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Chair

Mr. Neil Ellis

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• (1105)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call this meeting to order.

This is the first meeting of our study on the barriers to transition and measurable outcomes of the successful transition of veterans.

According to the latest studies, about one-third of veterans have experienced difficulties in transitioning to civilian life. Of these veterans who experienced difficulties, about two-thirds were released for medical reasons, and one-third were released for other reasons, such as end of contract, retirement, etc. The committee is studying the stages that mark this transition period in order to identify the elements that, along this continuum, can be obstacles to veterans' smooth transition to civilian life.

Today we have two panels. We'll do the same format, with five minutes, and then we'll go to rounds of questioning.

Mr. McColeman has a question.

Mr. Phil McColeman (Brantford—Brant, CPC): Mr. Chair, thank you for recognizing me before we begin proceedings today.

I'd like to request that the committee be televised for two of the scheduled meetings. I want to give notice to you, Chair, that I'd like to request that the Tuesday, February 13 and Tuesday, February 27 meetings be televised.

The Chair: Okay, I'll make a note of that.

Mr. Phil McColeman: What is the process, Mr. Chair?

The Chair: The process is that I believe we have only two or three rooms. I know from the last time that there is a list, so where we lie with that depends on other committees and the availability of the room.

Mr. Phil McColeman: Okay, so if there is availability, we will have them televised?

The Chair: Well, that said, it also is contingent on other meetings they might find, and I don't judge the meetings of importance to be televised. I know that the last time when we put in a request, there were other ones, and I'm not sure just what those rules are.

Mr. Phil McColeman: I understand that, okay. But if the rooms are available, the meetings will be televised?

The Chair: Yes—

Mr. Phil McColeman: Okay, thank you.

The Chair: —barring everybody voting against me.

We'll start with the meeting.

Thank you, everybody, for patiently waiting.

On our first panel today I would like to welcome Barry Westholm. I would like to thank Barry, because I believe this is his third appearance at the committee.

Welcome.

Also, I'd like to welcome the Royal Canadian Legion. We have here Brad White, national executive director, Dominion Command; and also Ray McInnis, director of veterans services.

Welcome to you both.

We have, waiting patiently by teleconference from the Canadian Institute for Military and Veteran Health Research, David Pedlar, scientific director; and Heidi Cramm, who is on the scientific leadership team.

We'll start with the Canadian Institute for Military and Veteran Health Research, and David and Heidi, who have been waiting patiently.

Welcome.

Dr. David Pedlar (Scientific Director, Canadian Institute for Military and Veteran Health Research): Thank you very much.

Good morning, everyone. I'm David Pedlar, scientific director of the Canadian Institute for Military and Veteran Health Research. I am here with my colleague, Dr. Heidi Cramm, who is also amongst Canada's leaders in research around military and veterans' families.

For those of you who aren't familiar with us, we're called CIMVHR as well. We exist to enhance the lives of Canadian military personnel, veterans, and their families by harnessing the national capacity for research. Since 2010, CIMVHR has developed a research network of over 1,500 researchers from 43 Canadian member universities and eight global affiliates, who have agreed to work together with us in addressing the health research requirements of our military personnel, veterans, and their families.

The institute works in close relationship with and has garnered continuous support from practitioners, government, and industry representatives, as well as philanthropists and other groups of caring Canadians that strengthen our foundation. I should also mention that I spent over 15 years as research director at Veterans Affairs Canada. During my years as research director, one of my areas of focus was the transition from military service to civilian life. On that topic, I want to make three brief points that I want to highlight as we start our work today.

First, having worked closely with military personnel and veterans for many years face to face, I think the culture shift is a key concept that we have to take into consideration. We all go through major life transitions—through adulthood, in health, and with losses in our lives—but in the military life-course what is unique is the shift from the civilian to military culture at entry, and then from military to post-military life at release. This shift from military to post-military identity is a challenge for most, but can be profoundly disorienting for some, especially when their release is unplanned or undesired.

The second point I want to make is that there is no internationally accepted construct for defining what successful transition is to life after military service, so I think we need one. I would recommend that the committee consider that. We need to think about what are the priorities or the areas of effort that we need to focus on, and they need to be defined. I was engaged in that work and this task for over five years at Veterans Affairs Canada, but also outside Veterans Affairs.

I like a seven-domain framework that defines the domains as employment and purpose of activity in life; health, with a number of dimensions; finances; housing; social integration; life skills preparedness; and, the social environment that veterans release into. If we don't have a framework, we don't have a comprehensive approach to understanding transition. You have to define a framework in order to identify what areas you want to measure. For me, this is a critical piece that needs to be put in place for a full discussion around what successful transition means.

The final point I want to underline is that veterans' families also have to be part of this focus in terms of how we define transition and success.

Those are my opening remarks. Heidi and I look forward to questions from the committee today.

• (1110)

The Chair: Thank you very much.

Next we have Mr. Westholm.

Thank you, Barry.

Mr. Barry Westholm (As an Individual): Thank you very much for having me here again today.

Barriers to transition and measurable outcomes of successful transition is a complex subject, so prior to my coming here I submitted a detailed briefing note, which I hope you all have, and annexes to allow you to cover my commentary in detail. You can get back to me any time on any points I may have raised that pique your interest.

Similar concerns on this subject, and solutions to them, have been discussed and tabled since at least 2009. But in listening to past witnesses before this committee, I feel that a review of post-release oversight is required, as it is key to our subject matter.

In 2009 and again in 2012 Auditor General reports recommended the following:

ill and injured members will be tracked by the Canadian Forces until an individual returns to unrestricted duty; a former Canadian Forces member (including reservists) is able to resume or seek employment; a member is able to cope independently without any further assistance; or a member expresses that he or she no longer wishes any further contact.

....In partnership with Veterans Affairs Canada, the Canadian Forces and National Defence will, also by June 2013, examine options to improve systematic post-release follow-up.

These are hugely important as somebody leaves the military for civilian life.

The above two recommendations were agreed to and provide this committee potential access to two sources of information toward answering questions of today's topic.

The first source of information should be 10 years' of records collected by the Canadian Forces and Veterans Affairs Canada in monitoring military personnel during transition and after release. This record would include barriers and solutions to them, as injured soldiers and their families went from Canadian Forces support to Veterans Affairs support and then went on with their lives.

However, the findings of that collection of data will have to be tempered by the fact that the means to a successful transition, the joint personnel support unit, remains under constant reconstruction and has been mismanaged the entire time.

The second source of information would be if this data were inadequate, or didn't exist at all, because the Canadian Forces and VAC are not fulfilling their prior agreements in monitoring their troops during transition and post-release. If this is the case, then you've found, in that absence of data, a component answering today's topic.

Post-release oversight for transitioning members is crucial to ensuring that whatever the barriers the transitioning member might encounter, they are identified, addressed, and catalogued for use in the future. The Canadian Forces calls these "lessons learned".

However, what level of priority does the Canadian Forces place on soldier transition?

I have some experience in this area, as my former position in JPSU included transition and post-release oversight. Neither could be accomplished properly, given the low priority and poor management of the JPSU. Underscoring this point are the comments of Lieutenant-Colonel Cecyre, joint personnel unit deputy commanding officer, in his email from 2014 as follows:

The demand for JPSU Services is increasing exponentially (18.5% increase in the last year);

The bulk of our customer base consists of extraordinary challenging files to manage; and

This results in the JPSU staff being severely overworked at all levels (senior staff on duty 24/7).

The mitigation strategy was due to the criticality of the JPSU, which required that the VCDS priority be raised from 6 to 2 the soonest.

I just want to explain really generically what these VCDS priority levels are. Priority 1 is deployed on operations, so you're in battle. If you need something, you get it right away. Going down one is priority 2. It could be a joint operations command in Canada, where they're watching the battle. They're number 2. It keeps going down to priority 6, such as the battalion ping-pong team, for example. That's at the bottom.

From 2008 to 2014 the JPSU was given the Canadian Forces' lowest priority level, level 6. That the Canadian Forces gave the lowest priority to injured soldier transition may explain why we're having this discussion today and why there's been so much trauma inflicted upon transitioning soldiers, military families, and new veterans.

Therefore, a major barrier to addressing barriers to transition and measurable outcomes of successful transition is the Canadian Armed Forces' approach to soldier transition, which is, of itself, a barrier to transition.

The first step to a successful transition is an efficiently functioning JPSU, a unit that has been stuck on its own starting line now for nine full years. Until that's in place, measuring anything to do with soldier transition, it is really a waste of resources, because we haven't even started the game yet. However, once it's in place, the answer to barriers and measurable outcomes will be easy to assess, as veterans work toward things that we all strive to have in our lives—the care of our families, a good quality of life, and a good standard of living. This is something that we all want and that our veterans would want, as well.

That's the end of my statement. I look forward to any questions you might have later on.

Thank you.

• (1115)

The Chair: Thank you, Mr. Westholm.

Now we will turn to the Royal Canadian Legion.

Mr. White and Mr. McInnis, the floor is yours.

Mr. Brad White (National Executive Director, Dominion Command, Royal Canadian Legion): Chair, and members of the standing committee, thank you for inviting the Royal Canadian Legion today to discuss the stages that mark the transition period and possible obstacles that would mar a smooth transition from a life of service.

