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# Standing Committee on Veterans Affairs

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Chair: Mr. Emmanuel Dubourg





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• (1840)

[*Translation*]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** I call the meeting to order.

Welcome to the ninth meeting of the Standing Committee on Veterans Affairs.

In accordance with the order adopted on Tuesday, February 8, 2022, the committee is meeting to continue its study on the fairness in the services offered to veterans: francophones and anglophones, men and women, and the LGBTQ+ community.

[*English*]

Welcome to our colleagues Ms. Lisa Marie Barron, who is replacing Rachel Blaney, and Mr. Wayne Long, who is replacing Sean Casey.

Today's meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021. Members are attending in person in the room and remotely using the Zoom application. The proceedings will be made available via the House of Commons website. Just so that you are aware, the webcast will always show the person speaking rather than the entirety of the committee.

Today's meeting is also taking place in the webinar format. Webinars are for public committee meetings and are available only to members, their staff and witnesses. Members enter immediately as active participants. All functionalities for active participants remain the same. Staff will be non-active participants and can therefore view the meeting only in gallery view.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. For those in the room, your microphone will be controlled as normal by the proceedings and verification officer. When speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute. I will remind you that all comments by members and witnesses should be addressed through the chair.

[*Translation*]

I would now like to welcome our witnesses this evening.

First of all, as an individual, we have Mr. Jean Laurion, Veteran. From the National Association of Federal Retirees, we have Mr. Jean-Guy Soulière, President; Mr. Anthony Pizzino, Chief Executive Officer; and Ms. Sayward Montague, Director, Advocacy.

From VETS Canada, we have Ms. Debbie Lowther, Chief Executive Officer and Co-Founder.

You will have five minutes for your opening remarks. We'll start with Mr. Laurion, then we'll go to Ms. Debbie Lowther, and then we'll come back and split five minutes between Mr. Soulière and Mr. Pizzino.

I have little cards, like they do in soccer, to give you a signal when your time is up. I can already see the smile on Mr. Soulière's face. I think we're going to enjoy hearing him.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** I'm sorry, Mr. Chair, but the meaning of these coloured cards is quite different in soccer. I want to make sure everybody is aware that there are no penalties associated with the colours.

• (1845)

**The Chair:** So we'll start, as I said, with Mr. Jean Laurion, who is a veteran.

Mr. Laurion, I will ask you to unmute your microphone and begin. You have five minutes for your remarks. Go ahead, please.

**Mr. Jean Laurion (Veteran, As an Individual):** Thank you very much.

My name is Jean Laurion, and I joined the Canadian Armed Forces at the age of 17, on January 7, 1980, and I left on March 31, 2017. I spent 37 years and 3 months in the military.

I started in the infantry. At some point, I went on leadership courses, master corporal and sergeant courses. I was a recruit instructor. I also started working as a driving instructor.

After that, I went to Baden-Soellingen, in Germany, for five and a half months. There I worked with the military police against the infiltration of terrorists. I came back in October 1985, and in January 1986, I was asked to go to the Q Branch, where there was no one, because everyone had left. I was asked to go there and to look after the equipment. I took my courses up to the rank of sergeant, because I was already an infantry sergeant.

After that, I asked for a change of trade. In 1991, it was granted to me. Then, I did a whole series of courses on protection against tritium and all radioactive materials found in the forces. Naturally, we had to take these courses.

After that, I also saw changes in weapons. I also went to schools where courses were taught. I was the storekeeper for these courses. They were finance, administration and procurement courses. In the summer, we also had medical courses. I was in charge of that in a school.

I also went to the combat school in Valcartier for the summer courses where I was, again, a supply technician during the summer.

I was in the 6th Battalion of the Royal 22<sup>e</sup> Régiment from January 7, 1980 until October 2005. After that, I asked to be transferred to the Service Battalion, because I had no possibility of career advancement. So I joined the Service Battalion. Until the end of my career, I went around from 2007 to 2017. I was working full time. I went around to different units. I worked for the air cadets. After that, I came back to my unit. That's where I finished in 2017.

What I experienced naturally caused things to happen. Maybe we can talk about that later. Sometimes we experience things, but we don't realize that we have problems as a result. It is others who observe us and allow us to see that we have a problem.

It wasn't so long ago that we started to recognize the symptoms of post-traumatic stress in the military. Now they are recognized and that's a good thing, because there are people who come back from postings and are still very ill today. Although there are many veterans' groups, I also founded my own. I am a member of two other groups as well.

I want to remind you that every day an average of 22 veterans commit suicide in Canada.

That's all I have to say.

• (1850)

**The Chair:** Thank you very much, Mr. Jean Laurion. We'll have the opportunity to ask you questions to deepen the discussion and to learn about your experience. I also thank you for all your years of service in the forces.

[*English*]

Now I'd like to invite Ms. Debbie Lowther from VETS Canada to speak.

You have five minutes. Please open your mike and start.

**Ms. Debbie Lowther (Chief Executive Officer and Co-Founder, VETS Canada):** Mr. Chair, ladies and gentlemen of the committee, good evening. Thank you for the invitation to appear here today.

Before I begin, I would like to acknowledge that I'm speaking to you today from Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Although I've testified before this committee on many occasions in the past, I will begin with a brief introduction of our organization to benefit those of you who are not familiar with us or our work.

VETS Canada, or Veterans Emergency Transition Services, is a federally registered charity with an aim to provide immediate on-the-ground assistance to veterans who are homeless, at risk of becoming homeless or otherwise in crisis. We have hundreds of dedicated volunteers across the country. To date we have responded to

thousands of requests for assistance from veterans and their families from coast to coast to coast, 24 hours a day and seven days a week, including holidays.

Requests for assistance come to us in various ways. They come through our toll-free phone line, website or social media platforms. Some come through referrals from other organizations or agencies. However, the majority of our referrals, an average of almost 80% over the past year, come from Veterans Affairs Canada. This means, of course, that we interact with Veterans Affairs regularly—daily, actually.

Regarding the fairness in the service provided to veterans, I have three main points to present. The first is the issue of inconsistency. Our experience is that there are inconsistencies in how information about benefits is communicated to the veteran. Often case managers and veteran service agents, VSAs, are very helpful and forthcoming with information on the benefits and services available to veterans. Still, there are times when, if the veteran doesn't ask the right questions, they don't know what they are entitled to. Veterans who are in crisis, perhaps struggling with mental health issues, facing homelessness or maybe even already homeless aren't usually in the right frame of mind to navigate the process of applying for benefits, especially if they don't even know what those benefits are. It would be helpful to have a more standardized process in place when veterans reach out to VAC, especially if it is their first interaction with the department.

For example, maybe there could be a checklist of standard questions to ask the veteran to gain a full picture of their situation and their service history. This would then inform the case manager or VSA in determining which benefits and services the veteran might qualify for. Currently, we are seeing some veterans who receive everything they need from VAC, and then others who meet the same criteria but don't even know what is available to them. The case manager or VSA hadn't asked the right questions, or any questions at all.

In 2018 the veterans emergency fund was launched. Because of the urgent nature of requests for the benefit, the eligibility criteria are flexible. It is a benefit for which case managers, VSAs or veteran service team managers have the authority to determine eligibility for up to \$2,500. In exceptional circumstances, an area director can approve up to \$10,000. The issue is that every case manager, VSA or veteran service team manager interprets the policy differently. Still on the point of inconsistency, we have seen situations where veterans have received what would appear to be preferential treatment simply based on the fact that those veterans were considered high-profile.

The second point I would like to mention is that there aren't enough bilingual staff members at VAC. As a federal government department, it is often assumed that all VAC employees are bilingual, but that is not the case. Because of this, francophone veterans aren't always able to readily receive service in the language of their choice, particularly if they reside outside of the national capital region or the province of Quebec. We've recently learned that benefits applications made in French are taking much longer to be adjudicated. We found that statistic quite disturbing in a country with two official languages.

My final point is on the service provided to veterans who identify as LGBTQ2+. In 2020 we received a grant from the LGBT Purge Fund for a one-year pilot project. In the interest of time, I won't go into the details of the project. However, we found that when veterans who identified as LGBTQ2+ are in crisis, they, like all veterans, want to feel supported with respect and without judgment. During the course of the year, all of the veterans who identified as LGBTQ2+ stated that they felt accepted, respected and welcomed by our staff and volunteers.

