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Chair: Mr. Bryan May



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• (1650)

[English]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call this meeting to order. Welcome to meeting number 26 of the House of Commons Standing Committee on Veterans Affairs.

Today's meeting is taking place in a hybrid format. Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, 2020, the committee is commencing its study on service dogs for veterans.

Welcome to the witnesses who have taken the time to join us today. I'll introduce all the witnesses and then allow the opener to provide opening comments.

We are waiting for Dr. Alexandra Heber, chief of psychiatry, health professionals division. We are joined by Crystal Garrett-Baird, director general of policy and research; and Nathan Svenson, director of research.

Ms. Garrett-Baird, I believe you are going to be providing the five-minute opening remarks. The floor is yours.

Ms. Crystal Garrett-Baird (Director General, Policy and Research, Department of Veterans Affairs): Good afternoon, Mr. Chair and members of the committee.

[Translation]

I'm pleased to be with you today.

[English]

I will begin by acknowledging that the land I am speaking with you from is the traditional and unceded territory of the Abegweit Mi'kmaq First Nation.

I welcome the opportunity to speak with you today about mental health service dogs. I will be providing an overview of developments to date, both in Canada and elsewhere in the world, with respect to the use of service dogs to assist veterans with mental health issues.

It has been over 100 years since the Canadian National Institute for the Blind was founded in 1918, in large part because of the number of visually impaired soldiers returning from the First World War and the many Canadians who experienced sight loss due to the Halifax Explosion. We are forever grateful for those early advocates who recognized the need for enhanced supports for the visually impaired and stepped into action.

In the years since its inception, the Canadian National Institute for the Blind has provided guide dogs to the visually impaired, giving handlers welcome support.

As an additional support to those veterans who receive a guide dog, the Government of Canada, through Veterans Affairs Canada's treatment benefits program, reimburses the costs associated with the care and maintenance of guide dogs, up to an annual maximum of \$1,500, plus associated travel expenses, including those related to orientation and training with a dog. Other service dogs, such as mental health, hearing and mobility, are not covered.

[Translation]

In recent years, there has been an increasing interest in using service dogs to assist veterans with mental health conditions.

[English]

Mental health service dogs, or service dogs, are extensively trained to respond precisely to specific disabilities of their owners, including individuals with mental health diagnoses such as post-traumatic stress disorder. Service dogs are trained to detect and intervene when their handler is anxious, contribute to a feeling of safety for their handler, and promote a sense of relaxation and socialization.

In 2015, Veterans Affairs Canada funded a pilot study to evaluate the safety and effectiveness of using service dogs to assist veterans with post-traumatic stress disorder, as research was limited in this area. The project was contracted through the Canadian Institute for Military and Veteran Health Research and conducted by a research team at Université Laval.

Veteran participants in the pilot study were followed over the course of an 18-month period to examine the effects a service dog might have on psychiatric symptoms, daily social functioning and quality of life for veterans with post-traumatic stress disorder. The study was completed in 2018.

• (1655)

[*Translation*]

While the pilot study was small, the findings helped to inform policy decisions related to service dogs. Based on the phase one findings from this study, budget 2018 introduced a tax credit for psychiatric service dogs.

[*English*]

Specifically, the Canada Revenue Agency expanded the medical expense tax credit to recognize mental health service dogs. Expansion included mental health service dogs where the dog is provided by a person or organization whose main purpose is to provide this special training, and the dogs are specially trained to perform specific tasks to assist an individual in coping with a severe impairment. This measure directly benefits veterans who rely on mental health service dogs.

While there have been some advancements in this area, one of the main challenges with determining the effectiveness of using mental health service dogs is that there are no national standards regulating the industry. Authority for accessibility issues is an area of provincial jurisdiction. In Canada, different provinces are at different levels of maturity with their adoption of service dog standards.

In 2015, Veterans Affairs Canada contracted the Canadian General Standards Board to set a national standard to ensure consistency in the training and quality of the service dogs being used to assist veterans with mental health issues. While sponsoring this type of work is not typical for the department, Veterans Affairs Canada was aware that there was growing interest in service dogs in the veteran community and wanted to advance the issue in support of these veterans.

In April 2018, the Canadian General Standards Board notified committee members that it had withdrawn its intent to produce a national standard for service dogs as there was no consensus among the committee members that the standard could be achieved for the intended positive impact. The initiative to develop a standard was discontinued.

Veterans Affairs Canada continues to move forward and work with stakeholders. In 2019, Wounded Warriors Canada received funding through the veteran and family well-being fund for a project to expand its post-traumatic stress disorder service dog program.

[*Translation*]

Another interesting area is research. Veterans Affairs Canada continues to monitor studies related to service dogs currently being conducted by our allies.

[*English*]

The Australian Department of Veterans' Affairs is conducting a four-year study, which began in 2019, to examine the impact of service dogs for veterans with post-traumatic stress disorder.

The United States, however, may well be the most advanced in research and service dog benefits. Currently, the United States Department of Veterans Affairs' service dog veterinary health benefit

provides service dogs to veterans for issues relating to hearing, vision and mobility.

As well, the United States Department of Veterans Affairs recently released the findings of a five-year study on the impact of service dogs for veterans with post-traumatic stress disorder. The study included 153 veterans diagnosed with post-traumatic stress disorder wherein some were paired with service dogs and others were paired with emotional support dogs. Over 18 months, it was found that veterans with service dogs reported greater improvements in post-traumatic stress disorder symptoms, suicidality and anger reactions. The United States Department of Veterans Affairs has not yet advised of any changes in their current program, and whether or not they will add service dogs to their suite of benefits. Any future change in policy direction by the United States Department of Veterans Affairs is being closely monitored.