In 2015, when the Legion first appeared to speak on the continuum of transition services, we talked about a seamless transition and today, we now talk about a smooth transition. I would hope that these are one and the same, in that anyone who transitions from a life of service needs the confidence and support required to make that transition, regardless of the circumstances of why that transition is occurring.

Appearing on behalf of our president, David Flannigan, I am Brad White, the national executive director of the Legion, and Ray

McInnis is with me today. He is the director of our veterans' services at national headquarters.

[*Translation*]

Today, our presentation will be in English, but we can answer questions in French, if needed.

[*English*]

We believe that a life of service in Canada's military has three definable stages, the first being the introduction or indoctrination to service life, the second the immersion into and working within that life, and the final stage defined as the departure from that lifestyle. Within each stage many influences help to form the mindset and the lifestyle of the military person.

Entering into a life of service in the Canadian Forces is a process of indoctrination. Regardless of previous life experiences, backgrounds, values, culture, or heritage, the indoctrination process aims at taking that person as an individual and forming that individual into a member of a team, someone who understands authority, is mission oriented, and team motivated. The result is a basic soldier, sailor, or air person ready for further training in their chosen career with the military. I liken recruits to raw material. They are moulded and ready to be moulded into a finished product. They are taught to rely on the system to provide for them, they are told what to wear, when to eat, and where to be. In particular, they are taught to react to direction and to support their teammates. They are no longer individuals but members of a distinctive group.

Following recruit training, people join that distinctive group and undergo further career and/or trades training. Here they perfect their skills and commence the process of immersion into their new surrounding or home. As they progress, so do their professional skills and advancement in their chosen career field. They transform from basic recruits to skilled craftsmen to leaders in their field. They experience all kinds of professional development from training through to and including real operational deployments. They become part of the military culture and they seek acceptance within that culture and feel very secure being surrounded by it.

Also during this period other life-altering changes usually occur as people take on greater responsibilities like marriage and family. As these changes occur, they tend to make the Canadian Forces person more reliant on the system as a means of financial support and family security. They are now fully committed and engaged in the military culture.

At some point, life in the Canadian Forces draws to a close. This is not always dependent upon time but also on life-altering circumstances, such as injury or illness. In some cases, a person may choose to leave the military voluntarily during their service or on reaching compulsory retirement age. In other cases that choice is made on their behalf, and as stated, approximately two-thirds are released for medical reasons.

Throughout this life course, individuals are indoctrinated into a regimented system with a belief that this very system will look after them all the way through. They accept the military culture of teamwork and rely on that team for support. So for some, departing that lifestyle becomes an extremely difficult process, and many never leave the military, even though they no longer serve. Why is that so?

• (1120)

Mr. Ray McInnis (Director, Veterans Services, Royal Canadian Legion): There are many reasons why a smooth, seamless transition from military life can be impeded, and each individual undergoing transition has particular and unique challenges. A cookie-cutter approach is not applicable.

Throughout the different stages of a military career people transform from individuality to collectivity. They identify with the group and the system provides for them. They become reliant on the support and are secure and confident within it.

Military life provides a secure and stable financial environment, even when operational deployments are dangerous. Service personnel and their families grow with the military culture and have relatively comfortable lives.

When people enter into the military and the culture of collectivity, they begin a socialization process that creates many bonds and friendships that last a lifetime. It's another form of dependence, but as Farley Mowat noted in his book *The Regiment*, when push comes to shove, people fight for the person beside them. Indeed, these bonds will take them through tough and dangerous times and are long-lasting.

From mental health to severe disability, the nature of issues today also complicates the transition process. With issues of mental health, these are often unseen disabilities and full acceptance of the problem and programs designed to benefit those suffering have yet to be obtained or developed. Stigma is a major factor, although great strides have been made to overcome it. Physical disability is more prevalent now than it has been in previous conflicts. Multiple disabilities combine to create very complicated cases, often involving not only physical but mental health issues, with long-term treatments required even before someone can achieve their new normal. It is at this stage that the military is actively considering terminating future employment.

Mr. Brad White: What is to be done? Regardless of the stage of service, it is important that all personnel understand the consequences of that service and have confidence in the system. That starts here, with the support of government, which makes the ultimate decision to place Canadian men and women in harm's way.

Personnel have to understand that the system they have been indoctrinated into will look after them and their families. In normal, non-injury, transitional situations, I have still seen people having difficulty leaving the sanctuary of military life. Everything was provided for them and now they are left to deal with a foreign world in arranging health care and other services that were once provided by the military. For those who are transitioning with more complex issues, extra care is needed. Knowledge and communication are paramount throughout the military career, so that those who need assistance know how to avail themselves of it.

Right now, that's not happening. Even for those who leave the service, with no apparent issues, they need to understand that support is there when and if needed. The Canadian Forces has stated that it will revamp the complete transitional process and ensure that only those who are fit to be transitioned are. Close coordination between the Departments of National Defence and Veterans Affairs is extremely essential to ensure that not one person falls through those cracks and that continuous support is provided throughout.

The ultimate aim in all of this is that a service person and their family will be able to reintegrate back into life outside of the military.

Chairman, thank you. That's our statement. We're prepared to answer questions.

• (1125)

The Chair: Thank you. We'll start our first round of questioning.

Mr. McColeman, you have six minutes.

Mr. Phil McColeman: Thank you, Chair.

Mr. Westholm, you sent an email to the committee members—and excuse the fact that one arm has broken off my glasses here—

Mr. Barry Westholm: I didn't notice a thing.

Mr. Phil McColeman: —it happened this morning.

I'd like to read it as my preamble to my question.

Mr. Barry Westholm: Certainly.

Mr. Phil McColeman: It reads:

Good Afternoon.

A year ago this month, Pte (ret'd) Leah Greene made her final desperate trip from Nova Scotia to Ontario seeking medical assistance not found in her home Province. As always, Leah hit Ontario like a hurricane and demanded her voice be heard, and that her injuries be addressed just as they impacted her life: critically, totally, completely.

The medical services in Ontario heard Leah, helped her while she was here and arranged for continuing support for her in Nova Scotia. Once back in Nova Scotia, Leah revelled in this new support, but only for a short time; within a month or so she lost or was obstructed from that support and began the descent to her untimely death on July 26, 2017.

Since her passing, Leah's sister (Jessie), on behalf of the Greene family, has asked why and how this could have happened, but her questions have been met with silence, not unlike the situation that faced the Desmond family for so long.

I have been asked to appear before the Standing Committee on Veterans Affairs on Feb 1, 2017.

Leah's sister, Ms. Jessie Greene, will be in attendance in hopes of speaking about the situation her family has been through and the questions that remain.

I hope that Honourable members of Parliament and representatives from the CAF/VAC can make some time to discuss Jessie's concerns with her.

Notwithstanding the fact that I personally am going to be meeting with Jessie, and I know other members of the committee will be personally meeting with Jessie, is there anything in this public forum hearing that you would like to add to your email?

Mr. Barry Westholm: Veterans Affairs Canada has to be a lot more proactive and hands on when it comes to complicated cases that have a degree of urgency to them.

The case facing Leah was about as complex and urgent as it got, and I had a teleconference with Veterans Affairs Canada to explain this whole thing in detail about what had to be done after Leah lost her medical support in Nova Scotia, indicating that they had to get things in gear, high gear, very quickly. It turned into a “fill out a form” thing, and I said, “I’ll fill out all the forms you want, but somebody has to get there to take care of Leah.”

I asked them, “Can you at least phone the doctor, the medical support, to say, ‘Veterans Affairs Canada is on the phone. We have an injured veteran who’s in crisis. We were hoping that you could take her back under your wing?’”

No, they wouldn’t do that.

A month went by when Leah was very much alive. Veterans Affairs was very much aware of what was going on, and then Leah passed away at 40 years old. There was no need. They only contacted the family after she had died.

We talk about lessons learned and barriers. This is why we have to look at these things and examine them. We don’t pull back. Something very bad happened there. We have to learn from it. We lost a soldier. We lost a veteran.

Jessie’s questions should be answered and an investigation should be made of that situation.

• (1130)

Mr. Phil McColeman: Thank you for that.

In discussion with many veterans who have experienced the barriers that Veterans Affairs puts up in front of them in their transition out of the military into civilian life and their entitlements or what they have earned, we’ve heard the ombudsman speak in various forums about some of the things that could easily be done yet fall on deaf ears.

More than once, I’ve heard the term “the four horsemen of the apocalypse”. Would you care to tell us whether or not you’ve ever heard that term describe the inner workings at Veterans Affairs?

Mr. Barry Westholm: I’ve heard of it, yes.

Mr. Phil McColeman: Would you care to share with the committee your interpretation of it?

Mr. Barry Westholm: That can widely be interpreted. I know what they’re talking about. Once again, all the of things that you need to get help with from Veterans Affairs are so complex. You’re going into battle again. It’s a full-blown war sometimes to try to get things done.

The paperwork is immense. The way that you have to send it is very complex. Everything to do with it is complex, which really wears a person down to the point that some of them say, “I’m not even going to do it. I’m done with it. I’m going to make due with whatever I can and forget about Veterans Affairs completely.”

Mr. Phil McColeman: I could characterize that in my mind as veteran-unfriendly.