To ensure that our staff and volunteers continue to provide support in that manner, we decided to add specific training to our list of mandatory training. Throughout the one-year pilot project and since the end of the project, many veterans who identified as LGBTQ2+ disclosed that they often don't feel accepted or respected when receiving services from VAC.

• (1855)

Many case managers and VSAs lack knowledge of the LGBT purge, so education on that shameful period of time in our history would be beneficial. Case managers and VSAs would also benefit from training that gives them a better understanding of the issues faced by veterans who identify as LGBTQ2+ and in treating all veterans with the fundamental respect they deserve.

In closing, Mr. Chair, I will summarize our three recommendations: one, create a more standardized intake process to be utilized when veterans make initial contact with the department; two, ensure that all newly hired VAC employees are bilingual moving forward, particularly those in service delivery and those responsible for adjudicating claims; and, three, provide more training to staff.

Thank you, Mr. Chair.

**The Chair:** Thank you very much. You're right on time.

[Translation]

I now give the floor to Mr. Jean-Guy Soulière.

Mr. Soulière, I must advise you that technical difficulties prevent Mr. Pizzino from taking part in the meeting.

You mentioned that you wanted to share your time, but the full time is allocated to you.

Mr. Soulière, you have five minutes.

[English]

**Mr. Jean-Guy Soulière (President, National Association of Federal Retirees):** Thank you very much, committee members, for inviting the National Association of Federal Retirees to speak today.

I would like to begin by recognizing that my colleagues and I are joining you from Ottawa, the traditional unceded territory of the Algonquin Anishinaabeg people, who have lived on this land since time immemorial.

[Translation]

The National Association of Federal Retirees is the largest national advocacy organization for active and retired members of the Public Service of Canada, the Canadian Forces, the Royal Canadian Mounted Police and the federal judiciary, as well as their spouses and survivors.

With 170,000 members, including more than 60,000 veterans and their families, the association has been committed to improving the financial security, health and well-being of our members and all Canadians for over 60 years.

[English]

Federal Retirees is also proud to co-chair the Women Veterans Research and Engagement Network, or WREN. WREN's mission is to work collaboratively to ensure equitable lifetime outcomes for all veterans.

I am here with the association's CEO, Mr. Anthony Pizzino, and our staff director of advocacy, Sayward Montague. I will share my time with Mr. Pizzino, and we would all be pleased to respond to the questions the committee members may have at the end of the meeting.

Our remarks today are supplemented by a written brief, and our association stands by to participate in other areas identified for study by this committee.

I will turn to Anthony.

**The Chair:** Go ahead, Mr. Pizzino.

**Mr. Jean-Guy Soulière:** I think you're muted, Anthony.

I think he's trying to unmute.

[Translation]

**The Chair:** The clerk tells me that Ms. Sayward Montague will be presenting.

Ms. Montague, you have the floor for the remaining three minutes.

[English]

**Ms. Sayward Montague (Director, Advocacy, National Association of Federal Retirees):** Thank you, Mr. Chair.

Anthony offers his apologies for the technical difficulties, but he will certainly be attentively watching the proceedings today.

Thank you, Jean-Guy, and thank you committee members for your time today.

One of the key metrics used to assess service delivery performance and to serve as a proxy for fairness is disability and benefit application wait times. However, to our knowledge there is no standard definition of what fair service means.

In the view of the association, fair service means equitable service, and it must also mean equitable outcomes. Having good clear data is essential in this, and it is incredibly difficult to locate disaggregated data to compare results, which committee members have noted during the course of this study.

Transparent, clear, readily available data can help determine whether there is more to the wait time story and whether it's a story that needs to be told in its entirety. For example, we know that there are differences in wait times for francophone and anglophone veterans, but what we heard for the first time from the veterans ombudsman and the deputy veterans ombudsman when they appeared at this committee on Friday, March 22nd is that differences are compounded. Francophones wait longer, and women wait longer, but francophone women wait the longest.

Uneven service delivery is not just about how long some claims are backlogged, it is about why these claims are delayed or backlogged, identifying the differences and addressing them with equity in mind. Uneven service delivery and lack of fairness are symptoms of institutional and structural biases and are the result of the failure to respond to the complex intersectional nature of the human beings involved.

A veteran's identity is relevant to experiences during service, including service-related illness and injury, the outcomes they're likely to experience as a veteran, and the care and support they may require. It's also relevant when it comes to military and veteran health research.

We've made a number of recommendations in the brief that we've submitted, but it really comes down to data and transparent reporting to define and understand where the lack of fairness is worse; understanding that what we're seeing are symptoms of systemic inequity, both upstream and downstream; research and co-ordination; and ensuring that veterans have a voice in the services and the delivery of those services.

• (1900)

**The Chair:** Thank you very much.

There are no more speeches, so we're going to start asking questions.

I'm going to ask the first vice-chair of the committee, Mr. Caputo, to ask questions for six minutes.

[*Translation*]

Mr. Caputo, please tell us to whom your questions are addressed.

[*English*]

**Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC):** Thank you, Chair.

As you and I had discussed, I had put a notice of motion on the floor at the last meeting, and I would ask that we debate that motion

at approximately 8:15 today, if that's acceptable to the committee. If it appears that it's going to be unanimous, we can go a little later.

Well, thank you very much to all of our witnesses. I know that you've taken time out today to assist. Some of you have served in the military, and I thank you for that service, but all of you are serving at this very time. It's something that really warms my heart when I see the amount of service in the witnesses we have when it comes to helping out our brave soldiers.

The first question I have here I was going to address to Mr. Pizzino. He talked about fair service, which means equitable service and equitable outcomes, and I was struck by that.

By fair service I assume he means that people are getting timely service regardless of whether they are an English-speaking male or a French-speaking woman. Is that accurate?

He probably can't answer, but perhaps one of his colleagues might.

**The Chair:** Sorry, Mr. Pizzino has technical problems.

**Mr. Frank Caputo:** Perhaps Ms. Montague can answer that.

He's nodding his head, so I'll take it as that.

One of the things that was mentioned as well is this idea that human beings are involved, and that's why we're ultimately here at committee on this topic. I would direct this to any of the witnesses, and particularly Mr. Laurion. He emerged from the forces about five years ago.

Have you seen an improvement or a deterioration in the last five or ten years in the quality of service that's being offered to veterans?

**The Chair:** Go ahead, Mr. Laurion.

• (1905)

[*Translation*]

**Mr. Jean Laurion:** Thank you, Mr. Chair.

When I left the Canadian Armed Forces, I had no other choice. I was released on medical grounds under paragraph 3(b).

Those who leave the forces are left to their own devices. When we're in the forces, we're well looked after, but when we leave, we don't know what to do or where to turn. We have problems, but we don't know who to turn to. When I submitted my first applications, after I got out of the forces, I was lucky because my wife knew someone who worked at Veterans Affairs Canada.

This person was able to help me by telling me what forms I had to fill out. Of course, I had to wait two years to get answers to these applications. I had problems with my lower back, middle back, neck, right hip and both knees. It took two years before I got answers to my first applications.

Now I also help people who have left the forces and have problems. When I see that they have problems, I ask them if they have applied to Veterans Affairs Canada, and often they tell me that they haven't.

So I help them fill out the application forms, because now I understand a little bit better how it works. Those who apply now get answers faster than I did. The wait times are shorter now than they were five years ago when I left the forces, but there is certainly room for improvement. Let me explain. When people leave the forces, their medical records are sent to the archives in Ottawa, but they are not sent to Veterans Affairs Canada. So when we go to Veterans Affairs Canada, they don't know us, they don't know who we are. If they had our medical file in hand, they could find out about our problems more quickly.

I suffer from diabetes and sleep apnea, two conditions for which I have to submit applications. The army paid for me to have a CPAP device and was providing me with diabetes medication. Now I have to submit an application to show that it is really the army's responsibility to pay for it and I find that incomprehensible.

These are the problems we experience.

[English]

**Mr. Frank Caputo:** Wow, there's a lot to digest there. Thank you for that. I'm sorry that it took you two years to get the help you needed after what you gave to this country.

I have a very brief question in a very brief time. Do you know why the medical file doesn't go directly to VAC? Has anybody ever told you why it goes into archiving rather than to the people who are likely going to need it?

