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Chair: Marie-France Lalonde



Standing Committee on Veterans Affairs

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• (1530)

[*Translation*]

The Chair (Marie-France Lalonde (Orléans, Lib.)): I call this meeting to order.

[*English*]

I'll invite everybody to have a seat, please.

[*Translation*]

Welcome to meeting number 14 of the House of Commons Standing Committee on Veterans Affairs.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on September 18, 2025, the committee is resuming its study on suicide prevention among veterans.

[*English*]

Before we welcome our witnesses, for people who are viewing, I would like to provide a trigger warning. We will be discussing experiences related to suicide and grief. This may be triggering to viewers with similar experiences. If you feel distress or need help, please advise our clerk. For all witnesses and members of Parliament, it is important to recognize that these are difficult discussions.

Also for our witnesses, if you do not feel comfortable at any point, please let us know. We can pause our committee for you.

[*Translation*]

Pursuant to the Standing Orders, today's meeting is taking place in a hybrid format. Members can participate in person or via the Zoom application.

[*English*]

Before we continue, I would ask that all in-person participants consult the guidelines written on the cards on the table. These measures are in place to prevent audio and feedback incidents and to protect the health and safety of all participants, including the interpreters.

[*Translation*]

To ensure an orderly meeting, I would like to outline a few rules for witnesses and members to follow.

Before speaking, please wait for me to recognize you by name. For those participating by video conference, click on the microphone icon to turn on your microphone, and please mute yourself when you are not speaking.

[*English*]

Finally, this is a reminder that all comments should be addressed through the chair.

[*Translation*]

I would like to welcome our witnesses.

[*English*]

Blake Richards (Airdrie—Cochrane, CPC): Chair, I have a point of order.

Before you introduce the witnesses, I noticed that we had a change from two hours to one hour for the meeting. I'm not sure I would have agreed, although I do understand the circumstance that a few witnesses dropped out.

Having said that, I wonder if I could ask committee members—and you, obviously—if we could at least modify that slightly to make sure that everyone on the committee has a chance to ask a question. That would require four rounds or whatever it is. It's just so that everyone has that opportunity before we shut the meeting off. Rather than being hard and fast about an hour, we can give everybody an opportunity. It might take us slightly more than an hour.

I hope that's agreeable to everyone.

The Chair: I am at the will of the committee, but I hear what you're saying. How about we start this committee, see how our witnesses and everybody else in the room feel, and take it from there?

Is that okay, Mr. Richards? Okay.

[*Translation*]

I will now introduce our witnesses.

Welcome.

• (1535)

[*English*]

I would like to welcome Monsieur Michel Marceau and Ms. Amanda Anderson. Thank you for being with us.

We will start by inviting each of you to deliver your opening remarks for a period of about five minutes. Once you have finished, we will have the rest of the meeting as discussed. We will be inviting our members of Parliament to ask you questions.

Madam Anderson, I will give you the floor first.

Amanda Anderson (As an Individual): Thank you, Madam Chair and committee, for this invitation.

My name is Amanda Anderson. In 2007, my husband, Corporal Jordan Anderson, was killed in Afghanistan, along with five other soldiers and an Afghan interpreter, by an improvised explosive device. Though the care I received from his unit, 3 PPCLI, in the aftermath of his death was excellent, I have borne witness to many gaps in the system.

Since 2009, I have been quietly helping CAF and veteran widows through the death admin and VAC processes. I'm the admin of a Facebook group that is exclusive to my survivor community. For this work, in 2024, I was awarded the VAC ombudsman commendation, and I was asked to sit on the VAC advisory board on families. For both, I believe I was the first survivor to be honoured.

Why am I here at this hearing on suicide prevention when my husband was killed in Afghanistan? It's because I talk to and message CAF and veteran widows one-on-one almost every day.

My testimony is not mine. It is the experience of the survivors I've talked to for over 16 years. These are the phone calls, the meetings and the My VAC messages. I'm here to discuss what happens to veteran families when, despite everything, suicide prevention efforts fail.

The grief and trauma are overwhelming. You have heard this from many family members and spouses who have shared their first-hand experiences with this loss. I will say this. The mental anguish that leads to suicide is not only suffered by the member and veteran; it is shared by the family. After the death, the family is left to carry that pain for a lifetime.

In order to move forward, families need access to consistent and appropriate mental health support for grief and trauma. In my role as an advocate, I often help families find that support. This is where we hit a wall at VAC.