Finally, and in closing, the research and activity in this area are evolving. Veterans Affairs Canada is committed to staying connected with our allies, researchers, stakeholders and veterans and their families on service dogs.

Thank you for your time today.

The Chair: Thank you very much.

We had Ms. Heber there for a moment. I was going to suspend due to her sound check, but we'll have to move on here. Up first with six minutes of questions we have Mr. Brassard.

Go ahead, please.

• (1700)

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

Thank you so much, Crystal, for your time today. Let me just start off by making a comment. We talk about guide dogs, and you talk about guide dogs and 100 years, and it almost feels like we're at the 100-year point emotionally in dealing with this. I know that you referenced the previous studies that were done by this committee. In 2017 there was the recommendation number 17, which said that the study recommended that Veterans Affairs Canada incorporate international research on service standards and efficacy studies on dog therapy.

I think my level of frustration, and the level of frustration among veterans and their families, is that international standards exist. Therefore, why are we not incorporating many of those standards into a Canadian-made policy? You referenced research by Université Laval. I'm aware of other research that's been done by the University of Saskatchewan. Those standards exist in many cases around the world. Why would we not simply look to adopt those standards in the development of a national standard policy?

Ms. Crystal Garrett-Baird: Thank you for your question.

Overall, as I indicated, we did engage with the Canadian General Standards Board to develop national standards. They have failed to come to a consensus.

I will ask Mr. Nathan Svenson, our director of research, to speak to some of the research aspects, how that is informing the position we are taking today and where we are at with our work in the department.

Mr. Nathan Svenson (Director, Research, Department of Veterans Affairs): Thank you.

I'll start by noting that the Canadian General Standards Board made a concerted effort to establish a consensus on this issue. They struck a technical committee with more than 15 members, including representatives from veteran groups, guide dog associations, government regulators and trainers themselves.

Early in the process, based on stakeholder input, the focus of the standard broadened from psychiatric service dogs to all service dogs. That might have made it more difficult to come to an agreement.

In 2017, the first draft of that standard was posted for public comment. The standard covered requirements for handlers, determination of disability, detailed information on training and care for dogs, acceptable breeds and acceptable sources of dogs. They gathered more than 600 pages of feedback at that time.

The fact that consensus couldn't be reached came from a number of different partners and stakeholders, particularly in the industry. That revolved around the length of time that was required for training, the age at which dogs started training and the use of shock collars. There was a wide variety of disagreement. That's really what caused the process to stop.

I'll stop there and ask if there are follow-up questions.

Mr. John Brassard: In a follow-up to that, if there is disagreement, I'm having trouble reconciling how we, in Canada, can have disagreement on those standards. When we look internationally, for example, Assistance Dogs International has standards that are considered benchmarks in the service dog training area. There are 150 programs worldwide, like the Australian rehabilitation appliances program through their Department of Veterans' Affairs. There was reference made to the United States.

Why are we attempting to reinvent the wheel here in this country, when those standards exist in the countries of many of our allies, the United States being our closest ally? Why wouldn't we simply go to them? These standards exist. In Australia these standards exist. Why can't we just supplant them into Canada? I'm having a tough time reconciling that. I think there are many veterans and their families who would feel the same way.

Ms. Crystal Garrett-Baird: What's important to note here as well is the role of the provinces, which are at various levels of maturity. For example, British Columbia has a legislative framework around guide dogs and service dogs and training and certifying them. They also—

Mr. John Brassard: I'm sorry, but the provinces are not responsible for veterans in this country. That falls under the responsibility of Veterans Affairs. If we want to have a national standard for veterans, it becomes apparent that it should be Veterans Affairs Canada that develops that standard.

The provincial standard may work well, for example, for Deaf-Blind Ontario, but it won't work for veterans.

That's why I don't buy into that, with respect.

• (1705)

Ms. Crystal Garrett-Baird: Through the veteran and family well-being fund, we were able to fund, starting in 2019, Wounded Warriors, to expand their post-traumatic stress disorder service dog program. They have actually worked with health care professionals and service providers in this realm to develop prescriber guidelines and service dog guidelines. They've done some wonderful work in this area.

The other important note is that Veterans Affairs Canada is not a provider. We support or pay for treatment. We work with veterans when they are seeking treatment and provide reimbursement or payment for that treatment.

Mr. John Brassard: I understand that, but when we're talking about the development of a national standard, if it's not for Veterans Affairs to take the lead on that with other government agencies, then who is to take the lead? Are we going to put that off to the provinces to determine those standards? I don't see how that can be a practical solution to this, if it's not Veterans Affairs taking the lead on this.

The Chair: If you have a quick response of maybe 10 seconds, go ahead.

Ms. Crystal Garrett-Baird: I would just reiterate the work that we did to attempt to develop standards using the Canadian General Standards Board. Unfortunately, there was no consensus.

Mr. John Brassard: That's not good enough, because veterans need this.

Thank you.

The Chair: Thank you, Mr. Brassard and Ms. Garrett-Baird.

We will suspend for just a moment while we try to do Alexandra's sound check.

• (1705)

(Pause)

• (1705)

The Chair: Next, for six minutes, is MP Samson.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, Chair.

I want to thank the individuals here today for sharing information on service dogs, the importance of service dogs to veterans, and how we can move with the evolution we're talking about. We're supposed to be making headway. The evidence is still not in the pudding, if you will, or the pudding is not there. So far we haven't come up with national standards or been able to adopt national standards. I know that we need to continue to work on this, but we need to find a resolution.