[Translation]

**Mr. Jean Laurion:** I can't explain why our medical records don't follow us, but it's a very good question.

The left hand, which is the military, doesn't talk to the right hand, which is Veterans Affairs Canada. If they did, it would save a lot of time. That way, when a member is released, they could go to Veterans Affairs Canada, which would have a copy of their medical records. Naturally, this would help to determine their needs.

[English]

**The Chair:** Thank you, Mr. Laurion.

Now I'd like to invite MP Rechie Valdez for six minutes, please.

Go ahead.

**Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.):** Good afternoon, Mr. Chair and colleagues.

I want to thank the witnesses for all of your hard work and everything you do for our veterans across Canada every day, and a special thanks to you, Mr. Laurion, for serving our country for 37 years.

I'd like to start with Mrs. Lowther.

Veterans Canada has received funding from the veteran and family well-being fund on several occasions in recent years. Can you comment on why that funding is important and how Veterans Canada has been able to better serve our veterans since receiving those funds?

• (1910)

**Ms. Debbie Lowther:** Yes, we have received funding from the veteran and family well-being fund. In 2014, we were awarded a contract that made us service providers to the department. In 2018, we were told that they could no longer continue that contract and we would have to apply for the funding through the veteran and family well-being fund.

Funding from the government is crucial to what we do. As I mentioned in my remarks, at least 80% of the referrals for assistance come from Veterans Affairs, so we are assisting the case managers in their day-to-day job of helping those veterans. We wouldn't be able to do it without that funding. We provide things to veterans. We help to prevent evictions. We get them into housing. We get them food, clothing and all of those things. We would not be able to do that without the funding from the government.

**Mrs. Rechie Valdez:** Thank you for sharing.

In 2019, Veterans Affairs established the office of women and LGBTQ2 veterans. Can you share what your interaction has been with it and if you've received any feedback with regard to that office?

**Ms. Debbie Lowther:** We have not had a lot of interaction with that department. I personally have had a few conversations with some of the people working in that area.

The feedback that we've received, when it is mentioned to the veterans we support, is that a lot of them don't know a lot about it. They haven't been made aware of it, or they don't feel like that information has been communicated well to them. However, we make them aware that this section of the department is available, and we encourage them to reach out.

**Mrs. Rechie Valdez:** Thank you so much.

I'm not sure if the National Association of Federal Retirees would also like to answer the question of whether you've interacted with the office of women and LGBTQ2 veterans.

**Ms. Sayward Montague:** I'd be happy to respond to that. Thank you, MP.

We have interacted with that office. They are a very dedicated team. Our position though is that it's also time to review the goals and scope of that office and to consider that an office of equity is what's truly needed. It's really relevant, considering the persistent concerns of women, francophones and LGBTQ2S+ members about service delivery by Veterans Affairs, and the need for the department to reflect National Defence's recognition of systemic discrimination and harassment.

We've previously commented on the importance of Veterans Affairs approaching these issues from an equity principle, rather than labelling and continuing to "other" groups who are seeking equity.

**Mrs. Rechie Valdez:** Thanks for the feedback.

You've spoken about what our opportunities are, but what I need to have you describe is the specific impacts of the uneven service that is provided. If you could share a story, that would be great.

**Ms. Sayward Montague:** I'm not clear if that question was for us, at federal retirees.

**Mrs. Rechie Valdez:** Yes. Share your input, if you've heard any stories about what the impact has been of the uneven treatment.

**Ms. Sayward Montague:** I can share those in a very general sense. I don't want to discuss specific cases in a public forum and provide too much detail.

A thing that's worth noting is that delays that originate with Veterans Affairs at the time of application—for example, sex-specific issues—can compound inequitable health and well-being outcomes that were created by the service-related illness or injury in the first place. There are certain conditions that can occur as a result of service, and while someone is waiting for support, coverage or assistance from Veterans Affairs—because sometimes it is difficult to get to the origin point of what will be covered—their condition can worsen over time.

That's an important consideration, and there are uneven impacts in that. I think there are numerous other cases, but veterans would be best situated to discuss those.

**Mrs. Rechie Valdez:** Thank you.

I think I'm out of time.

**The Chair:** You have 30 seconds.

**Mrs. Rechie Valdez:** Thank you so much.

I believe it was Ms. Lowther who was offering some great solutions as far as what we can do to change is concerned. Please give us any input on what those changes, if put into place, would do for veterans.

• (1915)

**Ms. Debbie Lowther:** If some of those recommendations were put into place, they would decrease the stress veterans feel when interacting with the department. We hear about things. Veterans tell us all the time about the "brown envelope syndrome". They panic when they receive a brown envelope in the mail. They find it very stressful when dealing with departments.

I feel that if some of those recommendations were put into place, they would alleviate some of that stress.

[*Translation*]

**The Chair:** We will now go to a six-minute question period with the second vice-chair of the committee, Mr. Luc Desilets.

Mr. Desilets, you have the floor.

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

Mr. Laurion, my question is for you. Thank you for your service; 37 years, that's really impressive. There is something else that left an impression on me. I don't know if I understood you correctly, but you said there were 22 suicides a day in Canada.

Is that correct?

**Mr. Jean Laurion:** Exactly.

**Mr. Luc Desilets:** That means 8,030 suicides in Canada per year, just among veterans. I'm appalled.

You alluded to it already, but can you describe in detail what the main difficulties were in the transition from military life to your life as a veteran? This is obviously related to the problem we just talked about.

I understand that it took two years to receive services, even though you had good contacts in the network. I don't understand that either.

**Mr. Jean Laurion:** First of all, I had difficulty filling out the forms. I had to explain what had happened and the reason for my request. Many veterans have symptoms of post-traumatic stress. When they see the paperwork, they get very stressed and anxious and often won't apply because they can't fill it out. It's like standing in front of Mount Everest, without a rope, with only their hands to climb to the top of the mountain; it's impossible. For them, it's impossible to fill out these documents.

Because I left the forces for medical reasons, I was entitled to 90% of my salary. If you only knew what a big stack of paperwork I had to fill out. To me, it was like a mountain. I was lucky that my wife was there to push me and encourage me to fill out the paperwork to access these benefits. I found it extremely difficult, but I finally got a response to my application. Someone called me and said that it showed I had done my homework, because everything was filled out correctly.

Why did it take two years? I have no idea. Before there were veterans' groups in Canada, 22 veterans died every day, then that number dropped to 14 a day. I want to be very clear: 14 veterans die every day.



Veterans' groups try to bring these people out of isolation. Often, people shut down and no longer leave their homes. There is no more light above and they spiral down even lower. The longer that happens, the less light there is. They live in darkness and at some point, it just loops over and over in their head. That's all they think about and then they end it all.

As a veteran, I try to help these people, to get them out of their homes, out of isolation, so that they can talk to someone who will understand them. Not everyone wants to go and see a psychologist. Some of them believe that a psychologist doesn't know anything about combat, even though there are some who specialize in the field. Personally, I got psychological help and I'm quite happy about it. I did a mental health first aid course for veterans. It helped me to see that I had a psychological problem too and I was able to access services. I am very happy about that. Now, my anxiety has decreased. It gave me tools to try and control my anxiety and stress. So...

• (1920)

**Mr. Luc Desilets:** Time is running out, Mr. Laurion, I am sorry to interrupt you.

Do you currently have any pending applications?

**Mr. Jean Laurion:** I do not have any at the moment, but I have others to submit.

**Mr. Luc Desilets:** All right.

**Mr. Jean Laurion:** I received other diagnoses and I will have to submit more applications.

**Mr. Luc Desilets:** There's an idea going around, and I'd like to have your opinion on it, quickly.

After they leave the Canadian Forces, if veterans could keep the doctor they had when they were in the military for two years, would that help? Does that make sense and is it possible?

**Mr. Jean Laurion:** In my case, the doctor who was monitoring me retired the same year I did. I don't know if it's possible, but it would help veterans. Because when we get out of the army, we don't have a doctor anymore. The Canadian Forces takes care of us, we don't have a family doctor. It took me at least two years to find one. Naturally, I went to see my federal MP as well as my provincial MLA to move things forward.

**Mr. Luc Desilets:** That's good.

**The Chair:** Thank you, Mr. Laurion.

We have more questions to ask you.

[*English*]

I'd like to invite MP Rachel Blaney to ask questions, for five minutes.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** I just want to confirm with you: Is it six minutes?