The current VAC policy on mental health hinges on the active participation of the veteran. It requires the veteran to participate in therapy and advocate for their family members to receive mental health treatment. It requires the veteran's therapist to write a letter saying that it would benefit the veteran's mental health if they received treatment.

What happens when the veteran can't participate in therapy because they're dead? Survivors, instead, get the VAC assistance service. It's a short-term service, similar to an employee assistance program, and then we're off-loaded to the provincial health care system.

With the VAC assistance program, you're not guaranteed a registered psychologist, nor an expert in grief or trauma. Some survivors manage to get a bit of help—usually 20 hours—under the VAC assistance service before giving up on trying to navigate the various requirements, including requalifying for funding after every 20 hours and having a therapist redo the paperwork for another reason—as if traumatic grief is not enough of a reason to need ongoing therapy.

A handful of CAF survivors have managed to qualify for the rehabilitation program and get help to meet their rehabilitation goals.

This is not therapy for traumatic grief and loss, and this program is not open to RCMP survivors. The majority report that they get nothing. They get no mental health care—not even for deaths VAC deems service-related. They don't even get the limited assistance service, which is supposed to be offered to every VAC client for any reason. Many tried calling several times asking for help and received nothing.

If this sounds confusing, inconsistent and patchwork, that's because it is.

VAC has confirmed in writing that we are only eligible for the VAC assistance service for short-term care, and then we're to get care from the provincial health care system. I'll point out here that we cannot get regular grief therapy counselling from the provincial system because it's not a funded service, so VAC is telling us to get care from the public system, where we cannot get it. Families are left to pay out of pocket if they are not lucky enough to have private insurance.

Why do survivors, whose loved ones were sacrificed in service to Canada, receive the least mental health care from the organization designed to help veterans and their families?

In 2021, the VAC ombud recommended that families, including survivors, receive mental health care treatment benefits in their own right for service-related conditions, independent of the veteran. In 2024, VAC agreed that families should receive mental health care; however, it said the issue was the legislation.

An RCMP spouse, Samara, who testified here a few weeks ago, launched a petition to have the government change the legislation after her friend Jessica lost her mental health care after the suicide death of her spouse. Jessica also testified here. We built a Facebook group to support the petition, which currently has 2,100 members.

Survivors and their families are sharing their heartbreaking stories, and some of the posts are getting 30,000 to 60,000 views. We are receiving very strong support from the CAF and RCMP veteran community, and we are urging everyone to contact their member of Parliament.

• (1540)

The Legion is advocating for family members to receive mental health care in our own right. The Atlas Institute, which also testified here, recently stated that military service has changed and called upon services for families to evolve. Atlas specifically stated that Canada has a duty of care to veterans and their families.

In the Senate, Senators Klyne and Kutcher recently asked the VAC minister about survivors' treatment at VAC. Senator Kutcher stated, "the spouses and family members of veterans need to be treated as people with their own inherent and constitutionally protected rights, not as dependents of the veteran."

VAC again reaffirmed their commitment that we should receive mental health care in our own right for service-related conditions this past September. The ombud said this:

I have heard many heartbreaking stories about Veteran families struggling with their own mental health needs as a result of being part of a military—or RCMP—family. And I must credit VAC for doing their best within the legislative guidelines to provide some mental health supports to family members. However, access is, for the most part, completely dependent on the Veteran's engagement in treatment, and there are many instances where that is impossible or challenging. The stories I have heard are deeply compelling and I cannot encourage the Minister and the Department more strongly to do what is necessary to implement the recommendations in our January 2021 report.

Elsewhere in the same testimony, after the ombudsman described the current situation for survivors' mental health care at VAC, it struck me that MP Gaudreau asked whether this is what we want on our conscience.

VAC is supposed to cover for service-related injuries. The ultimate service-related injury is death. Remembrance is not only about poppies, monuments and November 11; it's about how a country chooses to care and support the grieving family members left behind.

Thank you.

The Chair: Thank you very much, Ms. Anderson. Thank you for coming today; we appreciate it.

[*Translation*]

Mr. Marceau, you have the floor for five minutes.

Michel Marceau (As an Individual): Good afternoon everyone.

Ladies and gentlemen, thank you for having me.

Long live the King!

My name is Michel Marceau. I'm a veteran of the Canadian Armed Forces. I served in Afghanistan as a member of Task Force 1-09.

Here are my observations.