Mr. Barry Westholm: Yes, it’s very bureaucratic. Great people, but it’s very bureaucratic. Again, the way they’ve done things at Veterans Affairs is that sometimes they dump it on a person at the worst possible time, when the person’s severely injured and maybe

lost his limbs. Then they come with these files. They say, “Well, you’ve lost your limbs.” This is Veterans Affairs. That’s when they make the introduction. That couldn’t be a worse time. Veterans Affairs should be making this introduction during recruit training and then carrying on throughout their career, so when they do become injured, it’s familiar. They know what’s coming. The way they’re doing it now just adds to it.

Mr. Phil McColeman: To use other—

The Chair: Sorry.

Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Mr. Westholm, thank you so much for coming. We talked about the recommended tracking for Veterans Affairs clients. One of the challenges we’ve heard is that there are those who refuse further contact. This is a challenge that I have had in a medical career. I’ve been an emergency physician for 20 years. I’ve noticed that it a big challenge with patients with mental health issues. They need help, but they might have such severe mental health issues that they don’t know where to turn. They feel frustrated. They disappear. If we see a chart from a psychiatrist’s office, and there are three “Did Not Attend” notations, followed by “Loss to Follow-up,” that usually means homeless or deceased.

Of course, there’s the separate medical system for veterans. They’re also part of the general provincial health system. What do you think is needed in provincial mental health systems in particular to help them at least alert Veterans Affairs or to somehow get tracking these veterans who, as I say, may have refused further contact but might need help due to mental illness?

Mr. Barry Westholm: The first thing I would say is that when you have a person dealing with a mental injury who is going to be released from the Canadian Forces, and you have a very shaky program for the person, what will happen is that he’ll get very upset at the program and won’t want to talk to anybody.

The first thing to do is to make sure that transition is done very professionally. Then I think you will get a lot more people who are willing to stay in contact. When it comes to the interaction among the medical professions, I know that the medical doctors in the Canadian Forces are subscribed to the college of physicians of the provinces they’re in.

If you have a person leaving from, say, Ontario, going to Nova Scotia, you have an MO, a medical officer, in Ontario. You have a medical officer in Nova Scotia. Files can be transferred and there is an interaction the MO can do in Nova Scotia to talk to the medical facilities in Nova Scotia. It’s a fairly straightforward way to keep the information about that soldier very apt and very efficient, because they’re all under the same level of confidentiality. That way they’ll know what’s going on with the guy.

Look at the Desmond family. I guess he went in and no one knew what this fellow was about. I don’t know how they’re transferring the medical documentation between hospitals, but it’s all digitized now, but they should be able to do that using the Canadian Forces medical establishment as a liaison. No question.

•(1135)

Mr. Doug Eyolfson: Thank you.

I can tell you from experience that due to budgetary constraints at all different levels, the medical profession is actually still far behind in digitizing records. I left medical practice two years ago. We were still handwriting charts.

We've seen long-term patients come in with volumes about two inches thick, and sometimes they're labelled "volume 7 of 7".

Mr. Barry Westholm: Gotcha.

Mr. Doug Eyolfson: There's even loss of, and not standardization, between hospitals in one given city.

Mr. Barry Westholm: Understood.

Mr. Doug Eyolfson: Would you perhaps agree to an investment in a national standard of digital record-keeping, electronic record-keeping, as opposed to still relying on handwritten notes and fax, which is what they still use....

Mr. Barry Westholm: Yes, I couldn't read one of the prescriptions, anyway.

Some hon. members: Oh, oh!

Mr. Barry Westholm: I totally agree. I do believe that the Canadian Forces are digitalized now, but—

Mr. Doug Eyolfson: The forces are digitalized.

Mr. Barry Westholm: They can send the information on veterans, but I do agree exactly with what you're saying. It should be across the board.

Mr. Doug Eyolfson: Absolutely. Thank you.

How much time do I have, Mr. Chair?

The Chair: Two minutes.

Mr. Doug Eyolfson: I have two minutes. Okay.

Mr. White, this is a controversial topic that I have brought up several times. It's more of a CAF issue, but it seems to have an effect on veterans. This is the principle of universality of service. We've heard multiple testimonies from veterans who had ongoing problems, whether they were physical or mental. They did not come forward for help because they were afraid that, if this meant not having universality of service, they were out of the military. In fact, they might be able to provide vital support roles that just don't involve what they're doing. If your back is ruined because you're a paratrooper, and your chronic back pain prevents that, but you could still do something involving a desk or an air traffic control tower, there's been some speculation that it may be useful to have these people on a special status and part of the military culture that you've talked about.

Do you believe that universality of service as a hard and fast rule may be contributing to some of these problems in transition?

Mr. Brad White: As a career manager in the Canadian Armed Forces, I found universality of service was always a concern. It all depends on the numbers of people you have and your ceiling and manning levels within the military. In the old days, we retained all sorts of people who were in the medical category and did very useful jobs in garrison for us as a regiment.

There was always a place for them to be employed. But as the military reduced, those opportunities became less and less. If you want to take operational individuals and you want to move them out of the operational theatre so they get a break from operations, and they need a break from operations, what shore billet do you have to put them into if you don't have the spaces for it? It becomes a push-me, pull-me situation.

I fully agree that accommodations can and should be made with universality of service.

The Chair: Thank you.

Mr. Johns, you have six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you, Mr. Chair.

I'm a new face on the committee, and I just wanted to state that it's an honour to have the opportunity to serve the military and RCMP veterans and their families. I consider myself to be an advocate and an ally. I cherish the work and sacrifice that the NDP will do and continue to do for them and their families to make sure they have justice, dignity, and comfort.

That said, I want to thank the panel for your testimony today and certainly for your commitment to being advocates for veterans.

I also want to acknowledge Jessie Greene, who is in the audience today, and pass my condolences on behalf of all of us for her late sister, Private Greene.

That said, I'll start with retired sergeant major Westholm. Maybe you could talk a little bit more in terms of understanding the system that failed Private Leah Greene throughout the process of transition. Maybe you could tell the committee more about that—not just about her, but maybe also on the family level, where were the challenges?

Mr. Barry Westholm: I'll go right to the joint personnel support unit again. I don't have to go far from that particular unit. It is the unit that is supposed to bridge the gap between civilian and military. That's the bridge.

As I mentioned earlier, a priority six is the lowest priority that the Canadian Forces can give. So that says something. The manning at the JPSU was just so overwhelmed that it couldn't cope with the basic needs of the people who were at the JPSU. Leah Greene was a complex case. She had a very complex injury that required house modifications and things of that nature that were also complex. The people at JPSU had no training to do those sorts of things. They sort of winged it. When you're winging something around like that, a person's home, they could get very upset if you don't know what you're up to, and they had no clue. That's when I stepped in to help Leah Greene get that sorted out.

That put a lot of pressure on Leah. The fact that she didn't get much contact with the JPSU staff for up to a year made her feel very set aside and isolated. Because of her medication and all those other things that she had to put up with, the family unit started breaking down. It was one thing after another. It all goes back to the fact that the unit that was in charge of that person, Private Greene and so many others—including the Desmond family, by the way—was totally understaffed and poorly managed, causing all sorts of negative impacts not only on the person but on the family, the finances, everything.

● (1140)

Mr. Gord Johns: Thank you.

It's veterans' stories that are going to make the difference so that government can answer those questions, hopefully, so we can better serve veterans.

I have more questions.

In terms of the main challenges of mental health, can you talk about what those main challenges are?

Mr. Barry Westholm: Well, they mention stigma quite a bit, and that is a challenge.

I have PTSD. As a sergeant major, I was diagnosed late, in 2007 or so. Part of being at that rank level is that you have to be able to approach somebody to let them know, "Hey, I'm a sergeant major and I have PTSD." The reactions I got were quite phenomenal. Sometimes there was an interest in what I went through and all that, which was great—lots of questions—and sometimes the other guy would shut right down. We're talking about senior officer level, where they didn't even want to talk to you about it and they sort of shunned you.

That has to be broken down. You should be able to talk about PTSD like you're talking about a sprained ankle. You have to get it down to that sort of casual thing, because it's very frightening. It's very frightening to be diagnosed with that. It throws you for a loop.

It's a leadership issue for sure, and that is with sergeants, warrant officers—right up. They have to lead the charge. They have to say it's okay, and no joking around with it, so that the men and the women feel comfortable coming forward. That has to start there.

Mr. Gord Johns: Can you maybe elaborate on some of the main financial challenges and how that interconnects?

Mr. Barry Westholm: The financial challenges with—?

Mr. Gord Johns: The main barriers that veterans must overcome in terms of the challenges they face when they have those gaps, and how that intersects with—

Mr. Barry Westholm: I'll tell you one challenge that I hope they've maybe fixed already.

For example, say you have a private and a colonel in the same vehicle and the vehicle gets into an accident. They have identical injuries. Both people must have their houses modified. The private has a house worth \$60,000, and the colonel has a house worth \$500,000. The private gets \$60,000 max to modify the home. The colonel gets \$500,000 to modify the home, because he's been in for 30 years, he's gone up the chain, and he's making a lot of money.

They base it on the value of the home. There's no way that there's going to be parody there. This person here has to go through a lot of hoops to try to get their house modified where the other person doesn't.

That's a biggie that should be taken care of. I suggested that they use the mean house value in Canada rather than messing around with that. In the case of Leah Greene again, I wasted all the time talking about what they had to do because she had a very, very low-value home.

That's one thing I would say has to be done, because the stressors involved with trying to work through the machinations of that equation are nuts.

Mr. Gord Johns: Thank you.

How much time do I have, Mr. Chair?

The Chair: Forty-five seconds.