**The Chair:** I'm sorry. Yes, it is six minutes.

**Ms. Rachel Blaney:** I just wanted to confirm that I wasn't giving up any of my time.

First of all, I would like to thank Mr. Laurion for his service to our country. I'm impressed by not only the many years of service

you've provided, but also how you've come home to provide so much service for other veterans. I want to thank you and recognize that important work.

For my first question, I am going to go to Ms. Lowther. I see that you did a pilot project for LGBTQ2S+ veterans. One of the things we've heard from other witnesses is that there is no data collection around this particular group within the military, and then, of course, it doesn't happen in Veterans Affairs. If you don't sort of quantify information, it's hard to see what's happening with a particular group. I think that when you don't collect data, it is a way of silencing people.

I'm wondering how this project occurred. How were folks identified and what was the main purpose of the project?

**Ms. Debbie Lowther:** The purpose or basis of the project was our experience that veterans are more likely to accept support from somebody who understands them, their military culture and their service. We thought that if we took that one step further, maybe veterans who identified as LGBTQ2S+ would appreciate receiving services from somebody within their own community.

The funding we received allowed us to hire a part-time, qualified staff person from the LGBT community.

We identified veterans with our intake form that every veteran completes. We do ask veterans if they want to disclose their sexual orientation or gender identity. In the event they do disclose it, they are offered the opportunity to receive services from that staff person.

During that year, we found that 31 veterans disclosed to us that they were from the LGBTQ community. Of those 31, 29 actually declined the offer to receive support from a staff person. During the initial intake phase, by the time they felt comfortable enough to kind of share their story, they were already engaged with a staff person, or a volunteer, so their preference was to stick with that person rather than have to repeat their story.

We didn't really get into a lot of research when we were doing our pilot project, but we did find it very interesting that when a veteran is in crisis, they just want to receive support from somebody who understands them and is going to treat them with respect and not be judgmental.

I guess the end result of the pilot project was that these veterans were willing to accept support from anybody who was prepared to help in a respectful way.

The other thing—

• (1925)

**Ms. Rachel Blaney:** Thank you. I'm sorry to interrupt, but my time is running out. I really appreciate that response. It was very helpful.

If I could just come back to the National Association of Federal Retirees, I'll leave it them to decide who answers my question.

I really appreciate what was said about an office of equity-seeking groups. That's a new and important way to look at what we need to see moving forward.

I do want to come back to that data component. We heard again and again that data is being not collected. This is a particular group, the LGBT group, where we know that people sometimes have stayed in the closet for a tremendous amount of time and came out at one point in their service. That information isn't really being quantified, and we're not going to see the services they require based on that.

I'm wondering if somebody from the National Association of Federal Retirees could speak to that.

**Ms. Sayward Montague:** I can speak to that in a general sense, MP Blaney.

It comes down to that improved, and more frequent and transparent reporting and data collection at appropriate points. It is also important to ensure that veterans have a choice where that data is shared. I think that's the sum total of our ability to remark on that.

**Ms. Rachel Blaney:** Thank you for that.

I also know that the department has set up a specialized unit that has given priority to processing more than a thousand applications from survivors of military sexual trauma, and that training on the subject has been set up for all frontline staff.

Ms. Montague, do you know of any veterans whose cases were given priority by this unit whose objective was to render a decision in less than 30 days?

**Ms. Sayward Montague:** I have seen reporting on that. It was a positive demonstration of the ability to process claims quickly. I'm not personally familiar with anyone who would fall under that categorization.

**Ms. Rachel Blaney:** Do you know of anyone you represent who had dealings and were aware of the particulars of the sexual trauma and what results came out of this?

If anybody else has a response, I am open to it, although I have no minutes left.

**The Chair:** Your timing....

**Ms. Sayward Montague:** Mr. Chair, may I respond?

**The Chair:** Yes, go ahead, please. You have 15 seconds.

**Ms. Sayward Montague:** It will be quick.

Very quickly, MP Blaney and Mr. Chair, I'm not aware of members who have come forward to us. That is not to say they do not exist.

**The Chair:** Thank you so much.

MP Blaney, it was more than six minutes.

Now I'll invite Ms. Cathay Wagantall, for five minutes, please.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you very much, Chair; and thank you to all of you for your service and your passion for caring for veterans. I'm sure that comes from a place of experience yourselves.

I'd like to reach out first to Deb Lowther.

Deb, it's good to see you again. A lot of what we're hearing today I find frustrating in that over the last seven years we have discussed this whole process over and over, with so many recommendations that still fail to be implemented. You mentioned, first of all, the work you do with those with mental health issues and homelessness. You have a wonderful record of service.

Are you still a registered provider? Your means of receiving funding has changed. Does that mean you're no longer...?

Does that change your relationship with VAC?

• (1930)

**Ms. Debbie Lowther:** Thank you for that, and it's great to see you as well.

Yes. In 2014-15, we received our contract, which made us service providers. Then, as I mentioned earlier, in 2018, our funding changed. It was to come from the veteran and family well-being fund.

We still have the same sort of relationship with VAC. We work very closely with the case managers.

**Mrs. Cathay Wagantall:** Okay. That's great. I'm glad to hear that.

You mentioned something with the inconsistency, that a checklist would be helpful. You talked about your own intake process. In previous testimony, people have been concerned about checking off boxes and that there isn't that personal relationship, and they think that would be more important. However, at the same time, you need to understand the dynamics.

Who creates that checklist and how is it best implemented, if that's something that should be done more as we have intake of new veterans?

**Ms. Debbie Lowther:** I think a checklist could be created in consultation with veterans, as well as perhaps veterans groups. I understand that checking off a box is very impersonal, but if it's done in the proper way, it doesn't have to appear as an interrogation. It can be done in a—

**Mrs. Cathay Wagantall:** Then it's the relational side of going through that process that's important in enabling them to give the answers.

Do you feel that what you do would be a good tool that could be looked at more generally in terms of VAC using it? Are you talking about case managers having a better understanding of what the needs are?

**Ms. Debbie Lowther:** Our intake is very detailed. It asks a lot of questions, so we are able to gain a really good picture of that veteran's situation.

I can refer back to when my husband released from the military and he was connected with Veterans Affairs. The case manager that he was assigned was amazing. She literally just asked him about his service from start to finish, where he had been and what he had done, and from that she was able to determine some of the things that he might be eligible for.

For example, he talked about the boots that he wore, and she said, “Oh, you probably have plantar fasciitis.” It's just about getting that information.

**Mrs. Cathay Wagantall:** Right.

Once that was done, how long did it take to work through that process and come up with a sense of the needs of that veteran in your circumstances?

**Ms. Debbie Lowther:** In the situation with my husband when he released?

**Mrs. Cathay Wagantall:** Well, that would be with the case manager. In the work that you do, getting to know those veterans, how long does that process take?

**Ms. Debbie Lowther:** It's quite quick. We've learned from it over the years. We started out with our intake being very brief, and then we found that it was taking us a longer time to get a full picture of the veteran's situation, so we expanded our intake forms. We collect a lot of information—

**Mrs. Cathay Wagantall:** Okay.

**Ms. Debbie Lowther:** —so it could take an hour.

**Mrs. Cathay Wagantall:** I have one more minute, and this is something I'd like to ask you as well.

The Lionel Desmond case is in the news now, and that was a very sad and tragic circumstance. I just want to quote something that comes from the article. It said, “Roughly 400 soldiers are medically released from the Canadian Forces each year due to mental illness, and upwards of 70 per cent of them have partners and children, according to federal figures.”

With all of the work you do with veterans, do you feel that the mental health component is now starting to really get the attention that it's due, and how does it impact the overall health of that veteran and their ability to succeed coming out of the service?

**Ms. Debbie Lowther:** I think we're definitely talking about mental health issues more, so that helps with the stigma and veterans being willing to come forward and talk about their mental health issues. They definitely impact the veteran's ability to be successful in their day-to-day life.

As one of the witnesses stated earlier about veterans, they stay in the dark—they don't go out, they socially isolate—and that affects the whole family.

• (1935)

**The Chair:** Thank you, Mrs. Wagantall.

Now let's go to MP Churence Rogers, for five minutes, please.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Thank you, Mr. Chair.

It's a pleasure to welcome our guests this evening. Again, like my colleagues, I thank you for the service you provide and the care you provide to veterans across this country.