First is the red tape mentioned by journalist Patricia Rainville, who wrote a series of articles on the subject. She really hit the nail on the head, because that's exactly what's happening. We have to fight tooth and nail to get what we should be getting without even needing to ask.

I left the military 12 years ago. I don't even have a family doctor. All through the winter, the Veterans Affairs agent, who was very polite, kept telling me that I did have one. I called my family doctor

12 times over seven years only to be told each time to call back in a year. I ended up going to the private sector for \$2,000 a year. I don't have a family doctor, which makes me wonder: why do newcomers to Canada who come in illegally have a family doctor whereas veterans like me and families like Mrs. Anderson's, who went through much worse things than I did, can't even get one?

I complained to the ombudsman in 2017, but nothing changed. I went on a hunger strike for 10 days last year, including 28 hours without drinking. I would do it again without thinking twice. I'm not here to make threats or to get on anybody's nerves—sorry, my hands are sweating like crazy because Mrs. Anderson's testimony deeply moved me.

Another aspect is that transitioning from military to civilian life takes way too long. In 2025, we're in the digital era—click here, press "Enter" and my file should be passed along.

Members of the military like myself swore allegiance to the King. My allegiance will never falter. If the King was in Quebec City tomorrow morning and somebody tried to shoot him, I'd take a bullet for him and die a glorious death. I'd die a happy man. I know it's not a normal thing to say, but that's what allegiance is. You can't explain it, it's just in you.

When we see people burning Canadian flags around the world, it makes people like me sick. The Taliban were given \$180 million. It's not the first time, so I don't think I have to say more about that. Facebook removes all posts about veterans. I posted a very polite and respectful comment yesterday asking my veteran buddies for advice on what to say so that I don't speak only for myself. We're stigmatized by society.

Let me tell you my little personal horror story. There's nothing special about me, these kinds of things happen to lots of folk. Case in point, you have this committee with fine people like you showing empathy and taking the time to listen to veterans and using their professionalism to try to help us. I really appreciate it.

In 2010, I was diagnosed with PTSD, post-traumatic stress disorder. From July 2 to October 15, 2015, I was deeply addicted to antidepressants and completely lost my mind. I called the good old Clinique pour traumatismes liés au stress opérationnel—the TSO clinic—in Loretteville, and the bunch of Dr. Frankensteins who work there. For three and a half months, they didn't listen to my calls. I called Veterans Affairs 10 or 20 times.

Ironically, I'm still the same guy who served in the Canadian Armed Forces. I had security clearance and was 100% trustworthy. When I left the military, I went from hero to absolute zero. Not just me, but my buddies too. It's the same for everyone.

When you leave the Armed Forces, it's simple: take your pills, cash in your cheque and shut your yap. No one wants to hear about your experience in Afghanistan anymore. In fact, that experience has all but disappeared from the military. There's only a handful of brave souls who still possess it. Lobbies are pushing hard to make it go away.

Now, with the top-notch care I got from the TSO clinic and the complete negligence by Veterans Affairs Canada, which was abysmal in my case, why am I so frustrated and bitter? I had a reaction to antidepressants for the third time. It's clearly written in my file, spelled out in black and white. The drugs Cipralext, Cymbalta and Pristiq almost killed me. I went into psychiatric care four times and made two failed suicide attempts.

• (1545)

I have a son who lives on the street because I took some crap called Seroquel for six years. I was sleeping all day, so he became homeless.

I want to highlight the testimony from the Vietnam veteran, a Native American gentleman. I want to say the exact same thing he did as I wrap up. Without going so far as to say that I'm fully recovered, for a little over a year, I've felt a lot better. I did the exact opposite of what I was told. I live like a soldier. I have a backpack at the foot of my bed. I'm ready to go. I won't be going to Afghanistan and there won't be any bombs dropping in my backyard, but if my 78-year-old mother who lives in Normandin, in Lac-Saint-Jean, isn't feeling well, I can just grab my stuff and I'm ready to go with my boy.

Doctors don't understand what guys like me go through because they don't want to read *On Combat*. It's a book written by a psychologist and lieutenant colonel. He describes exactly what guys like Mrs. Anderson's husband, the Vietnam vet and I go through. It's 100% spot-on.

I feel better because I accepted my true nature. I need stress and danger. Going back to civilian life is like putting on the brakes all of a sudden. Everything's too slow. You get comfortable. You meet one gentleman here, and another there, and you have to talk about your emotions. You take a couple of pills at first, then you end up taking 12. One pill makes your legs shake, so you take another one to stop the shaking, and you take another one to be a good partner to your significant other, if you know what I mean. It's horrible.