That being said, in 2018 we put in place a tax credit. We expanded the tax credit for service dogs. How does that tax credit work? Who can benefit from that tax credit?

Ms. Crystal Garrett-Baird: As you noted, the Government of Canada expanded the medical expense tax credit in 2018 to recognize, among others, mental health service dogs. This measure directly benefits veterans and others in the disability community who rely on mental health service dogs. This tax credit is delivered by the Canada Revenue Agency. As I noted in my opening remarks, it's something that is open to a variety of Canadians, including our veteran population.

More specifically, the expansion of this tax credit is for mental health service dogs where the dog is provided by a person or organization whose main purpose is to provide the special training, and it is specifically trained to perform specific tasks to assist an individual in coping with a severe impairment. As I said, it's important to note that this measure directly benefits veterans who rely on mental health service dogs.

Thank you.

• (1710)

Mr. Darrell Samson: It has to be a psychiatric service dog, I understand.

Ms. Crystal Garrett-Baird: It's a mental health service dog.

Mr. Darrell Samson: They are trained to do a specific task.

In the 2018 study, we didn't produce national standards, but there were some gains in understanding around service dogs. Can you share that information? We didn't get to the outcome that we were studying, but we did learn a lot that might help us as we try to move this forward.

Ms. Crystal Garrett-Baird: Sure. Certainly, one thing is that it actually assisted in leading to the expansion of that medical expense tax credit.

I will ask Nathan Svenson, our director of research, to provide more insight into the 2018 study.

Mr. Nathan Svenson: Sure thing.

This study was launched in 2015 in collaboration with the Canadian Institute for Military and Veteran Health Research. It was led by Université Laval. The purpose of the study, as was mentioned, was to investigate the potential effectiveness of psychiatric service dogs for veterans, specifically those suffering from PTSD. It was a pilot study. It was not a large group. There were 18 veterans with PTSD who completed the 18-month study. There were 31 veterans who started the study, but only 18 kept their dog for the entire duration of the study and continued to report their results.

At the end of the day, they reported fewer nightmares, improved sleep quality, and a reduction in PTSD symptoms and depressive symptoms. Some reported an overall improvement in quality of life. There was an increase in social integration in the community as well. The one observation that was taken that didn't show a measurable improvement was a decrease in dependence on caregivers. That's another aspect that is being measured now in a separate study in Australia. That's ongoing. It's to see if they can separately measure dependence on caregivers in a more robust way.

The small nature of the study and the collection of schools in Canada that were used made the findings fairly limited in their use. There were seven schools in the study. In terms of some of the chal-

lenges they encountered, first of all, there was no consensus among the schools about which breeds of dogs to train and where the sources of dogs should come from. Most of them in our study were donations or animal rescues. There was a strong variation in the duration of the training, from hundreds of hours to thousands of hours. Even the tasks that were trained were quite different from school to school. Some schools put a bigger emphasis on each unique veteran's needs. Some put more training into the dogs themselves before pairing, and then very little afterwards. For others it was the opposite.

It's important to note that there's a lot of variation, too, in the placement and the environment in which the dogs are placed. From patient to patient, there's a difference in community dwelling, their social relationships, the other treatments and medications they're taking, their personal interest in activities and also their having another pet. All of those things made it difficult to make broad generalizations from the limited findings of this study.

Mr. Darrell Samson: With the findings of the study and the difficulty we had at that point, do you feel that we have some research that can advance this? With some of the questions that really caused us not to come out with standards, do you think we've learned something from different countries now that would maybe lend us a hand to get to where we need to go?

The Chair: You have just over 30 seconds for an answer, please.

Mr. Nathan Svenson: Some of the limitations that were in that study have been overcome and addressed in the study in the United States, so that's something we could go into, but as a general point, in the United States, Australia and other areas that have adopted their own standards and created policies around this, they are the ones delivering health care directly to veterans, whereas in Canada we rely on agreement across provinces.

Mr. Darrell Samson: Can we check with those 13 schools to find out whether they would agree on those now?

Mr. Nathan Svenson: I don't have any confirmation that there would be agreement today where there wasn't then.

Mr. Darrell Samson: That's a question that we could bring forward.

Thank you.

The Chair: Thank you. Sorry, Darrell.

Guys, I have to be stingy with time today to get everything in. I apologize.

Up next, for six minutes, we have MP Desilets.

• (1715)

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Thank you, Mr. Chair.

Good afternoon to my colleagues and the witnesses, who I'd like to thank.

I think all of the witnesses will agree that when it comes to veterans' services, Canada would do well to draw on certain examples, and the Australian Department of Veterans Affairs seems to be one of them. Based on what was said earlier, I get the impression that the assistance provided by service dogs is really valuable and that it's worth a lot. It's a way to help veterans with post-traumatic stress and reduce the use of medication. The Australian department seems to understand this, because they have a psychiatric service dog program.

Mrs. Garrett-Baird, this program offers full reimbursement for costs associated with dogs that are not only trained, but also certified. Do you think Veterans Affairs Canada is considering moving towards full reimbursement of the a veteran's costs?

[English]

Ms. Crystal Garrett-Baird: As we mentioned, we are continuing to follow what's happening with our allies, including largely the United States Department of Veterans Affairs and the Australian Department of Veterans' Affairs, to help inform where we want to go in the future, because, as noted, there has been research done. We have worked to develop consensus for national standards, and we've made some progress, but we still need that underpinning of research to really assist with ensuring that what we're doing is the right thing for veterans.

I will ask Dr. Heber to speak to some of the issues that we see with service dogs. They assist with managing symptoms. They are not a treatment in their own right.

Dr. Heber.

