DEPLOYED TASK FORCE

8. REF A WILL BE UPDATED TO INCLUDE A SPECIFIC ANNEX TO CHAPTER 16 ON DECOMPRESSION AND STRESS MITIGATION. AS AN INTERIM MEASURE, REF B CAN BE USED AS A MODEL TO GUIDE PLANNING. SPECIALIST ADVICE IS AVAILABLE FROM NDHQ J4 HSS AND J7 LESSONS LEARNED. TASK FORCE COMMANDERS ARE ENCOURAGED TO DRAW ON THESE RESOURCES IN THEIR PLANNING PROCESS. FOR FUTURE TASK FORCE COMMANDERS,

DECOMPRESSION AND STRESS MITIGATION IS TO BE INCLUDED IN
THE PRE-DEPLOYMENT PACKAGE THEY RECEIVE FROM NDHQ PRIOR
TO DEPLOYMENT

DCDS Directions for International Operations

Chapter 12: Post Deployment Requirements

1220. REINTEGRATION PLANS

1. Phase One – Preparation of Deployed Personnel and their Families at Home.

During the planning process for the Reintegration Plan, in-theatre preparation for the redeployment begins and continues until the commencement of the actual redeployment. At the same time, Deployment Support Groups, Unit Rear Parties and Force Generator Mounting Bases should coordinate closely with Military Family Resource Centres 12-16/19 (MFRCs) on their role during this phase and throughout the reintegration process. Large missions with NCE/NSE/Major units deployed prepare to conduct all of the activities identified in their Reintegration Plan and in the Redeployment Checklist while still in-theatre. Small missions will conduct only those activities they have the capability for while deployed IAW their DCDS approved plan. Regardless of the Operation/Roto, all redeploying personnel will complete all Phase One activities IAW the Redeployment Checklist before the sign-off of Phase Three by the OC AAG, i.e., before the commencement of disembarkation and other authorized leave.

2. In-theatre Briefings. Two to four weeks prior to redeployment, in-theatre briefings will be given to all deployed personnel. As directed, a one-on-one interview with a padre/social worker/mental health rep may be included for all or specific individuals. However, as a minimum, every individual will receive coordinated briefings on the following subjects:

- a. Post-deployment Stress;
- b. Family Reintegration;
- c. Workplace Reintegration; and
- d. Others as identified by TF Comd.

(1) Post-deployment Stress Briefing. This briefing should cover such issues as potential medical/psychological concerns, *environmental concerns*, significant events experienced during the deployment. TF Comds should consider the requirement for one-on-one interviews with all or selected members to be conducted by a padre, social worker or mental health specialist depending on the need and/or resources available in-theatre. Additionally, the added stresses experienced by augmentees and reservists, many of who will be returning to units, locations, jobs or academic institutions without any peer support and understanding of their deployment experience, require an additional briefing to help mitigate these unique concerns. The resources available to reservists through their CFLC Unit Employer Support Representative should be included in this briefing,

(2) **Family Reintegration Briefings.** Family reintegration briefings, to the deployed member and to their family are an integral part of the deployment stress management program and have a positive effect on CF members' and their families' abilities to cope with the stress of deployment and reunion. MFRCs have the means to run briefings for families of deployed members during the deployment and in preparation for their return. Feedback from the MFRCs on the concerns voiced by the deployed members' families should be an integral part of the in-theatre briefing, and

(3) **Workplace Reintegration Briefing.** This briefing by a member of the immediate chain of command of those being briefed, should address major work related transition issues, which will have an impact on their personnel as they return from their deployment to routine garrison activity.

3. **Phase Two – Decompression in a Third Location.** If the requirement has been identified, this phase will require the direct support of both Force Generator and other specialist personnel. The aim of this phase is to provide a safe, clean and restful location that will enable all members to make a clean break from the mission and deployment area, and leave for home rested and in good spirits.

4. **Phase Three – Reintegration in Canada at Garrison Locations.** This phase is complete when an individual who has redeployed has completed: all AAG activities; any medical or other specialist requirements identified to that point that require immediate intervention; their Redeployment Checklist has been completed to the end of Phase Three; and both the individual and the OC AAG have signed off. **(Both the URS and the member are to retain a copy of the Completed Phase Three Redeployment Checklist.)** Members may then proceed on disembarkation and other authorized leave.