The questions I have could apply to many of you, but I'd like to direct some questions to the retirees federation group. For any one of you who wants to respond, that's fine.

Mr. President, on your website, it states that one of the top five priorities for the outcomes of veterans is to “Rebuild trust with veterans by improving outcome and communications, particularly by working with national service providers, not-profit and community-based organizations.”

What are the challenges you see when it comes to communication, and have you seen any differences between genders, including the LGBTQ2+ veterans community?

Mr. Soulière.

[*Translation*]

**The Chair:** Mr. Soulière, you have the floor.

[*English*]

**Mr. Jean-Guy Soulière:** I'll give a very general idea of where we took all that information to put on our website.

About four or five years ago, we did a number of town hall meetings with veterans and got a whole lot of information about the situations and the difficulties they were facing. A lot was mentioned, and we learned things very similar to what Mr. Laurion was saying. We produced a very good report on these town hall meetings, which is available. The information we put on our website is derived from that.

Also about four years ago, we organized a meeting of veterans groups. There are so many of them that it is impossible to see who is doing what. They all have their specific objectives, specific missions. Many of them don't talk to one another. There is lack of coordination.

We got some 10 or 15 veterans organizations together for a full day, and we produced a report on that, which should be made available, if it is not already available to your committee. That dealt with all of the issues that are being raised here.

I'll let Sayward provide a little bit more detailed information, but generally speaking, the information on our website is derived from these activities and the events we hold.

**Mr. Churence Rogers:** I'll ask you a follow-up question.

What are you hearing from your membership about the backlog at Veterans Affairs? Do you hear specifically about backlogs related to francophone veterans versus anglophones or female veterans versus males?

Can you comment on the recent investment of \$140 million to extend the staff working on the backlog? What effect do you think this will have, in your view, and what more needs to be done to decrease wait times for our veterans?

**Mr. Jean-Guy Soulière:** I think we mentioned this somewhat in the brief that was presented to your committee, but I'll let Sayward get into some of the details.

**Mr. Churence Rogers:** Okay. Thank you.

**Ms. Sayward Montague:** Thank you, Jean-Guy.

If I may, I will quickly touch on the previous question. Ms. Lowther mentioned “brown envelope syndrome”. This is definitely something that we've heard about from the veterans we represent. When they get that envelope in the mail, it signifies something very heavy for many of them. That is an indicator, frankly—in terms of how we take it, anyway—of broken trust and some difficulties that veterans have there.

Also, in terms of what the veteran community looks like, women talk to women. When women have problems or concerns in connecting with VAC, there's very much an interconnectedness among the women veterans community in how those experiences get shared.

Finally, there can be difficulty in connecting with the institution—the Government of Canada—that may have been involved in some of the service-related injuries someone might have experienced. Making the leap and breaching the gap to rely on that institution—to become vulnerable again and trust that institution to deliver on the services and support you need as a result of your injury—can be very difficult when you're in a vulnerable situation. That's what we are discussing when we talk about some of the challenges of trust, but that's a very in-depth topic to get into.

On the investment of \$140 million, it is—

• (1940)

**The Chair:** Ms. Montague, I'm sorry, but I have to interrupt you, because the five minutes is over.

[*Translation*]

We will continue with two brief two-and-a-half minute rounds.

Mr. Desilets will be the first speaker.

Mr. Desilets, you have the floor for two and a half minutes.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

I will be brief, and I hope the answer will be as well.

My question is for Ms. Lowther.

We all know that services offered to francophones are insufficient and inadequate; it's well documented. You referred to bilingualism, which should be in place for this type of position.

Do you often hear comments about this?

[*English*]

**Ms. Debbie Lowther:** Yes, we do often hear comments to that effect. Veterans who are francophone and who are forced to deal

with case managers in English may be able to speak English, but it's not the language of their choice.

Because there is a lack of bilingual case managers, veterans are forced to receive that service in English. Sometimes it can be very confusing; things get lost in translation.

When veterans are in a stressful situation, not being able to receive support in the language of their choice just adds to the stress.

[*Translation*]

**Mr. Luc Desilets:** In your opinion, when a member of this staff is described as bilingual, can we assume that they have a sufficient grasp of French and English?

[*English*]

**Ms. Debbie Lowther:** Yes, that's definitely our understanding: that they speak both languages fluently and they can communicate effectively in both languages.

[*Translation*]

**Mr. Luc Desilets:** In your opinion, they can communicate in French without any problems.

You said that all staff should be bilingual. Taking our system into account, is that realistic?

[*English*]

**Ms. Debbie Lowther:** I think it is feasible. There are many bilingual people in this country. If it's not possible to have everybody in the department being bilingual, I think it's very important to at least have a sufficient number who are, particularly those on the front lines providing service delivery and those adjudicating the claims.

[*Translation*]

**Mr. Luc Desilets:** Can you explain why it is so difficult to recruit francophones?

[*English*]

**Ms. Debbie Lowther:** You know what? I'm not 100% sure why that is so difficult. I don't have a clear answer on that one.

[*Translation*]

**Mr. Luc Desilets:** Thank you.

**The Chair:** Thank you very much.

I will now give the floor to Ms. Rachel Blaney.

Ms. Blaney, you have the floor for two and a half minutes.

[*English*]

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

Mr. Laurion, I would like to ask you a question. I'm going to paraphrase something you said at the beginning of your presentation. You said that we don't know we have problems; other people notice that we have problems. I thought that was a really important and impactful statement.

We heard some testimony from the Veterans Transition Network, who talked about the distinction between service-related injuries, what happens when you're serving, and then injuries caused by the institution, by VAC.

Could you speak to that difference in injuries and the impacts on veterans and the folks you work so hard to support?

• (1945)

[Translation]

**Mr. Jean Laurion:** Could you repeat the question, please?

[English]

**Ms. Rachel Blaney:** Basically my question is about the impacts of VAC's actions that injure people, such as responding slowly or not providing the services that veterans receive. What have the impacts of accessing Veterans Affairs been on people like you and those whom you support?

[Translation]

**Mr. Jean Laurion:** The older generation, including myself, was trained in the military. When we needed to go to the doctor because we were injured, we didn't go. We would shut up and keep working, or we would get sent home.

When people did training, they were taught the culture of silence. They were told that these things weren't talked about. During their career, people could suffer from certain problems, but they wouldn't talk about them, because they had been trained that way.

However, in the last years of the war in Afghanistan, when someone came back with a serious injury or when there were casualties, we took the time to talk to the whole group, to debrief them and discuss what had happened in order to ease the stress.

However, the old guard doesn't talk about these things, because they act like there isn't a problem. When the culture of silence is ingrained, it's very difficult to open up to someone and talk afterwards. It's not easy, and that's why some people have lost their bearings and aren't aware of the problems they have.

When you start talking to veterans, trust is established gradually and they open up more and more. This is how I can determine whether they are suffering from post-traumatic symptoms and try to help them. Some will not want to help themselves, and in some cases, it can take years before I can help them.

While I was still in the armed forces, a good friend of mine was retired and living in my basement. He was suffering from severe post-traumatic symptoms and didn't want to talk about it. He was afraid his parents would find out.

**The Chair:** Thank you, Mr. Laurion. I am sorry to interrupt you. Unfortunately, I have to monitor the time allocated to everyone.

It is now Mr. Fraser Tolmie's turn to ask questions for five minutes.

[English]

**Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** I'm sorry, Chair. Did you say I had five minutes?

**The Chair:** Yes, exactly.

**Mr. Fraser Tolmie:** Are you giving me two and a half from Mr. Desilets? I'll take them.

**The Chair:** Yes, good.

**Mr. Fraser Tolmie:** Thank you so much.

There are a couple of things that I'd like to go over, so I'm grateful that I have the five minutes here.

When I was leaving the military, the pennies dropped [*Technical difficulty—Editor*] as two components of Veterans Affairs. One is post-career advice. We go through courses and people talk about the opportunities after the military, but the focus that we've mostly been talking about is health care. There is a health care component. The well-being of our veterans is both physically and emotionally, so it's health care in a different form.

This question goes to Ms. Lowther. I really appreciate your presentation. I am grateful for your service, as I am for everybody's service. Mr. Laurion, 37 years is a long time, so thank you very much for your dedication to our nation.