Dr. Alexandra Heber (Chief of Psychiatry, Health Professionals Division, Department of Veterans Affairs): Thank you very much, Crystal.

Let me add a couple of things. First of all, it is true that having a psychiatric service dog does not in any way have the evidence behind it to call this a treatment or a therapy, in fact. We consider it more as what we might call an adjunctive treatment or a complementary treatment to the evidence-based treatments for PTSD, major depression or whatever condition the dog is helping the veteran with. I think that's the first important point.

The second point I want to make, though, is that this issue is complex. It is not a benign issue. Let me tell you one anecdote that happened. When I was still in uniform back in 2014, I was given the service dog file, and I started contacting the service dog organizations in Canada to find out what they were doing and to talk to them a little bit about their programs.

One of the workers I spoke to told me a story. They had trained a service dog for a veteran or a serving member. A person had taken that service dog home, and they usually do follow-ups for a while to see how the person is doing. When they went to the person's home, they found that the service dog had not been fed and that the person was very incapacitated. I wonder if it was a major depression. The person was not able to get out of bed. They weren't taking care of themselves very well, and they weren't able to care for this dog. I asked, "What did you do?" She said, "We took the dog back." Of course, my next question was, "What happened to that

person who was left there in the home?" That, I don't know; she wasn't able to tell me that.

I think it just illustrates that this is not a simple issue. Having a dog also means that the person has to be in a stage of recovery where they can also take care of a dog, take care of that responsibility. I think there are a number of well-being issues that sometimes veterans have that may compromise their ability to do this. It's not a benign procedure to give somebody a dog. I think there are a lot of issues to be considered here.

• (1720)

[Translation]

Mr. Luc Desilets: I understand very well, Dr. Heber. However, in a way, isn't it a follow-up problem? What do you think about that?

Do you think these animals meet the standards when they come to people's homes?

[English]

The Chair: Give a brief answer, please.

Dr. Alexandra Heber: Again, I was also involved in the beginning when we set that up with the CGSB to try to develop national standards. I will tell you that one of the reasons we did that was that there was so much variation in training among the different organizations. In fact, I can't answer your question, because I can't say that there's a standard way that service dogs are trained in Canada.

The Chair: Thank you. I'm afraid that's time.

Up next, we have MP Blaney for six minutes, please.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Chair.

Thank you, everyone, for being here and providing your testimony today.

It's a lot to take in. I heard one of the witnesses saying that doing the right thing for the veterans has to be a priority, and I absolutely agree with that.

I have to say that the lack of national standards has provided this opportunity for things to keep falling apart. What we see are multiple areas and different ways of training across the country, so there is no consistency. We see veterans trying to get the supports they need and not necessarily getting appropriately trained dogs. We also see that they often cannot take them into public places because they're not considered real support dogs. We know they can't get them on a plane.

I've dealt with this personally in my riding. A veteran who had a service dog could not find a home because there were no homes that would allow him to bring his dog because it wasn't certified as a service dog. This meant that he was "choosing" to be homeless because he could not function without having the support dog with him every step of the way.

When I listen to this, I respect that this is a complicated matter. I understand that most things are complicated, but the problem is that there are no national standards, which means that nobody is held to account and veterans don't get what they desperately need.

I have so many questions, but the first thing is with regard to the Canadian General Standards Board. What I think I heard was that they had a plan to make a study, but they didn't have a consensus. I would like to hear a bit more about what the top concerns were, maybe even just the top three concerns. I understand that they broadened the study, so it became more complex.

I'm just wondering, and I'm sure you won't have an opinion about this, does it make sense to stay within the single lane, to at least get that first level done before we start moving on to the next thing?

Can anyone answer that? I'm sorry, but I don't know whom to direct it to. I'll let you tell me.

Ms. Crystal Garrett-Baird: I can start, and then I'll turn it over to Nathan for further comment around the specifics.

As you noted, and as I noted in my remarks, Veterans Affairs Canada previously had a contract with the Canadian General Standards Board to establish a set of national standards and provide assurance that the service dogs being provided to veterans are properly trained and meet standardized behaviour requirements.

However, as noted, in April 2018, the board notified members of the technical committee that it had withdrawn its intent to produce a national standard for service dogs in Canada because there was no consensus among the committee members that the standard could be achieved. As a result, the initiative to develop a national standard was discontinued.

Meanwhile, we continue to be an active player, with research and funding in areas like Wounded Warriors Canada. I'll ask—

Ms. Rachel Blaney: Okay, let's talk about that.

We're looking for national standards. If VAC is going to work with Wounded Warriors Canada on their service dog program, could we not look at how to support them in setting and supporting some sort of national standards that we could give to another board to review?

It just feels like it's getting more and more confusing. I heard what Dr. Heber said earlier, and I absolutely understand. However, with no national standards, when a veteran gets a dog, there is no process for the normal check-ins. This is the gap.

What I hear is, "Oh, we have a tax credit." Well, that's fantastic. Who is actually taking it? Could you guys give us the numbers? How many people have actually accessed that tax credit? The other number I would love to see is how many people tried to access that but couldn't, and what the reasons were. Do we have any information on that?

I guess there are two questions. First, since they're already receiving support from VAC, could Wounded Warriors Canada be a venue to start setting some of those national standards, even preliminary ones, for us to push up the line and see how it goes? That's one question.

Second, do we know how many people actually got the tax credit? I talked earlier about a veteran who had a service dog and was homeless. He did not have thousands and thousands of dollars to put forward to get a dog. He lost his dog not too long ago. Who is accessing the tax credit? How many people have been denied? Could we get those numbers?