5. **Phase Four – Post -Mission Follow-up.** This phase normally commences on return from all mission related leave and includes all administrative, medical and mental health follow-up activities as identified in the Redeployment Checklist, and any other specialist intervention if the requirement has been identified. It routinely extends for six months from the date of return to Canada. Key medical activities include: the post-deployment Tuberculin (PPD) testing (C plus 90); the Enhanced Post -Deployment Screening Interview (ideally C plus 90 to 120 but NLT 180); and the Medical Examination (normally done following the Enhanced Post-Deployment Screening Interview unless already completed in Phases One through Three). This phase is complete when all post-mission follow-up activities have been completed and the Deployment Checklist has been signed off by the appropriate Medical Authority, the CO and the member for either A-PHASE 4 COMPLETED or B-PHASE 4 COMPLETED and the member has been advised by the MO/Medical specialist of recommended follow-up action(s). Members who are advised to continue follow-up action(s) will be monitored by both the Medical/specialist staff, as appropriate, and the CO until the issue is resolved or other actions are warranted. **(URS: a completed copy of the Redeployment Checklist will be placed on the members' personnel file.)**

6. Post-Deployment Operational Stress Injury (OSI) Follow-up. Due to the effect that Operational Stress Injuries (OSI) could have on CF members and on the effectiveness of operational units, consideration of the impact of OSI must be forefront in our command culture, especially in the awareness of deployed commanders. Therefore, all Task Force Commanders and unit Commanding Officers will assume a pro-active role in promoting a culture of support, understanding and caring towards injured personnel. In addition to the CF requirement that all personnel be given a post-deployment reintegration briefing, all members originating from non-formed units shall receive an OSI Reintegration Letter (Annex Q) as an enclosure to the Task Force Commander's letter to the Commanding Officer of the member's parent unit in Canada. (Ref O)

Appendix 3: Documents reviewed

DND/CF Resources:

Emberson, Judy. Canadian Forces Preparing for Reunion Stress Briefing, 07 April 2000

Couture, LGen C. Assistant Deputy Minister (Human Resources-Military), Military HR Strategy 2020: Facing the People Challenges of the Future, Minister of National Defence, 2002.

Dowdon, Craig. Quality of Life in the Canadian Forces: Results from the National Survey – CF Spouses Final Report. Director Human Resources Research and Evaluation, National Defence Headquarters. Ottawa. March 2002.

Duxbury, L., Higgins, C., The 2001 Work Life Balance Study: Key Findings in the Department of National Defence (DND). Director Human Resources Research and Evaluation, National Defence Headquarters, April 2002.

Leveille, Capt L., Attitudinal Variables Related to an Evaluation of Flexible Tour Lengths for an Operational Deployment. Director Human Resource Research and Evaluation. National Defence Headquarters, Ottawa, September 2003.

Zamorski, Mark, MD, MHSA, *Evaluation of an Enhanced Post-deployment Health Screening Program for Canadian Forces Members Deployed on Operation Apollo (Afghanistan/SW Asia)- Preliminary Findings and Action Plan*, 13 June 2003

3PPCLI/5000-1(CO) 3PPCLI BG Reintegration Proposal 10 April 2002

5000-1(Adj) 3PPCLI BG Reintegration Plan, Concept of Operations Phase 2 (Third Location) 22 May 2002

3000-16 (Comd) Redeployment and Reintegration Op Order 01-Op Apollo July 2002

3350-1 (MHS) After Action Report Psychologist Visit to Guam in Support of Returning Members of Op Apollo 7 August 2002

Lessons Learned –Redeployment and Reintegration Op Apollo 08 Aug 2002

3350-Op Apollo (Achap) Lessons Learned –Redeployment and Reintegration Op Apollo 24 September 2002

Chief of Defence Staff Order 119, December 2002

3000-01/Op Apollo (G1) 1 CMBG Initial Comments – Reintegration OP Apollo February 2003

3000-1/Op Apollo (Comd) Op Apollo Post Operation Report – Phase V 5 February 2003

3000-10-1 (DLFR 3-9-2) Army Review of Op Apollo POR/LL in Advance of OP Athena 19 March 2003

Director, Quality of Life, Briefing Note for ADMHRMIL, Screening and Reintegration Best Practices Exchange, 18 March 2003

3350-165/A27 Lessons Learned Staff Action Directive (SAD) April 2003

3350-10 (Op Athena) LFCA Mounting Instruction – Op Athena, May 2003

CANFORGEN 094/03 CDS 080 161630Z July 2003

CANFORGEN 154/03 DCDS 280 311 515z Op Athena Reintegration Plan for Roto 0 Dec 2003

3350-10-Op Recovery (G4) LFCA OP Palladium 13 and Op Athena 0 Recovery, Reintegration and Reconstitution Order January 2004

3451-4 (Surg Gen) Professional technical Guidance – Op Athena Post Deployment Medical Screening 13 January 2004

6600-1A (MMHS) Land Forces Western Area Peer Support Training Proposal and Requirements, 22 January 04

OP Athena – R3 Lessons Learned LFCAHQ, 29 March 2004

DCDS Direction for International Operations Chapter 12, Personnel Support

DCDS Direction for International operations Chapter 14, Stress Management

DCDS Direction for International Operations Chapter 16, Health Services Support

CF Military Foreign Service Instructions

External Resources

Australian Defence Force, The ADF Mental Health Strategy: Presentation to Commanders, June/July 2002.