Mr. Gord Johns: Okay, I have a really quick question then for Mr. Pedlar.

You talked about the framework that's necessary. Can you elaborate a little bit more on that?

Dr. David Pedlar: Yes.

I think that having a framework is really important, as we don't take a comprehensive look at this problem. In past transition efforts I've seen a tendency to focus on one area or another area, but not to look at the big picture.

With employment, we get into the issue of purpose and best practices in employment programs. In health, we know that veterans have higher levels of chronic mental and physical conditions. They are released into the provincial health care system, so there are a lot of issues around integration of care.

We have just discussed finances, which are also a key area to well-being. There is housing. Social integration is also important. When a military person leaves service, they will enter civilian spaces like a workplace. There are often issues around reintegrating into their new environments, and also how accepting communities are. Part of the discussion that I've heard today has been around provincial health care systems, but to what extent is the community engaged with veterans in Canada? I think there are a lot of opportunities for us to improve community engagements.

When people go to war, the whole country makes the decision to engage in war, so I think everyone needs to see it as their responsibility to help veterans transition when they come back. I think we have a lot of space to fill in order to get there. Government is important, but the federal government can't do it all. Most care happens at the local level.

Life skills were also—

● (1145)

The Chair: Sorry, it's time.

Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thanks, Mr. Chair.

Thank you all very much for being here today and sharing your experiences. This is very helpful.

Mr. Westholm, I wonder if I can start with you. I appreciate what you said that the first step needs to be having a fully functioning JPSU. Can you give us some concrete suggestions for recommendations that we may be able to make to address the barriers to transition?

Mr. Barry Westholm: Based on what I see the JPSU doing and the way they are going forward, I would tell them to stop. What they have to do is think outside of the box. They are very much military minded, and they are trying to use all the military documents and stuff like that to guide them.

When you're dealing with a transition, it's leaving the military, or returning back, but when they are trying to do career management and things like that, it shouldn't apply to a transitional unit. The transitional unit has to be stable, so that the injured people coming there have the same faces to go to every day and they don't switch around all the time.

That's number one. It has to be a stable unit. It used to be made up of the primary reservists. I suggest that they go right back to that model. They can even use injured people—they do a little skip on the universality of service—because they wouldn't be part of the Canadian Forces numbers, but they have all of that experience working in the transition model.

That's number one.

Mr. Colin Fraser: I know that there have been many iterations and there have been constant attempts to improve this, but based on what you're telling me, that leads to constantly having instability in how they operate, and that only breeds more difficulty in understanding how the process works.

Mr. Barry Westholm: Exactly, and they over-complicate it. If you've noticed, I think the JPSU went through five commanding officers within a year. That's unheard of. That's not a red flag: that's fireworks. Something is going on there that I think is causing senior officers—generals—to say “I don't want any part of this thing” and to back away.

I heard the CDS offer up I think it was 1,200 people as part of the new JPSU program. That's really something spectacular. I know what recruiting problems they're having right now; that says the JPSU is not going to happen.

Again, I will go back to the point that you have all of these talented injured soldiers out there who would be perfect for a stable JPSU. These guys are in uniform. If you're an injured private and you see a one-armed warrant officer or Major Mark Campbell there and he's still doing the job and doing a damn good job, that's inspirational. That's just inspirational to the youths. I think that's what they should be doing.

Mr. Colin Fraser: Thank you very much, sir.

Mr. Pedlar and Ms. Cramm, can I ask you to comment on the co-operation as you see it from a health perspective between DND and VAC, and for any suggestions you have about how that could be improved?

Dr. David Pedlar: One comment I will make is based on the research we've done, and it's to caution you, first of all, about recognizing the importance of medical releases as a group that you want to target in transition programs. I'm back to this theme about being cautious about not excluding others who are also having health issues and need support.

For example, if you look at the life-after-service studies that I worked on for a number of years, you'll see that an important finding was that the medical release population was a key population to focus on in transition, but that 60% of that third who have a difficult transition were not medically released. One thing that I would suggest is really important is to focus on medical release but to focus on the health of everyone who is releasing, including on the health problems that develop not at release but in the first few years after release. That's one key point I would make.

I would ask Dr. Cramm if she has a point here.

• (1150)

Dr. Heidi Cramm (Interim Co-Scientific Director, Canadian Institute for Military and Veteran Health Research): Certainly. Thank you.

One of the things that we're really trying to do through our work at CIMVHR is to make sure that we have research to answer some of these really complicated, messy questions. What we're hearing from all the witnesses is how many different interconnected kinds of compounding [*Technical difficulty—Editor*]. The researchers within our network are really trying to establish the data to help inform programming and policy-making decisions.

I'd like to highlight one example of research within our network. It's led by Dr. Alyson Mahar. She's looked at the patterns of mental health service use for veterans in their first five years of release for those who are entering Ontario. We've been able to use that data to say that younger veterans do appear to have higher rates of mental health issues.

We can also look at where they are retiring, which has direct implications for those regions. The regions around Ottawa and Kingston are where over 80% of the older veterans are retiring. Younger veterans are releasing in a more diffuse way throughout Ontario, often into rural communities. That has real implications for how programs are delivered and for some of the issues that we're hearing about accessibility of health services and continuity during these high-risk mobility transitions.

I think the research can really support the perspectives we're hearing from the other witnesses and help us understand the kind of aggregate experiences of the many.

Mr. Colin Fraser: Thank you very much.

Do have I time?

The Chair: You have eight seconds.

Mr. Colin Fraser: Thank you very much to all of you for being here.

The Chair: With our time, we're going to shorten the next round down to four minutes each. Three of you will be up: Ms. Romanado, Ms. Wagantall, and Mr. Eyolfson.

Ms. Romanado.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Thank you so much.

I'd like to thank you all for being here today.

In the past year I've had a chance to visit 12 bases and wings and to talk to so many military families, such as my own. I have two sons currently serving in the Canadian Armed Forces, and getting the frank discussions going that we're hearing today is really important, because your ideas will help us make changes. I really want to stress the importance of your being here today and telling us your stories. Thank you for that.

Sergeant Major Westholm, you talked a lot about JPSU, and I'm glad my colleagues brought up a lack of training for complex cases. You talked about understaffing, poor management, and a lack of urgency. I've heard that before, that we have a bureaucracy that sometimes takes way too long when we have a situation that we need to deal with immediately.

You talked a little about the announcement of the transition group. The CDS announced 1,200 people with “Strong, Secure, and Engaged”. I hope we will get them, and I like your idea about using military members who have experienced illness and injury who perhaps do not meet universality of service and could be retained. From your expert experience working in JPSU, do you have any other suggestions for us?

Mr. Barry Westholm: That's the best one. When I was in the JPSU it was heartbreaking to see someone with talent leaving. They would have 20 or 30 years' experience, all the qualifications, millions of dollars, priceless experience, and a bad knee, and they had everything else, all the boxes checked, but that universality of service. Again, because the Canadian Forces have to stay in their box, they said no, that person has got to go, when the unit needed them desperately.

That's one of my first suggestions, because it doesn't impact the Canadian Armed Forces' operational ability at all. It stays at 100%.

Something was mentioned too about somebody who's not medically injured and wants a release. As I mentioned in my notes, sometimes you get tired. It's a tough job, and you need a place to go. Going to a school or as a barrack warden, jobs like that, are not the place to go. You go to a unit that gets you better. You go to the JPSU. You get fixed up and then you go back to work, and if you're releasing after 30 years and you're healthy, you go to the JPSU and you find out what civilian life is all about, and then you get released into something that's not totally foreign. It's familiar now, and it's an incremental release.

Mrs. Sherry Romanado: That's a really great idea for getting them ready for the civilian life also. It's an interesting point, and our colleagues from the Royal Canadian Legion mentioned collectivism versus individualism. As you mentioned, when you're in the military, everything is done for you. Trust me, with my sons, I give them a directive and they execute. It works quite well when I tell them to clean their rooms when they're home.

That said, what are your thoughts on when someone is releasing, whether medically or not? We notice that they are trained and given the onboarding, but there's no offboarding. We're not training them

now for civilian life. They're not going to be told about their doctors' appointments, or here's your this and your that, what to wear and what to eat, and so on. Hence, we see some difficulties in transitioning.

What are your thoughts on training for offboarding for Canadian Armed Forces' members when it's time to leave the forces, and how would that help in transitioning?

• (1155)

Mr. Ray McInnis: That would be extremely helpful and, hopefully, it would be part of the transition centre if we see it come to fruition. However, I just want to touch on one point of Barry's when he talked about losing a lot of great class B reservists who were working in the JPSUs and the IPSCs. Luckily I benefit from that by hiring them as service officers for me.

At the same time we've got to be careful when they're saying they're going to have 1,200 or 1,400 people. When you post people in who don't work in the compassionate business, they're not automatically going to be compassionate; you need people who want to be there. The idea is to take or employ people who have universality of service and still want to work and are okay going through the process of helping other people, because you've got to understand and have that compassion to work in this business or you're going to be eaten. You can't take someone and post them in, and tell them there's their job, and they're to go ahead and do it.

Yes, you're professional but you've got to understand what people are going through.

The Chair: Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Chair.

Thank you all for being here.

I would just like to put on the record that our time is so tight and we have so many good witnesses, and I greatly appreciate the parliamentary secretary. However, I find it hard that we share our time when she has access to research and to find answers to these questions, which many of us on the committee do not,

The Chair: Those rules are allowed, so—

Mrs. Cathay Wagantall: I know they're allowed.