Those are my two questions. I hope they were clear.

● (1725)

Ms. Crystal Garrett-Baird: Yes, certainly. I'll touch on a couple of things and then turn it over to Nathan.

With respect to the tax credit, that is delivered by the Canada Revenue Agency, so we do not have the information readily available. However, we can follow up to see if that would be available.

On the second note, Wounded Warriors Canada has actually worked with a group of service providers and health care providers to develop a service dog prescriber guideline.

I'll turn it over to Nathan to provide some additional details.

Mr. Nathan Svenson: Thank you.

Wounded Warriors has developed its own criteria for the organizations that want to become registered providers through the Wounded Warriors program, as well as standards for instructors for training programs, and guidelines for prescribers too. They are doing their best to actively fill this space right now, while we don't have national standards. In a sense, that will demonstrate the ability of a governance layer to coordinate the services across service dog providers. We would be interested in that, and that project is ongoing, in development. They've been meeting with us and reporting back on their progress, so we're interested to see the success of that program.

I would also comment, if I have a moment—

The Chair: Comment very briefly, please.

Mr. Nathan Svenson: It's interesting that for each of the studies that have taken place in the different countries, in order for them to study the effects, they essentially have to come up with their own mini-set of standards to make sure that the measurements they collect are consistent. We can look at some of the aspects of the U.S. study. I won't go into it, but they were the most rigorous of all the studies that have been put on the table, in terms of developing consistent measures across their service dogs. I'll stop there.

The Chair: Thank you.

Ms. Rachel Blaney: Thank you.

The Chair: That's time.

Up next, we have MP Doherty for five minutes, please.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Chair.

As I sit here, I'm getting more and more frustrated. Every day, I get a phone call or a message from a veteran who is struggling. Every day, I get a phone call or a message from a family member who has lost a loved one. I've seen first-hand the impacts that service dogs can have on our veterans and our first responders, and I find it absolutely mind-boggling that those who have been tasked to look after the veterans who have served our country come before this committee and point fingers—it's the provinces or...

Ms. Heber, your testimony about a veteran whom one of your colleagues found in obvious distress, and you couldn't find out how that veteran was.... This is unbelievable. It's been four years. We have countries that are doing yeoman service and that we can learn from. We have Wounded Warriors Canada, which is developing its own standards, and yet.... It is so frustrating. Now we're seeing first-hand why, when our veterans are dealing with VAC, they get this cold response back. It's absolutely shocking for me. Seriously, we have to be better. It's just unbelievable. Surely we have enough well-educated people.

Ms. Heber, you have a ton of degrees and diplomas and certificates behind you, and I'm sure all of our witnesses are from learned educational facilities. Surely we can come up with standards or agree to some standards so that we can supply our veterans with the much-needed support. Wouldn't you all agree, whether it is a prescribed treatment that you approve of, or maybe a security blanket....? I'm not sure, but the feeling I got was that that's what was being implied. If it saves veterans from taking their life, shouldn't we be doing everything in our power to find a way to supply that? Shouldn't we be doing everything in our power to make sure that our veterans aren't ending up on the street, homeless, that they have all the supports they need? I'm staggered at your testimony today.

Ms. Garrett-Baird, how long have you been with VAC?

• (1730)

Ms. Crystal Garrett-Baird: I've been with Veterans Affairs Canada now for over 15 years.

Mr. Todd Doherty: Mr. Svenson.

Mr. Nathan Svenson: Three years.

Mr. Todd Doherty: Ms. Heber.

Mr. Andy Fillmore (Halifax, Lib.): Mr. Chair, on a point of order, this hectoring of witnesses on how long they have worked at VAC is entirely inappropriate.

Please, Mr. Doherty.

Mr. Todd Doherty: Mr. Fillmore, it isn't, and it's my time.

Thank you.

The Chair: Mr. Doherty....

Go ahead, Dr. Heber.

Dr. Alexandra Heber: You were asking how many years. It is four and a half years.

Mr. Todd Doherty: I'm going to appeal to your compassionate side. I hope there is some there.

Every day—

The Chair: Mr. Doherty, I'm sorry. Let's get to the questions. I don't think the personal attacks are going to be helpful moving forward.

Mr. Todd Doherty: What is unique about service dogs that led the Canadian General Standards Board to withdraw its project to establish a national standard for service dogs, and why couldn't VAC pick it up?

Ms. Crystal Garrett-Baird: I'm going to ask Nathan to speak to some of the areas of challenge that occurred with coming to a consensus by the board.

Mr. Nathan Svenson: Really, this is the question that's at the heart of the issue and at the heart of your concerns. In the department, we feel the same way. We have the same frustrated conversations about it.

In large part, it's due to the fact that delivering a service dog to a person who is willing and able and in a position to use it requires such a patchwork of partnerships through the process, from the supply of the dogs themselves to the schools that are going to train them, to the jurisdiction in which they are being trained, to the mental health service provider, from whichever jurisdiction, who needs to provide a prescription or a recommendation for the use. That's all before it would even come to the department for consideration, even if we had a policy.

All those pieces coming together, all those voices, were at the Canadian General Standards Board conversation. It's a very large group to work with, and they all need to come to an agreement.

Thank you.

The Chair: Thank you, Mr. Svenson.

I'm afraid that's time.

Up next we have MP Amos, please, for five minutes.

Mr. William Amos (Pontiac, Lib.): Thank you, Chair, and thank you to our witnesses.

I'm new to this subject area. Some of our other participants have been around this issue for some time, so you'll pardon me if my questions are more on the basic side.