You spoke about having a checklist. In a previous presentation, we had a member from the LGBTQ+ community mention that when they went through the checklist, it didn't really work for them. I don't think we need to throw the baby out with the bathwater, but one of the things we really want to focus on is personalized care. How do we get to that? Yes, there has to be some form of checklist, but it has to ask the right questions.

Could you expand a bit on your comments and what you were sharing, so that I can bridge the gap?

• (1950)

**Ms. Debbie Lowther:** You're right. A checklist sounds very impersonal, but case managers need some guidance in asking the right questions. As I mentioned earlier, a checklist could be done in consultation with veterans to make sure that the proper questions are asked.

We need consultation with veterans from all walks of life, so that we can ensure that the questions are asked pertain to each veteran's situation.

**Mr. Fraser Tolmie:** Thank you very much. I appreciate that.

Another comment made earlier on by Mr. Laurion was about medical records being archived, as opposed to going to Veterans Affairs. I find that interesting. I'm wondering if there are some challenges, because of the confidentiality of medical records. They are not being entrusted to Veterans Affairs. Is that another area that we can expand on? Could you share your thoughts on that?

I'm sorry, Mr. Laurion. Did you hear my question? I asked if you could expand a bit on your thoughts on medical records being handed over to the veterans. I could see it being done immediately [*Technical difficulty—Editor*] or an issue when you're leaving, but some vets leave without any known issue and then it comes up.

Could you maybe expand a bit?

[*Translation*]

**Mr. Jean Laurion:** When people leave the armed forces, their medical records are of course transferred to the archives in Ottawa. In my case, Veterans Affairs Canada requested my medical records and had me fill out a document requesting that they be transferred to Ottawa. The next year I was asked to sign another document because the request had not yet been processed, and today I don't even know if they still have my records. I don't know what's going on, maybe they're understaffed, but it would be a great help to veterans if the processing of their file was improved and their individual needs were also addressed. They would be very grateful and it would remove some of the stress and anxiety.

**The Chair:** Thank you, Mr. Laurion.

[*English*]

**Mr. Fraser Tolmie:** Thank you, Mr. Chair.

**The Chair:** I'd like to invite MP Wilson Miao, for five minutes.

**Mr. Wilson Miao (Richmond Centre, Lib.):** Thank you, Mr. Chair, and thank you to all the guests today for this important study.

It's heartbreaking to hear that veterans are suicidal. I'd like to continue the line of questions asked by my colleague Ms. Montague. It's about the recent investment of \$140 million to extend the staff addressing the backlog.

Can you comment on that?

• (1955)

**Ms. Sayward Montague:** The investment of \$140 million is welcome, because the backlog does still exist and, clearly, additional resources are needed to deal with that. I would also note that two years ago we had a funding announcement in the order of \$180 million or \$190 million to deal with the backlog.

This investment does not necessarily link with better outcomes or better services provided to veterans. That would be the next logical place to go after understanding whether these investments are effective.

**Mr. Wilson Miao:** You mentioned in your opening remarks that francophone women have the longest wait times. You also emphasized that fair service should be provided to our veterans.

Can you identify the part where there is a lack of fairness during the process?

**Ms. Sayward Montague:** Regarding the lack of fairness, one of the metrics that we're looking at and that this committee is certainly looking at is in terms of the [*Technical difficulty—Editor*] when veterans make that first application or make an application to Veterans Affairs Canada. What kind of experience do they have following that? Is it comparable between groups when you control for sex and gender, language, and so on?

The simple fact is that it is not fair at that point. Using that metric, it's fair to say there is an objective lack of fairness. Fairness isn't only about the inputs, quantifying case files, the number of cases and claims that are made. Outcomes can also be uneven. What's not being measured in some of these processes is the impact that some of these services, programs, and even some of the delays themselves are having on veterans.

Some of it is disproportionate, based on the fact that some veterans wait longer than others, because of their sex, gender, language, or orientation, or any number of other factors that we've covered in our brief.

**Mr. Wilson Miao:** To follow-up that question, what more needs to be done to ensure equal treatment for all veterans, and also the under-represented veterans communities?

**Ms. Sayward Montague:** For federal retirees, it really boils down to three distinct areas. One of them is improved and more frequent and transparent reporting, including by having sex disaggregated and intersectional data on claims, the number of denied claims and the backlog by Veterans Affairs Canada.

We don't know what we don't measure, and there are some things we're just not measuring or that we're not getting transparent data on. Again, that is something that committee members have commented on during the course of this study.

We're also noting the need for a systemic review to identify where and for whom the most significant barriers are to equitable treatment. The deputy veterans ombudsman mentioned that francophone women wait the longest. That's certainly an area with which to start.

Defined and accountable goals need to address those areas at Veterans Affairs. Our position is that the means to address those should include an objective of what a fair and equitable service delivery means to veterans, and to the department in the delivery of that service.

For us, it's also tailored support for women veterans. There are a number of things that we have mentioned in there that would support representation and the ability to get some scrutiny of the issues they are reporting and the places they are having difficulty.

Finally, we need to review the need for an office of equity within Veterans Affairs and how the department approaches that. We've mentioned some other pieces on reporting and connecting with stakeholders, and drawing better coordination between the Department of National Defence, the Canadian Armed Forces and Veterans Affairs in terms of research. Some of the investments that Prime Minister Trudeau suggested in the mandate letter for the defence minister would be helpful here.

Finally, it's making sure that decision-makers at VAC have access to the best available evidence to support those claims where inequities are happening.

• (2000)

**Mr. Wilson Miao:** Thank you.

Mr. Chair, I believe my time is up.

**The Chair:** Yes, it is.

**Mr. Wilson Miao:** Thank you very much.

**The Chair:** Before we go to the next round of questions, I have a quick question that I would like to ask Ms. Lowther.

It seemed that in your speech you said that for some case managers there are some high-profile veterans. Is that true? Can you explain a bit what “high-profile veterans” means?

**Ms. Debbie Lowther:** There are some veterans who are very well-known in the veterans community and there are some veterans who are connected politically, I guess you could say. It has been our experience—we've witnessed it a couple of times—where veterans who fall into that category have received what would seem to be preferential treatment. For example, one veteran that I know of received the maximum of \$10,000 from the veterans emergency fund with very little effort on their part, and was immediately approved for the income replacement benefit. We've only ever seen one other veteran receive that maximum amount. We don't know of any other veterans who received that treatment, so it does—

**The Chair:** Thank you so much.

Mr. Desilets called and said the time is over.

Okay, thank you. I understand.

I now invite MP Anna Roberts, for five minutes. Please go ahead.

**Mrs. Anna Roberts (King—Vaughan, CPC):** Thank you, Chair.

My questions are going to be directed to Debbie, but I want to read something before I direct my question.

I had an opportunity to go through your website. I have to tell you, it was very emotional. One of the stories I'll review with you is from a veteran.

This is his story:

This Veteran had been struggling and used his last bit of money to relocate to a new area where he had secured employment with Bombardier but just before he could fully get back on his feet, he was the victim of the Bombardier layoffs. He ended up living in his car.

#### HOW WE HELPED

This Veteran had reached out to “Helmets to Hardhats” who were unable to assist him but thankfully they referred him to VETS Canada. The Veteran was immediately moved from his car into temporary accommodations. We reached out to a company that we had partnered with who was interested in hiring Veterans with experience.... He was successful in getting the job and we assisted him in finding a new apartment close to his new job and paid his first month's rent and security deposit.

#### THE OUTCOME

—and this is very important—

Twenty-five days from the day this Veteran reached out to us he was employed, housed and enjoyed his new job.

After reading these stories from the veterans, it did become very emotional for me, so I want to ask you something.

Your dedication of your company is absolutely amazing. Your organization has benefited many veterans. How can we build on your experience and the success of your foundation to ensure that we can learn and assist our veterans moving forward?

**Ms. Debbie Lowther:** Thank you for the question and your kind words.

We're more than happy to share our experience with anybody who wants to learn from what we've learned, but I think one of the key reasons that we have such great success with the veterans we support is most of our volunteers are veterans themselves or still serving members, so there is that element of peer support that's certainly helpful. However, I think for us it's just connecting with the veterans and listening to their story and coming up with a plan, with them participating in the plan, to help them move forward.

**Mrs. Anna Roberts:** It takes me back to a question one of my colleagues asked about that personal touch.

Would you agree that the personal touch has a better outcome for both the veteran and the team?