Bolton, E, Litz, B, Glenn, M, Orsillo, S, Roemer, L, The Impact of Homecoming Reception on the Adaption of Peacekeepers Following Deployment, *Military Psychology*, 2002, 14(3).

Collier, D. Hurray Up and Wait: An Inside Look at Life as a Canadian Military Wife. Creative Bound Inc, November 1994.

English, Dr. Allan. Leadership and Operational Stress in the Canadian Forces. *Canadian Military Journal*, Autumn 2000, p33-38.

Fillion, J., Clements, P., Averill, J., Vigil, G., Talking as a primary method of peer defusing for military personnel exposed to combat trauma. *Journal of Psychosocial Nursing*, Vol 4, No.8

Hurlburt, Kris, *Precious Lives to Be Honoured, Sharing the Front Line and the Back Hills*, Baywood Publishing 2002.

MacDonald, C, Chamberlain, K, Long, N, Mental Health, Physical Health, and Stressors Reported by New Zealand Defence Force Peacekeepers: A Longitudinal Study, *Military Medicine*, vol 163, July 1998.

Majekodunmi, B, *United Nations Human Rights Field Officers, Sharing the Front Lines and the Back Hills*, Baywood Publishing, 2002 137-148.

McNally, Richard, Bryant, Richard, Ehlers, Anke, *Does Early Psychological Intervention Promote Recovery from Posttraumatic Stress?* American Psychological Society, Vol 2, No. 2, November 2003

Medecins Sans Frontieres Canada, *Peer Support Network Policy and Procedures Manual*, January 2002.

O'Neill, M, Kramer, E, *The Peace Corps Volunteer Safety Support System, Sharing the Front Line and the back Hills*, Baywood Publishing, 2002, 157-160.

Robinson, Kim, *Separation from Families, Sharing the Front Lines and the Back Hills*, Baywood Publishing, 2002.

Rosebush PA. *Psychological Intervention with Military Personnel in Rwanda*. *Military Medicine*, Vol 163, August 1998.

Thompson, M, Gignac M, *A model of Psychological Adaptation in Peace Support Operations: An Overview*, Defence and Civil Institute, April 2001.

Thompson, M, Blais, A, Febbaro A, Pickering D, McCreary, D, *The Development of the Multidimensional Measure of Post Deployment Reintegration: Initial Psychometric Analyses & Descriptive Results*, Defence Research and Development Canada. September 2003

Thompson, M, Pasto, Luigi, *Psychological Interventions in Peace Support Operations: Current Practices and Future Challenges*, Defence Research & Development Canada, December 2002.

Tiesinga II Committee, *Post Cambodia Complaints Study I & II for the Secretary of State for Defence*, Government of the Netherlands, 21 September 1998

Zimmerman G, Weber W,. Care for the Caregivers: a program for Canadian military chaplains after serving in NATO and United Nations peacekeeping missions in the 1990's. *Military Medicine*, Vol 165, September 2000.

Appendix 4: Letter to the Minister

National Defence and
Canadian Forces



Défense nationale et
Forces canadiennes

Ombudsman André Marin

July 29, 2004

The Honourable William Graham, P.C., M.P.
Minister of National Defence
National Defence Headquarters
Major-General George R. Pearkes Building
13th floor, North Tower
101 Colonel By Drive
Ottawa, Ontario
K1A 0K2

BY HAND

Dear Minister Graham:

I am pleased to provide you with my Office's report entitled "*From Tents to Sheets: An Analysis of the CF Experience With Third Location Decompression After Deployment*". The report concerns the value of a decompression period as part of the deployment process. This was an issue that arose during my trip to Op Athena in Kabul, in November 2003. At that time, I noted that there was a lack of defined criteria upon which Operational Commanders could decide whether a decompression period was necessary in any given set of circumstances.

The report was given to the Chief of Defence Staff on 27 May 2004, and contributed to the finalization of the Canadian Forces policy on Screening and Reintegration, approved by Armed Forces Council on 16 June 2004. General R.R. Henault supports the public release of this report.

As noted in the report, one of the most important factors in ensuring a successful reintegration, including a decompression period, is open and timely communication about the intent and purpose of decompression with affected members, their families and their treatment providers. For these reasons, I have come to the conclusion that it would be in the interest of the DND/CF community to have my report and its recommendations made public.

.../2

100, RUE METCALFE STREET, 12th FLOOR - 12^e ÉTAGE, OTTAWA, CANADA, K1P 5M1 • TEL./TÉL. : 613 992-0787 • FAX/TÉLÉC. : 613 992-3167

Canada

Pursuant to paragraph 38(2)(b) of the Ministerial Directives, I intend to publish the report on the expiration of 28 days from this date.

Yours truly,

A handwritten signature in black ink, appearing to read 'AM', followed by a long horizontal flourish.

André Marin
Ombudsman

Enclosure (1)

Cc: Ms. Hélène Gosselin, Acting Deputy Minister
General R.R. Henault, Chief of Defence Staff