First off, Ms. Garrett-Baird made the distinction between the service dog and the emotional support dog, so I presume it's a different kind of training or a different type of service that is being delivered by the dog. Could you please clarify that for me?

Afterwards, I want to ask questions of Mr. Svenson on the research that underpins the services provided by both types of dogs.

• (1735)

Ms. Crystal Garrett-Baird: Certainly, and thank you for the question.

I'm going to ask Nathan to respond to it. He has a lot of the context around the service dogs versus emotional support dogs. This was actually the key comparison group that was used in the recently completed United States Department of Veterans Affairs study that we referenced earlier.

Nathan.

Mr. Nathan Svenson: Thank you.

Service dogs are working animals. They're not pets. Service dogs are trained to perform tasks for people with disabilities. Guide dogs assist with navigation for people with diminished vision. Hearing dogs alert people with hearing impairments to sounds like a doorbell. Mobility dogs retrieve objects or pull wheelchairs. Mental health service dogs calm individuals, generally speaking, to avoid or defuse a triggered episode.

In contrast, emotional support dogs can be considered pets. They are typically not trained to perform tasks that directly relate to a disability but are considered to provide therapeutic benefit through companionship and affection.

There's a third category of dogs there, too: therapy dogs. I'll just bring this in for completeness. Those dogs are not owned by patients but are present during the delivery of treatment. They are not service dogs and are distinct from emotional support dogs, which are primarily for the benefit of their owner.

Mr. William Amos: Thanks for that precision.

To follow up on that, what is the nature of the debate within the research community as between these three different types of service-providing dogs that makes this issue complex to deal with at Veterans Affairs?

Mr. Nathan Svenson: Right. That's an excellent question.

Really, it comes down to a comparison of the impact of service dogs—psychiatric service dogs, in this case—versus emotional support dogs. The therapy dogs can be present during treatment, but they're not something that the veteran would have with him at all times. It comes down to those two categories, service dogs and emotional support dogs.

That was the main focus of the United States Veterans Affairs study. They paired 88 veterans with a service dog, and 65 veterans with an emotional support dog. That's the number of people who completed the study. It was a two-year study. What they found was that emotional support dogs showed similar impacts when compared to service dogs when measuring sleep quality, depression levels and mental aspects of the quality of life. However, they found specifically that psychiatric service dogs had a much greater impact in terms of improvement in PTSD symptoms and anger reaction, and to some extent in suicidality, compared to those with emotional support dogs.

Those are the findings of the study that were just released in the past couple of months.

Mr. William Amos: Okay.

Just to conclude, then, on that last aspect around the challenges that it poses to Veterans Affairs Canada.... You have the U.S. research and research done here in Canada and elsewhere. You mentioned a patchwork issue, which I understand is a separate matter, but what is it about the research that makes this challenging for VAC?

Mr. Nathan Svenson: At the conclusion of our pilot study in Canada, we were left with this question: There were some benefits that were shown, but were those due to having a companion animal and having constant companionship and association, or were they due to the fact that these were psychiatric service dogs that were trained for that purpose? Generally, the training for a psychiatric service dog is much more expensive, so that's one consideration, and the supply is very limited.

It's important for us, or any provider, to know which benefits can be derived from which type of service animal or support animal.

The Chair: Thank you. I'm afraid that's time.

MP Desilets, you have two and a half minutes, please.

[*Translation*]

Mr. Luc Desilets: I'd like to come back to the possibility of using a company like Wonder Warriors. From what I understand, Veterans Affairs Canada doesn't have standards for training, for example. This concerns me a great deal because in the past year, we've dealt with private companies, including WE Charity and Switch Health, that did not provide any services in French, which was very problematic.

So I understand, but I need some reassurance because the standards should not come from the private sector. It seems to me that the government should be setting those standards in the first place.

This question is for you, Mrs. Garrett-Baird. Please reassure me.

• (1740)

[*English*]

Ms. Crystal Garrett-Baird: Thank you for the question.

As we went through the work on service dogs, we looked at what the different provinces are doing and their levels of maturity. As I mentioned, we have British Columbia with a very advanced legislative framework, which is not necessarily the case in other situations.

Given the inquiries we were receiving about service dogs for veterans, that is the reason why, in 2015, we contracted with the Canadian General Standards Board to establish that national set of standards so that there would be consistency in the training and the quality of the service dogs being used to assist veterans with mental health issues. It was largely because we were aware and saw the growing interest in service dogs in the veteran community and wanted to advance the issue in support of those veterans. Unfortunately, as noted, the board notified committee members in April 2018 that it withdrew its intent to produce a standard, because there was no consensus and the standard would not be able to be achieved with a positive impact, so it was discontinued.

However, we continued forward with the research, and then through the veteran and family well-being fund in 2019 we funded Wounded Warriors Canada to expand their post-traumatic stress disorder service dog program. They really are doing amazing work in this area, both in developing prescriber guidelines and criteria—

[*Translation*]

Mr. Luc Desilets: I don't doubt it, but I still stand by my point.

I'd like to point out to all of you that in Australia, the accreditation programs—

[*English*]

The Chair: Luc, I'm afraid that's your time. Do you have a final comment, or are you going into another question?

[*Translation*]

Mr. Luc Desilets: Yes.

I would like to see us take a look at other countries, such as Australia, where the states and territories set the standards, which seems to be working very well.

Are you looking at that a bit?

[*English*]

The Chair: Thank you.

Up next is MP Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you, Mr. Chair.

Thank you again to the witnesses. I'm finding this very informative.

First, what would be the process of taking the guidelines that Wounded Warriors is putting together and moving them to a national standard?