The Chair: Yes, thank you.

Mrs. Cathay Wagantall: I'm challenging that. I have nothing against the member.

Since we're referring to them so much, I also would like to request that we put on the official record the studies submitted by Mr. Westholm, the independent critique, “Canadian Air Force/ VAC Joint Suicide Prevention Strategy”, and also, “A Thoughtful Second Look”.

The Chair: Yes.

Mrs. Cathay Wagantall: Okay, great.

We've done multiple reports, 14 or 15 of them over 10 years, with a lot of feedback from veterans over and over again on the same issues. I'm hoping that this study will do something a little different and hone in on the actual bureaucracy and the dynamics going on there.

Barry, I saw in your reports and heard a lot about the issues around data, that you cannot judge whether something is working effectively if you don't have data. It seems to me that if you don't have it, you don't have to deal with it. That is a bit of the perspective I have even with mefloquine and all the issues around that. Can you speak to that for me at all?

Mr. Barry Westholm: There's also bad data. That's the worst thing that could happen, if you go off in a direction based on bad data.

However, certainly by this stage of the game, the Canadian Armed Forces and Veterans Affairs Canada, if they've been doing what they agreed to do, which is post-release oversight, should be able to tell you guys what the main obstacles to transition are. You should be able to ask and they could print it off for you and say, "We've had this in this province, that province, and that province." That's what you should have. If you don't have it, that speaks to a greater issue, a greater problem. Now there's no data. Why isn't there any data? They said they'd be doing this back in 2009.

Mrs. Cathay Wagantall: Okay. Since coming into this role, I hear often in regard to the suicide issue actual personal names cited by individuals who knew and no longer have their people here, yet we can't seem to find out what that number is. Why?

Mr. Barry Westholm: Once again, I looked at the report and the document that I submitted where they stopped producing data in 2008. Obviously, they clearly have the data from 2008; why they didn't release it I don't know. That was not a very good time to stop collecting data. I don't think we have a really good number on the idea of suicides yet, unless they want to go back and say, "Well, from 1974 to 2008..." What happened from 2008 to 2018? That's huge.

• (1200)

Mrs. Cathay Wagantall: Also, as I travelled across the country I heard over and over again the issue that when they walked in that door to enlist, they were promised that if there was an issue with them, with an injury of any kind, they and their family would be taken care of.

You talked a lot about that sense of trust, which breaks down so many things. Is there anything else you'd like to add in regard to that?

Mr. Barry Westholm: Trust is nothing to be trifled with for the military person. They trust somebody that they don't even know, a private, with their lives. With people I've never met before, when I'm in Cambodia, if they're Canadian soldiers, I know I'm in good hands. That's trust. They also trust the government the same way.

We do everything for you. We go to war for you. We do everything, so when the government says something, it's natural when a soldier hears it that there's not going to be a second doubt.

The same thing goes with VAC. The same thing goes with the promises made by the military, including transition. When those promises are broken and the trust issue goes, it has a huge

psychological impact. It has on me, where it just pounds a person into the pavement.

Mrs. Cathay Wagantall: Okay.

The Chair: Thank you.

Mr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

I was actually going to give my time to Mr. Levitt to ask questions.

Mr. Michael Levitt (York Centre, Lib.): Thank you very much.

I also want to begin by recognizing Ms. Greene and her family and letting her know how incredibly sorry I am for the loss of her sister. I know we all greatly appreciate your being here today, which must be a very difficult thing for you to do, but it's really important to have you in the room, so thank you.

To the members of the Royal Canadian Legion, I'm lucky in my own riding of York Centre in Toronto to do a lot of work with the Wilson Branch 527. I'm a frequent guest over there and we participate in a lot of programs. We actually undertook a town hall on veteran mental health last year at the Legion. We had a very good session with a lot of discussion, and I continue to reach out to them frequently.

I want to ask in particular about the role the Legion plays in being able to guide and support veterans and Legion members to find the types of support that might be available to them. In the Toronto area, it tends to be more retired veterans, but I have to tell you, when we did the town hall we had a lot of younger veterans and younger servicemen and servicewomen come out. Could you speak about the role that the Legion plays. If you think there's a greater role, what piece is missing? What more can be done?

Mr. Brad White: The biggest role that we have is our primary aim, which is to look after veterans and their families. Our primary aim is really handled through what Ray does in our national service bureau.

We have volunteer service officers in every branch across the country. That's 1,400 voluntary service officers who people can go to in order to get assistance. They can get assistance directly on the spot through the poppy fund if they need financial support. If they need other support, such as going into Veterans Affairs Canada for benefits, we can start the application process right at the branch level, and then we can move it up to a provincial level where we have trained professional service officers who are qualified to represent those individuals and who fill out all the forms properly to make sure that the cases are put forward to Veterans Affairs. They also do quite a lot of representation.

Again, at the national level, Ray has a staff, thanks to the people who came out of the JPSU. We got three or four of them who came onto our staff to assist veterans. That's exactly what we do. We put their forms and applications together, and we assist them in going forward to the government and Veterans Affairs to get the benefits they need. If they don't get those benefits, we also support them in their reassessments and in all the other issues that they go through. We support them all the way up and through until they go to civilian court.

Mr. Michael Levitt: Obviously, that is a very essential service. Is there more that can be done? Again, I know from spending time with the families in the local legion that the needs are many, especially where retirees are concerned.

You're talking about staffing and programming. Is there more that can be done?

I'm looking maybe to you, Mr. McInnis.

Mr. Ray McInnis: Outreach. I think every one of us should be a walking billboard to say that if you're a veteran or the family member of a veteran and you need assistance, ask for help. You can go to the Royal Canadian Legion. You can go to VAC themselves. You can go to the Bureau of Pension Advocates. There are many other advocates around that you can go to for assistance to come forward. We have so many people in this country who don't realize that they can claim for benefits because they don't believe they're veterans.

When I'm out or our "Leave the Streets Behind" program is out, we don't ask if you're a veteran. We ask if you've ever worn a uniform. Most people will tell you if they've worn a uniform as a reservist, but they will never say that they're a veteran.

In the last four years, I've been trying to do outreach to every reserve unit in this country to get them to come forward and submit claims. For everybody who is involved with a veteran, it's about outreach to make sure that they're educated to come forward and ask for help. That's the biggest communication and education tool I could ever get out there: outreach.

• (1205)

The Chair: Thank you.

Mr. Michael Levitt: Thank you.

The Chair: That ends our time for this panel. We'll recess for about four minutes here, and then we'll get back to the second panel.

On behalf of the—

Mrs. Sherry Romanado: I have a point of order, Mr. Chair.

I'd like to just remind members that I am a member of this committee and, therefore, I'm completely allowed to ask questions. Any impediment to my ability to ask questions could be considered a question of privilege.

Thank you.

The Chair: Thank you.

Mrs. Cathay Wagantall: May I speak to that, please?

The Chair: Yes, Mrs. Wagantall.

Mrs. Cathay Wagantall: Thank you.

I totally appreciate what you say, and I agree with you that it is your privilege.

The Chair: Thank you.

I'd like to thank everybody here today who helps our men and women who serve. All that you've done and continue to do makes our job easier. If there's anything you'd like to add to your testimony, you can email it to the clerk, and she will get it distributed.

We'll recess for a couple of minutes, and then we'll come back to our second panel.

• (1205)

_____ (Pause) _____

• (1215)

The Chair: Thank you, everybody. We'll call the meeting back to order.

We have our second panel here. As individuals, we have Allan English, professor, Queen's University Department of History. From Mount Saint Vincent University, we have Deborah Norris, associate professor; and from Supporting Wounded Veterans Canada, Hélène Le Scelleur, veteran ambassador and head of the mentoring program.

We'll start with your opening statements for up to five minutes. We can start with Mr. English.

Dr. Allan English (Professor, Queen's University, History Department, As an Individual): Thank you very much, Mr. Chair. Thank you for inviting me to appear before the committee. It's a pleasure to be here.

I'd like to speak briefly to two issues that have been a focus of my research recently, related to number 8 in your questions to witnesses: "What are the main obstacles to a smooth transition...?"

This adage represents for me the most important principle in measuring how closely the stated intentions of organizations like Veterans Affairs, DND, and the CF match their actions. It can help us identify systemic barriers to transition as well as guide investigations into other processes. This principle also allows us to determine whether lofty statements of intent by senior leaders are actually supported by appropriate matching reward systems that will help to realize the stated intent. Research has shown that if reward systems do not match stated intent, little will get done.

I will use the systemic barriers to military and civilian staffing for the joint personnel support units—which we've heard about already—and associated support organizations as an example of how this principle can be applied in practice.

A number of commentators, including General Vance, the current CDS, have portrayed the JPSUs as an excellent concept that was badly executed. For example, a 2013 DND/CF ombudsman's report identified acute staffing shortages in the JPSUs as a key problem in their deficiencies. These shortages were entirely predictable when the JPSUs were created in 2008, because the shortages were caused by systemic problems that were well known at the time.

Five years later, in 2013, in response to criticism of the JPSUs, the CDS at the time, General Tom Lawson, declared that JPSUs were a part of his “personal priority” of “caring for our members and their families”. Despite the CDS’s assertion of priority, the CF had assigned JPSUs the lowest staffing priority level—that is, level 6 on a scale of 1 to 6, which you heard about earlier—and this virtually ensured that the military staff shortages would eventually impact negatively on their missions. This is a systemic problem that is based on the CF culture, where the teeth, the combat units of the organization, almost always receive staffing priority over the tail, the support units.