• (2005)

**Ms. Debbie Lowther:** Yes, absolutely. No two veterans are the same. No two situations are the same.

We try to come up with plans for veterans based on their individual situation. There is no “one size fits all”. We listen to the veteran and we make suggestions on the things that we think could benefit them. Of course, they always have the right to self-determination, but they are just looking for somebody to guide them in the right direction.

**Mrs. Anna Roberts:** After reading many of the stories, I would think from a personal standpoint that it would be beneficial for VAC to work closely with your area, because your response time is amazing. We heard earlier from Jean that he waited two years, and yet your organization can do it in a much more efficient way. Would you agree that if you worked with VAC, the wait times would be improved?

**Ms. Debbie Lowther:** We do work closely with VAC, and the benefit is that we are able to help out with the emergency situation, sometimes to hold the veteran over until their benefits from Veterans Affairs kick in. There's that collaborative effort that happens between our organization and Veterans Affairs. We do have a quick response time because we are helping just with that emergency support, and there isn't a lot of paperwork or applications for the veterans to complete to get support from our organization. Because we don't have quite as many restrictions and rules, we are able to respond very quickly. When you're dealing with government, obviously there are a lot of processes in place that do delay things.

**Mrs. Anna Roberts:** I think my time's up. Thank you.

[*Translation*]

**The Chair:** Thank you.

Mr. Samson, you have five minutes.

**Mr. Darrell Samson:** Thank you very much.

[*English*]

I didn't think my time was going to come today. I got scared for a second by Mr. Caputo's suggestion for us to shut down in 15 minutes to discuss committee business.

I want to thank you all for your presentations today and for your service, whether you've been directly involved as part of the Canadian Armed Forces, you're retired, or you are supporting veterans on the ground. It's tremendous to hear these stories. It's so important.

[*Translation*]

Mr. Laurion, you talked about your 37 years and three months of service, emphasizing those three months. It's very impressive. Thank you for your service.

[*English*]

Ms. Lowther, I'd like to ask you a few questions, maybe four or five, so we'll have to hustle, and then I might be able to get some more in. You talked about responding 24-7, 365. In a very short period of time, can you explain what that means, how they can contact you and how you can respond?

**Ms. Debbie Lowther:** We have volunteers who work around the clock. We have one national support services manager who works Monday to Friday, nine to five. Then, during the hours outside of that, we have volunteers who take the calls on a rotational basis, so we are literally 24-7.

**Mr. Darrell Samson:** Can you share with the committee how many volunteers you have? Are they in Nova Scotia or right across the country?

**Ms. Debbie Lowther:** They're right across the country. We have hundreds. I think the number was approaching 500 the last time I checked. They are the backbone of our organization and are in every province and territory across the country.

**Mr. Darrell Samson:** Would you say in the last few years you've helped veterans in every province and territory?

**Ms. Debbie Lowther:** Yes.

**Mr. Darrell Samson:** That's quite impressive.

I think I also heard you say in your presentation that you had worked with over 1,000 veterans in the last year. Is that correct? That seems like a high number.

**Ms. Debbie Lowther:** No, what I said was to date we've responded to thousands of requests for assistance. In the past year, we've supported probably more than 500 veterans at this point. Lots of times with those veterans, it's not just a one-time thing. Sometimes veterans will come to us and we'll get them back on their feet, but maybe later things might go a little sideways and they come back to us again. That's fine. We're there to support them again as well.

• (2010)

**Mr. Darrell Samson:** For simplicity's sake, let's say you've helped 500 veterans so far this year. You said 80% were referred by caseworkers at Veterans Affairs. Is that correct? Can you expand on that?

**Ms. Debbie Lowther:** We receive calls every day from case managers at Veterans Affairs for any number of reasons. Sometimes it could be because the veteran doesn't qualify for the veterans emergency fund, or the veterans emergency fund is going to take too long, so they will send the veteran our way. We're there to complement what the case manager can do. Yes, a lot of our calls—most of them—come from VAC case managers.

**Mr. Darrell Samson:** Thank you.

You have a physical building with office headquarters in Dartmouth, Nova Scotia. Do you have any other physical buildings or areas where you're providing services for veterans across the country?

**Ms. Debbie Lowther:** Yes, we have a drop-in support centre in Ottawa.

Our headquarters is in Dartmouth and we have a drop-in support centre co-located with the headquarters. We also have a drop-in in Edmonton that we operate on behalf of the Government of Alberta.

**Mr. Darrell Samson:** I believe you also have some transition apartments in certain parts of the country. Can you expand on what "transition apartment" means?

**Ms. Debbie Lowther:** We have access to one transitional apartment in Vancouver in conjunction with an organization called Community Builders.

In Halifax we have two transitional apartments in partnership with The Salvation Army.

In Edmonton, we have access to 15 transitional apartments in an apartment building that was purchased by the Government of Alberta with the intent of providing support for veterans. They've tasked us with being the face of that project.

**Mr. Darrell Samson:** Thank you.

I have just a quick question for the Federal Retirees.

You said you're co-chair of the women's research and.... Can you tell us a little bit about what that committee has done so far?

**Ms. Sayward Montague:** Absolutely. Thank you.



We're proud to co-chair along with professor Dr. Maya Eichler from Mount Saint Vincent University and women's veteran health advocate and physician Dr. Karen Breeck, who is also a veteran.

Our mission is to work towards equitable lifetime outcomes for all veterans in seven domains of well-being. We bring together organizations to discuss, collaborate, pool knowledge and work towards sex and gender-informed, evidence-based policies, practices and better outcomes in this field.

[*Translation*]

**The Chair:** Thank you.

We have two rounds left. First, Mr. Luc Desilets will have two and a half minutes. He will be followed by Ms. Rachel Blaney, also for two and a half minutes.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

My question is for Mr. Soulière or Ms. Montague. I don't know who is more comfortable answering.

In your report, you recommend more detailed data than what we currently have, disaggregated data, data broken down by gender, and so on. You mentioned data on approved and denied applications. I found that very interesting. We haven't really had a chance to talk about that here.

Could you tell me what the data on approved and denied applications represents to you?

[*English*]

**Ms. Sayward Montague:** I hope it is okay that I respond in English, MP Desilets.

It is definitely a fascinating area. It gets into the fact we don't know what we don't measure.

We're suggesting that Veterans Affairs Canada would be well situated to start to review, investigate and report on that area. There's also data available on that from the Veterans Review and Appeal Board, which might be useful in understanding this, although I don't have it at my fingertips.

The Office of the Veterans Ombudsman has reported on the decisions and some issues of equity coming out of that body. I understand that they're also taking steps to address those.

Again, we don't know what we don't measure and what we don't have statistics and information on.

[*Translation*]

**Mr. Luc Desilets:** Are we talking about one out of two applications being approved? Personally, I have no idea.

• (2015)

[*English*]

**Ms. Sayward Montague:** I'm not able to comment on that, but I would definitely like to know the answer.

[*Translation*]

**Mr. Luc Desilets:** Agreed.

Can you tell us more about your project or request to create an office of equity?

You mentioned it earlier, but you can take the last minute of my time to outline this proposal.

[*English*]

**Ms. Sayward Montague:** In addition to the remarks we made earlier, the Veterans Affairs' Office of Women and LGBTQ Veterans was a most welcome addition. It is staffed by some very good people who truly want to make a difference. At this point, we believe it is time to examine the need for an office of equity and what's truly needed.

It's become clear throughout different pieces of reporting—again I'll mention some of the reports that have come before this committee—that there are other factors that come into play that originate with intersectionality and identity. Your experience as a service member and in becoming a veteran might mean the supports you may need are about more than women and LGBTQ+ members. There are also impacts on Black, indigenous and other people of colour and how they have experienced life in the military.

Approaching this from an equity angle would zoom out a little bit and enable us to understand where other impacts are that aren't necessarily being seen. We've had some documentation and information about women veterans, francophone—

**The Chair:** Thank you.

**Ms. Sayward Montague:** Sorry, I'll stop.

**The Chair:** Thank you so much.

I'd like to invite MP Rachel Blaney for two and a half minutes.

Please go ahead.

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

I would like to come back to Ms. Montague, if I may.

I know that one of the biggest challenges that I hear about is women who are released from the military because of injuries and other things that happen to them during their service to our country. We also know that, of course.... I really appreciated it when you talked about that. If you don't measure it, it's hard to know what's going on. A lot of women—all women—are measured through the lens of a male body. We know that often one of the impacts of that is that they are released and they are not recognized as having service-related injuries because that model for them isn't clearly there.