Ms. Crystal Garrett-Baird: I'll provide a couple of introductory comments. Then I'll ask Dr. Heber to speak to some of the considerations from a mental health perspective.

That really was the reason we engaged the board—to develop that national standard. When there was no consensus, we moved forward with research—

Ms. Rachel Blaney: Can I just pause you right there? This detail is so important. You keep saying there was “no consensus”. Is there anything we can look at as a committee that outlines where the barriers were for them? “No consensus” is good, but what was it? Was

it the fact that there was inconsistent training in Canada? I'm trying to understand what “no consensus” really means.

Ms. Crystal Garrett-Baird: Certainly. Thank you for that clarification.

I'll ask Nathan to speak to the areas that created some challenges in coming to a consensus by the board.

Mr. Nathan Svenson: There are some providers in Canada who have been doing this for a very long time. Earlier, one of the members asked about simply adopting the Assistance Dogs International standards. That was one of the proposals that were discussed with the standards board and met opposition, because the people who are currently supplying dogs in Canada don't all subscribe to those standards. It's not that they can't meet them; it's that some of the providers felt that the Assistance Dogs International standards were not stringent enough and did not require enough hours of training for the dogs. On the other side, some of the schools that did subscribe to that standard didn't agree with the other providers.

I don't want to get into a one-versus-one comparison of the providers, but in general, it's not practical for the department to say “Here is how it has to be” if nobody in the country can provide up to that standard. In the United States, where the larger study was done, the volume of dogs is greater—they have 30 times as many veterans in the U.S. as we do here. The supply needs to be a practical consideration, and the people who are providing those dogs need to be able to meet whatever standards are put in front of them.

• (1745)

The Chair: Thank you. I'm afraid that's time.

Up next is MP Wagantall for five minutes, please.

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

Just off the bat, I want to say that this is an issue that I'm very passionate about.

I want to thank you, Ms. Garrett-Baird. You have mentioned over and over again what you realized—that you did need to go somewhere to find those standards—and I applaud you that you went to the Canadian General Standards Board to do this. The issue for me is that, number one, psychiatric service dogs are a very unique designation for our veterans. It doesn't have to be a specific type of dog—it can be all kinds of dogs—but it's a very unique capability for these dogs to have. I applaud you that you went there to get those standards.

The fact that we are as far down the road as MP Blaney has indicated is our problem. There are too many players already, who have money in the game even—

The Chair: I'm sorry, Cathay. I will have to stop the clock. Unfortunately, we don't have any French interpretation.

Okay. We can continue.

Mr. Clerk, can you advise us on how much time we have left on the clock for Cathay?

Mrs. Cathay Wagantall: Five minutes, Chair.

Some hon. members: Oh, oh!

The Chair: Go ahead, Cathay.

I'll give you the one-minute mark at some point.

Mrs. Cathay Wagantall: Thank you.

We really need to solve this problem for our veterans. Basically, I think our issue is that there wasn't consensus on that board and in the group who were working on it, so they discontinued. What were the circumstances that brought us to that point? That's the whole purpose of this standards board. They deal with all kinds of complicated issues. What was it?

Quite honestly, from my understanding, there were conflicts of interest there because of the roads that a number of those organizations had already gone down. As you said, they could not come to an agreement around the fact that there's a huge difference between an obedience dog and a service dog.

I really think it is important that we find the people with the credibility and the research—and we have them in Canada—to take another crack at this and do what needs to be done. People who do not have money in the game or have not received funding directly from the government to fund service dogs can bring about the standards that we know we can have in Canada for them.

I would encourage you to look at that. We'll certainly be looking at that as a committee. A lack of consensus there was not because of the complexity of the issue; it was because of conflicts of interest, I believe, within that group. That's so key when you're trying to set standards. You need to move out and have people who are not part of that dynamic so extensively that they can't look at it objectively.

I don't know if that's something you would say was part of that dynamic or not, or whether you're prepared to go there.

Ms. Crystal Garrett-Baird: The focus of the work was looking to develop a national standard. Consensus was not reached, as Nathan indicated earlier, because of the various complexities across the country with some of the groups providing service dogs, what standards to meet, the international standard and that type of thing. That was one of the main reasons the consensus did not come to be.

I think it is important to point out the work that is happening in both Australia and the United States and how closely we are following that, in lockstep with those allied partners—

• (1750)

Mrs. Cathay Wagantall: Can I just comment, though, Ms. Garrett?

If they can do it, we can do it. They have the same kind of dynamics in their countries in regard to individual organizations

working with service dogs. You have to come to a point where you can find the people who are the experts and don't have that vested interest directly in providing service dogs.

We have everything in this country, from dogs that cost \$30,000 to dogs that are provided free of charge through the training and whatnot. We have that breadth because we don't have those standards. I would say that we can certainly do it within this country based on the models we're seeing in Australia and the U.S., to bring it home to Canada so that we can take care of our veterans in the same way.

Ms. Crystal Garrett-Baird: I would like to ask Dr. Heber to provide some context around PTSD and effective treatments, and some of the other bigger considerations that we also look at from a veteran's perspective.

Dr. Heber.

Dr. Alexandra Heber: As I mentioned earlier, we have a number of standardized treatments where we have evidence of good effect for a condition like PTSD, as well as for other mental health conditions that somebody could receive a service dog for.

Then there are a number of what we might call complementary or adjunctive supports that people can have. Often those are to help them decrease their symptoms so that things are more manageable for them. That's one of the roles veterans tell us that service dogs can provide—

Mrs. Cathay Wagantall: Dr. Heber, I'm sorry to interrupt you. I have one minute left.