On the civilian staffing side, complex public service hiring processes and inadequate compensation rates have frequently been identified as serious obstacles to the timely employment and retention of health care professionals for DND. Again, this is a systemic problem that was understood to be a long-standing problem for DND when the JPSUs were created, and therefore would undoubtedly have an impact on them in the future. This systemic problem will surely impact on the new, proper, professionalized organization intended to help CF members better transition to civilian life, which the CDS referred to last year before this committee.

I will conclude with some points on your measurable outcomes, specifically what two questions might be asked of those responsible for creating and implementing policies on veterans’ transition to assess their plans and progress against their stated intention.

The first question could simply be, “What staffing priority level has been assigned to this organization?” This answer would be a measurable outcome of the level of priority that has been assigned to it by the CF, regardless of stated intent.

The second question could be, “What steps have been taken to address the issues with public service employment practices that have been significant barriers to hiring and retaining health care professionals in the past?” Once again, the answer would be a measurable outcome of the actual level of priority assigned to any particular plan.

My final point restates this principle that enables those investigating or overseeing any activity to have a focus that can guide lines of questioning and help to identify systemic barriers to transition.

Thank you, and I look forward to the panel’s discussion.

• (1220)

The Chair: Thank you.

Now we have Ms. Norris, associate professor at Mount Saint Vincent University.

Dr. Deborah Norris (Associate Professor, Mount Saint Vincent University): Thank you very much, Mr. Chair.

I represent a group of researchers at Mount Saint Vincent University in Halifax who are conducting qualitative work emphasizing the impact of operational stress injuries, most notably PTSD, on veteran families. Some of us have been involved in this research for about 25 years.

I have a number of studies I could highlight, but I’m going to give a very high-level overview of one that I think is germane to the work ongoing by this group. The results of that study focus directly on question 3 and question 7 that are guiding your work.

This is a study that’s near completion, which focuses on the impact of PTSD on family members. Some of the outcomes that I think are relevant to your agenda are that the imperative to care for the veteran becomes the central organizing facet of family experience. Our study results reveal that changes in family structure, including role redefinition and reallocation, are very common outcomes throughout the trajectory of supporting the veteran. Spouses described their experience assuming full responsibility for family functioning and changing routines while also providing care for the veteran, and for many this is a change from the status quo.

In some cases children share this responsibility, enacting role behaviour incompatible with their stage of development, which has consequences for them throughout their life course.

Emotional stress, relationship tensions, and financial stress as a result of changes in employment have also been commonly cited as impacts.

Spouses report that they act as caregivers to the veteran, performing daily work, mediating and buffering the stresses that are often felt by the veteran. In fact, the spouse is often considered to be a linchpin. As a consequence, spouses themselves experience burnout and their own health problems. Throughout, family members are reconciling, in many instances, the loss of the veteran as he or she once was.

It also should be noted that family members exhibit capacities for coping and adaptation. One of the themes in my research program is resilience, which I won’t get into here, but it is one of the other outcomes.

Why do these mental health and well-being impacts on families matter, and how are they relevant to your work? Because the relationship between the veteran’s mental health and well-being through the military to civilian transition is bidirectional and interdependent, the veteran’s mental health and well-being impacts the family, and correspondingly, the family’s mental health and well-being impacts the veteran. If the family is struggling, the veteran will as well, and this, of course, would be a significant barrier to health and well-being through the military to civilian transition.

Relevant to question 7, our study also reveals that formal and informal support systems are also integral. Family and friends obviously play a major role, but on the formal side, our participants report that military-centric groups, as compared to civilian social support groups, in many cases are more helpful. Social and geographic isolation can be a barrier, though, as is the lack of high-quality information about interventions and supports, administrative delays, system navigation issues—all matters that I'm sure your group is considering—as well as the coordination of administrative processes. These barriers have acted to cause and compound gaps in service to the veteran and his or her family.

Participants have offered many suggestions about the way to move forward, and remember, these are families who are offering these suggestions. Family involvement in the care of the veteran is essential; a proactive approach, moving further back in the MCT trajectory, so involving families onboard before the member releases. And a collaborative model of service delivery is also recommended, one that involves formal and informal systems working together to address vulnerabilities, increase access, and maximize veteran and family strengths.

Thank you.

• (1225)

The Chair: Now, from Supporting Wounded Veterans Canada, we have Ms. Le Scelleur.

[*Translation*]

Ms. Hélène Le Scelleur (Veteran Ambassador and Head of the Mentoring Program, Supporting Wounded Veterans Canada): Thank you, Mr. Chair.

Thank you to all committee members for inviting me to testify in this important study.

In my last appearance before this committee, I explained, as an injured veteran who was medically released in April 2016, what the problem was and what actually aggravated my symptoms; it was not my transition at the career level or the health care I received. In fact, I had received excellent treatment from health care professionals, and my transition at the career level was smooth, since I was able to pursue a PhD in social work in order to overcome the identity crisis resulting from a non-voluntary medical release from the Canadian Armed Forces.

The challenge for me and for other psychologically injured soldiers when we were still serving was the inflexibility of the principle of universality of military service. There were no conceivable accommodations to address the fact that our injuries kept us from handling firearms. This policy should be relaxed in order to ensure retention of military members within the Canadian Armed Forces. Many of us would still be serving today if it were not for this policy that forced our release, and that may, when all is said and done, have deterred people from seeking help during their service.

According to the research I am doing for my PhD and my personal experience, the major challenge during transition is adjusting to one's new identity and to other people.

We aren't ready for that when we are pushed out the door; nobody is. It was truly never our intention to leave our military careers behind. Alas, when the decision to leave was made for us, it left us without an identity.

In 2012, the National Defence and Canadian Forces ombudsman wrote the following in his report:

Though demographics are shifting, a preponderance of CF members still joined the military in early adulthood and know only what it is to be a sailor, soldier or airman/woman. Not only has their military career been the only one they have ever had, but it is a major part of their identity. As a result, the notion of 'returning to civilian life' is invariably more complex and cathartic than the term suggests. More often than not it is an arrival to adult civilian life rather than a return, with all the uncertainty and trepidation that such entails.

The most important aspect to consider and what is currently lacking for a smooth transition is the absence of a new purpose in life, and I'm not necessarily talking about a job here. Upon release, we are faced with a void, and many of us see no reason to fill it. Our original purpose in life as military members is now rendered obsolete. It cannot be transposed into civilian life. We are then forced to find ways to reconnect with ourselves. As military members, we are constantly thinking as a team. In fact, we set aside our individualities during missions to achieve progress. However, when we transition to civilian life, it becomes extremely difficult to think for ourselves and by ourselves, since we have been conditioned differently.

Currently, no training is offered that could help our military members transition and prepare them to reconnect with themselves and recognize their own, distinct identities. I believe that the collaboration between the Canadian Armed Forces and Veterans Affairs Canada is a good thing. That being said, in order to fill the void I mentioned earlier, it would be important to reach out to community organizations that take on these issues.

Since I was in need of a new identity and a new purpose, I was put into contact with the founder of the Supporting Wounded Veterans Canada charity. I was then able to get help and support from a mentor for one year after my transition. This mentorship experience allowed me to find a new path towards self-fulfilment, to redefine my own values and needs, as well as to create a new purpose in life.

Since I receive disability benefits and cannot work full time, I am volunteering for this organization as their ambassador for veterans and coordinator of the mentorship program.

Our organization's mission is to help veterans who have been medically released from the Canadian Armed Forces regain meaningful civilian lives. To do so, we use a three-step program: rehabilitation through sporting activities, a one-year mentorship, and support to allow them to create new purpose in their lives. This can be done through a new job, if possible, a new passion, or even the creation of small business.

What veterans fear the most when they leave the Canadian Armed Forces is isolation, the loss of their community, and lack of purpose. For this reason, transition must be approached differently if we are to help veterans face these challenges. Their contact with other injured veterans during sporting events gives them the opportunity to build new support networks and bolster team spirit, which prevents them from being isolated. That is the right time to offer injured military members the support of a fellow community member. This person can act as their guide, help them broaden their view of the world and seize new opportunities. This can allow injured veterans to leave their comfort zone, which isn't always a good place from which to redefine oneself.

• (1230)

Once again, thank you, Mr. Chair and members of the committee. I am extremely grateful to have the opportunity to speak before you.

Thank you.

[English]

The Chair: Thank you.

We're going to have to go to five-minute rounds. We'll start with Mr. McColeman.

Mr. Phil McColeman: Thank you, Chair, and thank you, witnesses, for being here.

This week in Ottawa, a group of veterans arrived who have formed a group called Equitas. They are moving forward with an application to the Supreme Court of Canada for leave to argue their case, which was won at one court level but then turned down by the court of appeal in British Columbia.

One of the main issues in this particular situation is their request to the court to recognize a social covenant between Canadians and military members—or in some people's minds you can insert the term “military covenant”. One of my colleagues has a private member's bill currently being debated in the House of Commons calling for the recognition of a military covenant.

What is your view?

This is especially to you first, Mr. English, and then to the other people on the panel. Does this exist in Canada already? Is there a covenant? Has there ever been a covenant historically between Canadians and military personnel and the military?