I'm just wondering if you could speak to what ways we need to see change happen to make sure the systems are not gender blind and are not blind to all equity-seeking groups.

**Ms. Sayward Montague:** Thank you.

One of the ways that it can become realized is what we mentioned in our brief about cross-departmental coordination and leaning into expertise that exists in other areas of government. National Defence and the Canadian Armed Forces are beginning to do work on some of the upstream impacts that are occurring in terms—I'll use the example—of the impact of some service aspects on women's health and women's health outcomes.

There could certainly be a coordination role between National Defence, Canadian Armed Forces and Veterans Affairs Canada, because what happens with National Defence and the armed forces upstream becomes a downstream issue. Better coordination on that side of things....

There's certainly expertise that can be drawn on from the Health minister. For example, women and gender equity could also play a role in that to ensure that there are tools to support swift adjudication and decisions on claims.

**Ms. Rachel Blaney:** I think one of the challenges that we hear again and again is that relationship through the transition process from one department to the other department.

You spoke about how there's some work being done. Are the abilities for translating that help from one department to another strong enough, or is there anything that we could look at differently to make that a smoother process?

**Ms. Sayward Montague:** As an outsider, I believe that there could be additional supports or measures put in place to make that a smoother and more supported process.

**Ms. Rachel Blaney:** Thank you.

**The Chair:** Thank you so much.

Now let's go to Mr. Caputo for five minutes.

The floor is yours.

● (2020)

**Mr. Frank Caputo:** Thank you, Chair.

The motion I would like to move is as follows, Mr. Chair:

That, given that Juno Beach is one of the most sacred places in Canadian military history, the Standing Committee on Veterans Affairs objects to plans to develop the area immediately adjacent to the Juno Beach Centre, expresses its support for the Save Juno Beach campaign in Canada, calls on the government to provide financial support for the Juno Beach Centre Association in order to protect the integrity of Canada's primary site of Second World War commemoration overseas, and reports this motion to the House of Commons.

**Mr. Darrell Samson:** Monsieur Dubourg....

**The Chair:** Thank you.

Go ahead, MP Samson.

**Mr. Darrell Samson:** Thank you, and I want thank Mr. Caputo for his motion.

I think Mr. Caputo will be very happy with my suggestion. I leave that to his determination, of course, but I'd like to add something to the motion as an amendment that I believe would add tools to the tool box, if you want.

I'll just go to the piece of the phrase, "Save Juno Beach campaign in Canada, calls on the government to provide financial support". I'd like to add two words, "or other" support. Financial support

could be one, but there could be others added because, as we know, we have the minister going out there in a week or so, and I know there are discussions with the French government and diplomatic discussions. There are all kinds of other tools, so I'm okay if we leave in the word "finance" but simply add, "or other support" because I don't want to limit ourselves to that. I want to enrich it so we can go further.

I believe Mr. Caputo would agree to that. At least I'm risking myself on this one.

Thank you.

**Mr. Frank Caputo:** Yes.

**The Chair:** Mr. Caputo.

**Mr. Frank Caputo:** I think that's likely fine.

If we really want to cover it off, we could put "and/or" if that would satisfy Mr. Samson.

**Mr. Darrell Samson:** Yes.

**Mr. Frank Caputo:** Okay.

I agree to that agreement.

I guess we have to have unanimous consent for it.

**The Chair:** Yes, we have to consult the team.

Do we have unanimous consent?

Perfect.

(Amendment agreed to)

(Motion as amended agreed to)

**The Chair:** **The Chair:** This is very good.

Thank you so much.

We still have five more minutes. I can split that time in two.

There are two and a half minutes for you, and two and a half minutes for MP Rechie Valdez.

**Mr. Frank Caputo:** I have a really lengthy, "saturated" question, you might say. I'm going to give my time to Anna Roberts.

**The Chair:** MP Roberts, go ahead.

**Mrs. Anna Roberts:** Thank you.

My question again is for Debbie.

I'm so impressed with the efficiency of your organization. After listening to Jean it saddens me to hear about the suicide rate even though there has been, I guess, what you could call an "improvement"—but I wouldn't—from 22 suicides to 14 suicides a day. That is still a huge number.

My question is for you, and maybe Jean as well. If we can be more efficient, do you agree that we could stop these suicide rates by improving the quality of life of our veterans, which they so need and deserve?

**Ms. Debbie Lowther:** Providing services and benefits to veterans in a timely manner would certainly help with decreasing the number of suicides, and trying to make veterans aware of the resources available to them to help them with their mental health issues. I think there are things we could do to relieve some of that stress that often leads to suicide.

**Mrs. Anna Roberts:** Thank you.

Perhaps I can ask you this, Jean. You said that you are now an advocate and that you help veterans, which is so wonderful to hear. I'm very impressed with that.

Do you agree that that personal touch and the ability to expedite their concerns would reduce the suicide rates?

• (2025)

[*Translation*]

**Mr. Jean Laurion:** Certainly, it would lower the suicide rate. As I said earlier, today's new generation is talking about it more.

I'll give you an example. The section commander is the section boss. If he goes to his sergeant or warrant officer—excuse me, because usually the section commander is a sergeant—to tell him that he has a problem, he's caught between his men and the warrant officer. In leadership courses, we are taught that we have set the example. So it's very constraining. That's what we were taught in the military.

Fortunately, there is a growing trend of change, but it is not easy.

[*English*]

**Mrs. Anna Roberts:** Thank you.

**The Chair:** Thank you, MP Anna Roberts.

I'd like to go to MP Rechie Valdez for two and a half minutes.

Please go ahead.

**Mrs. Rechie Valdez:** I'm going to continue the line of questioning from my colleague.

Mr. Laurion, you had a breadth of experience when you served, and I appreciate that you continue to gain additional education through the years. I just want to say that and commend you for everything you've done.

You shared the alarming suicide rates earlier.

What advice can you give our committee to assist in further preventing suicides?

[*Translation*]

**Mr. Jean Laurion:** If Veterans Affairs looked after us at the end of our service, that would be a good preventive measure.

It would be enough to organize meetings with stakeholders. I'll give you an example. At one point, I asked to go to the pain management clinic to understand my pain and demystify it.

The team there didn't know me at all. There was a psychologist, a clinical nurse, a physiotherapist and an occupational therapist. All of them bombarded me with questions for two and a half hours. After that they knew me. They knew what my pains and problems were.

Afterwards, I met with a psychiatrist, who developed my intervention plan. Perhaps a team of stakeholders should be set up to meet with these people to determine their needs. It would surely help them to feel better. They would feel valued, understood and supported. That would help them a lot.

Thank you.

[*English*]

**Mrs. Rechie Valdez:** Thank you very much for sharing that feedback.

I want to loop back to you, Ms. Montague. You didn't get a chance to finish your answer earlier. Do you want to do so now, if you remember what it was?

**Ms. Sayward Montague:** Thank you, MP. I'll pass on that. I don't remember what I was remarking on.

**Mrs. Rechie Valdez:** Thank you.

I think my time is up.

**The Chair:** Thank you, MP Valdez.

[*Translation*]

Ladies and gentlemen, that is all the time we have tonight.

On behalf of the members of the Standing Committee on Veterans Affairs, I would like to thank you most sincerely for taking the time to participate in our study, entitled "Fairness in the Services Offered to Veterans: Francophones and Anglophones, Men and Women, and the LGBTQ+ Community".

I want to thank each of the witnesses.

Thank you, Mr. Jean Laurion, for appearing as an individual.

My thanks to the National Association of Federal Retirees: Mr. Jean-Guy Soulière, president; Mr. Anthony Pizzino, chief executive officer; and Ms. Sayward Montague, director of advocacy.

Mr. Pizzino, we had technical problems and unfortunately we were unable to hear from you.

I thank Ms. Debbie Lowther, chief executive officer and co-founder of VETS Canada.

Thank you again for participating in our study.

Members of the committee, do you agree to adjourn the meeting?

There are no objections.

On my behalf and on behalf of the committee members, thank you to the clerk, our analyst, the interpreters and the entire technical team for working tirelessly to ensure that the committee's proceedings run smoothly.

Good night, ladies and gentlemen.

The meeting is adjourned.

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