I totally agree with you that there are different needs, but I believe that VAC's responsibility is to deal with the need for a psychiatric service dog, which is a very specific designation. If we were to do that, the rest is more manageable.

I have an autistic grandson who has a Lab. That meant that his mom could finally get some sleep. They couldn't afford the \$30,000 version, so they got their own Lab and my son trained him. He's doing the job for what they need. I understand the breadth—the complementary versus the direct treatment—but I would say VAC's responsibility is to deal specifically with the need for psychiatric service dogs and that unique designation. That's where it can do the most good in assisting our veterans.

I'm hearing all the time that it does make a significant difference to the other types of treatments they need, for those who have it.

Dr. Alexandra Heber: Yes, absolutely. That's what I was saying, too. It can help them with symptoms when it's a well-trained service dog that is able to perform that function.

Mrs. Cathay Wagantall: Yes.

The Chair: Thank you very much.

Up next is MP Casey, for five minutes, please.

Mr. Sean Casey (Charlottetown, Lib.): Thank you very much, Mr. Chair.

I'll start with Ms. Garrett-Baird.

In your opening remarks, you indicated that the United States has a program that includes standards for support dogs for hearing, vision and mobility, and that they have conducted studies in connection with support dogs for PTSD.

Am I right that hearing, vision and mobility have an accepted standard, but it is still a work in progress with respect to psychiatric assistance dogs in the United States?

Ms. Crystal Garrett-Baird: Yes. The United States, as noted, is very well advanced in research and the benefits related to service dogs. Currently, the United States Department of Veterans Affairs service dog veterinary health benefit provides service dogs to veterans for issues relating to hearing, vision and mobility. Based on their five-year study, they're looking right now at what changes they might want to pursue in the future. That's what we're closely monitoring.

I'll ask Nathan to add some additional context from a research perspective on that issue.

• (1755)

Mr. Nathan Svenson: There are two things I want to add.

One is that the U.S. study really did—

Mr. Sean Casey: My question is whether they have adopted a standard for psychiatric assistance dogs, or whether that's still a work in progress.

Mr. Nathan Svenson: At this time, they have not announced it, because their study was just released in the past couple of months. Actually, the study they have released is just part one. There's a second part that we're expecting to see in the fall, which deals with the cost impacts to health care systems of rolling out a broader program of psychiatric service dogs. We're hoping to see both pieces together.

I would point out that the standards they used in conducting the study were possibly standards that would be very difficult to achieve in Canada. For example, all the dogs they trained were owned by the U.S. Department of Veterans Affairs. All their dogs had the same veterinary care plan, which was insured through the department. All their dogs were either Labrador retrievers or golden retrievers or German shepherds. All the dogs used the same advanced training protocols, and each pair, or “dyad” as they're called, between the dog and the paired veteran, was trained directly by U.S. Veterans Affairs staff. That's quite an elaborate machinery that had to be in place across the country for those dogs to be provided. It was a multi-site trial. That was just for 153 dog and veteran pairs to complete the trial.

Mr. Sean Casey: The U.S. has not yet established a standard.

What about Australia? I am on their website. I see they have coverage for psychiatric assistance dogs. Do they also have a detailed, established standard that could be copied and pasted into Canada?

Mr. Nathan Svenson: There are a couple of considerations.

One, Australia is currently conducting a study. They started in 2018. It is a four-year study looking at how assistance dogs—the term they use is “psychiatric assistance dogs”—can complement

other evidence-based treatment. They were also looking at practical implementation challenges for a formal program. That study is still ongoing.

Partway through that study, they announced that they would cover psychiatric assistance dogs through their rehabilitation appliances program under certain conditions. One of the main conditions is that the veteran has to be currently undergoing treatment with a psychiatrist or a psychologist for at least three months, and they have to meet some other criteria. Thus, it's not something that a veteran with PTSD can immediately access. They have to be part of certain programs and have certain coverage levels.

Mr. Sean Casey: Their standards are still under development as well.

Mr. Nathan Svenson: It sounds as though the practical implementation rules are still under development or still being studied.

Mr. Sean Casey: Okay.

When it is alleged that international standards exist for psychiatric assistance dogs for veterans, that is not the case in the United States or in Australia yet. Is that correct?

Mr. Nathan Svenson: I would differentiate the use of the word “standards” here. I'm sorry if I'm getting too specific.

We're using the term “standards” to mean “standards and policies”. In the U.S., they have not announced a policy on this, or at least a policy change, but there are certain standards that exist in the U.S.

In Australia, they are studying the implementation of their program, but they do have a policy that they have announced.

Mr. Sean Casey: Thank you.

With respect to the income tax deduction, in order to qualify for the income tax deduction in Canada, there isn't a specific standard with respect to the levels of training for a support dog. It's simply that it had received specialized training.

Would it be fair to say that there isn't a standard there that you can copy and paste?

The Chair: Give a very brief answer, please.

Ms. Crystal Garrett-Baird: Based on the tax credit, the expansion that was provided in 2018 is where the dog is provided by a person or organization whose main purpose is to provide this special training and, second, the dog is specially trained to perform specific tasks to assist an individual in coping with a severe mental impairment. The focus there is on the dog's capacity.

Mr. Sean Casey: Thank you.

The Chair: Thank you very much.

That brings us to the end of round two. We do have a schedule to get to.

I want to take this opportunity to thank the witnesses for starting us off with this study.

To my colleagues, we have to log off and log back in using the second log-in. If you do not have it at your fingertips, just know that as soon as I suspend here, the clerk will be sending the details to your P9s.

Thank you very much, everyone. We will suspend and come back in just a few moments.

[Proceedings continue in camera]

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