Dr. Allan English: Thank you for that excellent question. Actually, as my biography indicates, one of my articles is about that and is available online. You can read it there.

The short answer is no, we don't have a covenant, because a covenant implies a permanent commitment, and there has been no government that I know of that's prepared to make a permanent financial commitment to our veterans.

In 1938, the second-biggest budget item, next to paying off the interest on the national debt, was veterans' pensions. The public was outraged because it was in the middle of a depression, and people said, “Why are we paying so much to veterans?” Seventy percent of them were suffering from shell shock.

You have to remember that the public doesn't always support veterans, but there's a lot of support now. I would say that if we have anything, we have a social contract. The contract is negotiable using the government, the legislative process, and whatever financial means are available.

Mr. Phil McColeman: Thank you.

Ms. Norris.

Dr. Deborah Norris: I would totally agree. I know that in the military family support community there is a statement that I guess would serve as a contract as well. It pledges support to families, so I guess I would put a pitch in for any ongoing work around covenant-making to include the obligation and responsibility to military and veteran families as well.

Mr. Phil McColeman: Absolutely.

Ms. Le Scelleur.

Ms. Hélène Le Scelleur: Yes, I would say that as of now, I believe that my organization exists and has a purpose because such a covenant does not necessarily exist in another way, through the military personnel or through an organization like Veterans Affairs. I do believe that it's something we need to look at. That's what I would say.

Mr. Phil McColeman: Okay.

This committee is called the Veterans Affairs Committee for a reason.

Ms. Hélène Le Scelleur: Yes.

Mr. Phil McColeman: We're tasked to look for the best possible services to meet the needs of the veterans. There has been much discussion over many years of the dysfunction of Veterans Affairs Canada in terms of its bureaucratic structure.

Your being a veteran, Ms. Le Scelleur, I am interested if you have you ever heard the senior management of Veterans Affairs being characterized as “the four horsemen of the apocalypse”.

• (1235)

Ms. Hélène Le Scelleur: No, I haven't.

Mr. Phil McColeman: Have any one of you at the table ever heard that before?

Dr. Deborah Norris: Not I.

Mr. Phil McColeman: Thank you.

To illustrate some of this dysfunction, in early January of this year, it was discovered that one of the policies within Veterans Affairs was to round down the number of years of veterans' service for one of the income supplements that medically injured veterans receive. One hundred and thirty-three of them have basically not received, on average, \$600 per month for a period of, I believe, six years. Don't quote me on that, because I forget that statistic, but it was for a long period of time. The practice of rounding-down was part of the structure and policy of Veterans Affairs.

Can you share any views on the bureaucracy at Veterans Affairs and what its level of efficiency is?

I'll start with you.

The Chair: We don't have time. I'll give you 30 seconds for a short answer if you just want to make it quick.

Ms. Hélène Le Scelleur: I would just explain that I've changed case managers four times in two years, so this is one problem. I would say on the opposite side that my case manager recently contacted me to say, "Do you know you can have access to this and this and this?" That was the first time somebody had called me to say that I was entitled to that. Before it was different.

The Chair: Mr. Fraser.

Mr. Colin Fraser: Thank you all so much for being here. I appreciate your comments and your assistance to the committee.

Dr. English, I will begin with you. I appreciated your sharing with us some of the history at the JPSU regarding staff shortages there and note that in 2013 it appeared that there was still an acute staff shortage. I noticed you mentioned that one of the questions we could perhaps look into is where we are at now. Do you have an update as to where the staff shortage issue at the JPSU is at as of now, and whether or not there's been any change in the priority of staffing?

Dr. Allan English: I'm not aware of the latest information. No, I can't. I listened to the previous session, and I heard some of the testimony. I don't think it's improved, because as far as I know, the staffing level is still at priority 6. As long as it's at a six, it's not going to improve.

Mr. Colin Fraser: You talked about employment practices at the JPSU in general. Is there something more than the priority of category of staffing that could be done to improve employment practices at the JPSU?

Dr. Allan English: On the military side, it's the staffing priority level, because that's what the military assigns to it. We heard someone talk about a career manager. If I'm a career manager, I have to fill a priority 1, 2, and 3 position, and so on. I don't have a choice. I can't fill a priority 6 position before a priority 1 position. Somebody has to make a decision to change the priority level, but that means it is a zero-sum game, and this is what we often forget.

On the civilian side, it's about budgets. They get budgets, and I'm looking at you around the table, and bureaucrats often get a bad shake out of this, or they're easy to criticize. They work within a budget, within legislation, and within rules they often have no control over. We have to look at the bigger picture of how many resources a government is prepared to vote for veterans. It's easy to say they need more, but then you're going to go to Treasury Board and say, "Okay, give me the money." Are you going to get it? I don't know. That's your business.

Mr. Colin Fraser: Thank you very much. No, I appreciate that.

Dr. Norris, I will turn to you for a moment. I appreciate very much what you said about involving family members in the transition of a Canadian Forces member becoming a veteran. I know that we had before our committee General Roméo Dallaire, who basically said exactly that, that it's critical to involve the family to have a successful transition.

You talk about the caregiver in particular. Are you aware of the new caregiver benefit the government has announced, the \$1,000 tax free to a caregiver of a veteran, who is able to, hopefully, take some

comfort in the fact that their service is being recognized. Do you think that's a good thing?

Dr. Deborah Norris: Absolutely, it is a good thing. Anything to alleviate the stress and the pressure, particularly in the more acute phases of the transition out of military service to the civilian life.... I was not aware of that, but that's good news.

• (1240)

[Translation]

Mr. Colin Fraser: I would like to come back to you, Ms. Le Scelleur.

If you had to give our committee one specific recommendation to ease the transition for veterans, what would it be?

[English]

Ms. Hélène Le Scelleur: I would recommend that this committee consider having training for veterans before they go out into the civilian world. Training would include some of the social and financial aspects of it. They need something to get prepared to go back into the civilian world.

[Translation]

Mr. Colin Fraser: Thank you very much.

[English]

Thank you all.

The Chair: Next up is Mr. Johns.

Mr. Gord Johns: Thank you, Mr. Chair.

Thank you, all, for your testimony. It's really informative.

This question is for anybody. What role could community-based organizations and the private sector play in supporting transitioning veterans? In that regard, you talked about mentorship, Ms. Le Scelleur, which I really appreciate.

Should these services be offered by Veterans Affairs and DND? Are there issues with offloading this support?

Maybe I'll start with you, Ms. Le Scelleur, if you want to comment on it.

[Translation]

Ms. Hélène Le Scelleur: Thank you for your question.

[English]

I believe that the employment transition is fairly well established. The difficulty we have is people living with limitations. Going back to employment is often very difficult. If we want to have a disabled person re-enter the workforce, how are we going to be able to do that? I believe we need to look at that. We need some employers who are going to be flexible enough to give either the resources to employ the person or to give flexible hours or things like that.

I know there are actually a lot of military-friendly employers, for example, but who won't necessarily consider people living with limitations, mostly people living with psychological injuries.

This is one thing that we should look at, because, as of now, I don't think it's been addressed that much.

Mr. Gord Johns: Great.

You talked a little bit about the mentorship side. Did you want to expand a little more on that?

Ms. Hélène Le Scelleur: There are a lot of organizations providing peer support. At some point as a peer, you don't necessarily have life experience or professional experience to open the horizons for the veterans still struggling in their houses. The mentoring part, which is really good, is to be there as a guide and to offer something different, to share new interests, to share based on new values. As of now, what we are providing in the system by way of peer support is not enough to help the person recover from their injuries. The mentoring part is where we can fit the importance of it in the community and ask for organizations within the community that are looking for the mentors. With the experience they can bring on board for the veteran, it will be more beneficial than just peer support.

Mr. Gord Johns: Dr. Norris, you talked about the communities especially. Maybe you can elaborate a bit more on that.

Dr. Deborah Norris: As I noted in my testimony, the families that participate in our studies are very keen to have what we're interpreting as military-centric programming, particularly during the more acute phases, to have someone who understands the context and the realities they've been dealing with and will continue to deal with. That's why if they know about programs such as the OSISS program and the COPE program, which that retired Lieutenant Colonel Chris Linford initiated in British Columbia—a program for partners or spouses—and they seem appropriate, they yield positive benefits.

However, social and geographic isolation sometime hamper people's capacity to participate in these programs. In the work that we do, we make every effort to include individuals who live far away from urban centres. We go to rural and remote communities. If you're 50 miles away from the nearest OSISS group, that can be a problem. The geographic isolation is an obvious issue, but social isolation too. Dealing with a mental injury in particular, not just on the part of the veteran but his or her family, is a huge burden for many, particularly with the ongoing stigmatization around mental health. There's often a reluctance to step up to the door of a community agency, be it military or civilian, to seek help.

On the hopeful side, which is always where I like to land in my comments, I know that groups like the Vanier Institute of the Family are working very hard to increase military literacy so that in communities, those of us who are civilian learn to develop more compassion and empathy for our friends and neighbours who are dealing with these issues. I think that's a laudable effort that may help reduce some of the barriers I'm seeing at present.

• (1245)

The Chair: Thank you.

Mr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

We've talked about access to services and I'll ask everyone to answer this. Would you say that the reopening of the Veterans Affairs service centres was a positive step in services for veterans?

Madam Le Scelleur.

Ms. Hélène Le Scelleur: Yes, I would say it is very beneficial.

Dr. Deborah Norris: Absolutely.

Dr. Allan English: Thumbs up.

Mr. Doug Eyolfson: Professor English, thank you.

I'll ask another question. We've talked about the financial barriers facing veterans, particularly those with injuries. I'll ask each of you to comment on this. Would you say that the re-establishing of lifetime pensions is a positive step in helping veterans in their transition and long-term functioning?

Ms. Hélène Le Scelleur: Yes.

Dr. Deborah Norris: I would concur.

Dr. Allan English: I'll be contrary and say that it depends. If you look at Peter Neary's study that underlined or underpinned the new Veterans Charter, you'll see that he says it's important to look at the age of the veterans and their needs.

If you look at the First World War veterans immediately after the war, you will see that their needs were for reintegration into society, and not long-term support. As they aged, they needed long-term support. Since the new Veterans Charter is supposed to be a living charter, I think what needs to be done is that it just needs to be adjusted so that young people who are doing immediate transition get job training and can transition, and older people or seriously disabled people get lifetime pensions.

Right now it seems that the pendulum has swung too far the other way, but I think it's got to be flexible.

Mr. Doug Eyolfson: Yes. Well the design of it actually is flexible, and there are different levels of support depending on whether one is permanently disabled or eligible for retraining and can be retrained to go back to work. Would you agree that the flexibility programmed into it is helpful?

Dr. Allan English: I don't have a lot of knowledge of it, but I know that the critics have said that the long-term disabilities aren't large enough and that sometimes the transition support isn't sufficient. All I'd say is that in theory it's good, but I'd want to look a lot more closely at the details before I agreed.

Mr. Doug Eyolfson: All right. Thank you.

Professor Norris, you talked about geographic isolation. Of course, Canada—not just regarding veterans, but regarding all services—has the population of California living in the second largest land mass in the world. Among those people who live in geographically isolated areas, is there a higher incidence of worse outcomes in mental health and other sorts of problems in coping, or is the rate comparable to those living in urban areas?

Dr. Deborah Norris: I don't have data that would conclusively answer that question. The work I do is not at the population level but more qualitative work, with small samples, but I do know from the literature that I don't think we have that knowledge at present. Unless my colleagues can weigh in here, no, I don't think we know.

That doesn't preclude the opportunity to think of creative ways to engage people who live in rural and remote communities. With social media and technology, I'm sure there are ways we can engage those folks. I know that with its programs Veterans Affairs has made efforts to put them into communities that are removed to a certain extent from urban centres. In a province as small as mine, that's not too big a deal, but in some of the larger provinces it would be. I think there's more work to be done to figure out how to make that work.

●(1250)

Mr. Doug Eyolfson: All right, thank you very much.

I have no further questions.

The Chair: Thank you.

We're going to switch to three-minute rounds, and we'll get three of you in.

Next we have Ms. Romanado.

Mrs. Sherry Romanado: Thank you very much.

Earlier, we heard that there was an article about a rounding error. I just want to clarify for the record that it was actually seven months, not six years, and as soon as the department was made aware of the error, all 133 veterans were retroactively paid the cash. I just wanted to clarify that.

Recently, we announced that veterans would be getting access to the MFRCs, the military family resource centres, which I think is incredibly important. As of April 1 this year, all 32 MFRCs will now have services available for vets and their families. We're investing \$147 million over six years and \$15 million afterward.

I was just at CFB Winnipeg talking to families, and as a member of a military family, I know that when we need something we go to the MFRC. That's who we go to.

In your opinion, how important is it to continue to provide that support to the families post-service? Could you elaborate, Professor Norris?

Dr. Deborah Norris: It's absolutely essential. I live in Halifax, and at CFB Halifax, the MFRC there was one of the pilot sites, one of seven, I believe.

I'm fortunate to have colleagues and former students who work there, so I was kept apprised of how things were going. Because of the stigmatisation around mental health in particular, there's a row to hoe to encourage people to come in through the door, but I think it has great potential, and I'm very happy to see that it's been rolled out across the country.

[Translation]

Mrs. Sherry Romanado: Thank you.

Ms. Le Scelleur, thank you for being here, and congratulations on your participation in the Invictus Games.

We have heard many comments on the importance of partnerships. Could you tell us how the Invictus Games and your organization, Supporting Wounded Veterans Canada, help veterans find new lives and purpose?

[English]

Ms. Hélène Le Scelleur: I'm going to say it in French.

[Translation]

When we leave the forces, we no longer necessarily have goals in life. An event like the Invictus Games allows us to fulfill ourselves anew as people, and prove to ourselves that we are still able to accomplish something and to succeed.

A general sentiment among veterans is inability to perform. We view the way we were thanked for our service as a statement that we are no longer able to accomplish anything meaningful. Participating in the Invictus Games allows us to transform as individuals.

It's the same thing for the organization I'm volunteering for. The sporting activities we offer to veterans allow them to meet other veterans in person, and participate in events that can transform their lives. For example, we went to Switzerland and took three veterans with us. They experienced something that changed their lives. It is in that moment, where transformation occurs, that having a mentor gives them the help they need to venture into new territory in their lives.

Thank you.

Mrs. Sherry Romanado: Thank you.

[English]

The Chair: Go ahead, Ms. Wagantall.

Mrs. Cathay Wagantall: First of all, thank you all for being here. This is so helpful.

Mrs. Cathay Wagantall: I'm very interested in the whole issue of detraining. We heard a lot about that from different organizations, veterans helping veterans, that are trying to mobilize this more. We heard that sleep is a huge issue. You're trained for fight or flight thinking, and there's diet, and rebooting as far as being part of a family in a different dynamic is concerned. What are the key things that should take place in that whole reprogramming? When the programming was for you to fight, how do we deprogram?

Ms. Hélène Le Scelleur: You're exactly right on these points. Sleep is a big issue, then nutrition, and the bad habits also. As well, there is the need to reconsider our own values, which normally is something that's totally absent because we're working with the values of the organization.

Just to be able to think about being an individual again and not being part of a group. In the past, the financial part, the family part, the employment part, all of that, what we do to train a soldier, we should do the opposite for detraining.

●(1255)

Mrs. Cathay Wagantall: It's the Canadian Armed Forces that does the training. Whose responsibility is it to flip that? Is it VAC's? Would they comprehend or really understand what was done to put you in this condition? I don't think so. Should the Canadian Armed Forces or DND play a roll in that, by saying you've done a great job, you have been who we needed you to be, now we affirm your being something—

Ms. Hélène Le Scelleur: Since they are the provider of the salary, it should be done while the person is still in service. That portion could be the responsibility of the military. I would say that Veterans Affairs would be working in collaboration with the forces and maybe also with civilian organizations.

Mrs. Cathay Wagantall: Thank you.

Ms. Norris, first of all, thank you for all of your research. Before the Invictus Games, I was able to attend the symposium on the family and was blown away by what's going on and the concerns and the involvement in seeing that it is the whole family that we have to deal with. It was very good. I would like to ask you if you could determine for yourself what your next dream project would be, priority one or two.

The Chair: You have about 30 seconds.

Dr. Deborah Norris: I think I would just like to carry on with some of the work that we just reported, so that we could continue to drill down to get the stories directly from the families and to understand more about that bidirectionality. I'm convinced that it's absolutely essential to the work of this committee moving forward.

Thank you.

The Chair: Go ahead, Mr. Eyolfson.

Mr. Doug Eyolfson: I have no further questions at this time. Did you have any other questions?

Mrs. Sherry Romanado: I think Colin did.

Mr. Colin Fraser: Dr. Norris, if I could turn back to you, I'm just following up on our previous exchange when we were talking about the importance of including family. What more do you think could be done to include the family in the process of transition, since that's maybe not happening now, so that we could recommend it to the government?

Dr. Deborah Norris: Families are recommending to us through our studies that we take a more upstream approach, first of all, to engage them in a conscious way in the military-to-civilian transition process and, second, to push that entry point further back along the trajectory. As the veteran is releasing or anticipating a release from the military, that's almost like what my colleague was referring to, namely getting the family involved. That training to release from the military should correspond with the basic training that members

experience at the beginning of their careers. Push back their entry point so it's well recognized and acknowledged that they're integral to the whole process.

Mr. Colin Fraser: Thank you very much.

Madame Le Scelleur, I saw you nodding your head in agreement. Following your previous answer and your recommendation for more training, can you respond to my question as well regarding inclusion of the family in that?

Ms. Hélène Le Scelleur: Yes, as of now, it's a choice for the veteran, the person getting out of the military, to bring their spouse to the seminars or to bring them to any mental health specialist, for example. At some point it should be mandatory to meet with the family and address the situation. As of now it's a choice made by the veteran only.

Mr. Colin Fraser: That's very good.

Thank you.

Those are my questions.

The Chair: I guess we're at the end of our time, unless somebody's got a 30-second question. I don't know if we have time for an answer.

Mr. Phil McColeman: I respect you, Chair, for making that judgment.

The Chair: On behalf of the committee, I'd like to thank everybody here today for your continuing help for our men and women who have served and continue to serve.

Thank you for your testimony today. If there's anything that you'd like to add to your testimony or in response to any questions that you were asked, if you could get that to our clerk, she will distribute it to the committee.

I need a motion to adjourn.

Mr. Dhaliwal, as moved.

(Motion agreed to)

The Chair: The meeting is adjourned.

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