I stopped taking pills. I'm not against pills per se, but I'm against the ones that do nothing or cause harm. I'm aware of my condition. I keep it under control. I'm a yoga master. I know I don't look the part, but I can do all the poses. Yoga, martial arts and spirituality is what got me through it, like the Vietnam vet.

In closing, I want to thank former MP Luc Desilets, who worked hard on my case, Ms. Gaudreau, who showed enough professionalism and empathy to continue that work, and journalist Patricia Rainville. I salute everyone here today and all the families of veterans who died in Afghanistan. Respect, and long live the King!

Sorry, I'm feeling a little faint.

• (1550)

The Chair: It's ok. Take your time, Mr. Marceau.

Michel Marceau: I'm fine now. It passed.

The Chair: It's important for us. Thank you for being here. Thank you for your courage.

[English]

We will start our rounds of questions.

We will go to Mr. Tolmie for six minutes.

Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Chair.

Thank you to our witnesses for coming, sharing and giving us some information that is very enlightening to us.

I will be asking both of you questions throughout this six-minute period.

Ms. Anderson, I'd like to start with you, because you led off in the witness testimony.

One thing that has become clear to this committee—or to me—when we're sitting here asking questions is that there seems to be a blind spot. I've alluded to this numerous times. Veterans get out of the military and then there's—I don't know how to describe it—no interaction. VAC employees have to go to VAC to get services.

In your testimony, you mentioned spouses. I think spouses can witness the mental and emotional behaviour of their spouse who has served. The block is that they're not able to access VAC because they're not the serving member. Do you think that should change?

Amanda Anderson: Yes. The ombudsman recommended in 2021 that families receive mental health care in their own right independent of the veteran. The key there is “independent of the veteran”, because currently, for family members to receive mental health assistance, they basically need the veteran's permission and advocacy.

When the veteran is experiencing extreme PTSD or whatever issues they might be experiencing and the family notices, family members can't access care. That's why the ombudsman said that family members need to be able to access mental health care in their own right. It's so they won't need the veteran to advocate for them or basically give them permission; they can access it in their own right.

• (1555)

Fraser Tolmie: We have a situation where someone who is witnessing a serving member deal with mental and emotional anguish could go to Veterans Affairs, but they can't. You said the restriction was because of legislation. Is that correct?

Amanda Anderson: Yes.

Fraser Tolmie: They're aware that this legislation needs to be changed, but no one has come forward to change the legislation. Is that what you hear?

Amanda Anderson: That is correct.

Fraser Tolmie: What are your thoughts on that?

Amanda Anderson: The legislation needs to be changed to allow family members to receive independent mental health treatment benefits.

Fraser Tolmie: I agree with you.

Amanda Anderson: Can I add to that?

Fraser Tolmie: Yes, you can add to that.

Amanda Anderson: I don't know if everybody caught it in my earlier testimony, but when care relies on the veteran and then that veteran passes away, people like me cannot access it. We're given the assistance service, which I've outlined is completely insufficient for somebody who's going through traumatic grief and trauma.

Fraser Tolmie: Yes, I agree with you. Thank you so much for your perspective. I'm sorry that you're dealing with the bureaucratic red tape to get legislation changed.

This brings me to Mr. Marceau.

You mentioned that you have no general practitioner. Is that because of a lack of doctors, or is it a combination of a lack of doctors and doctors being unwilling to deal with you as a veteran? Have you witnessed that?

[Translation]

Michel Marceau: That's a good question, Mr. Tolmie.

I understand what you said in English. I used to be bilingual, but I don't speak English on a regular basis anymore, so I'll answer in French.

Last year, I went on a hunger strike. I have promises right here with me, written by Deputy Minister Harris and obtained by Mr. Desilets, which were not kept. They keep passing the buck and saying that, in Quebec, they can't help me because yada yada yada. In the end, it's nothing but red tape.

I never signed up to be in Quebec's army. I'm a proud Quebecker, but I was in the Canadian army. I swore allegiance to the King. I don't know why they keep nagging me about that. How can I get a doctor? That's not my war. That's not my field of expertise. We should just have one, period.

I don't know if that answered your question or not.

Over the past seven years, I called every six months only to be told to call back in a month. I ended up going to the Lacroix medical clinics. I paid \$1,120 for three visits. That was my experience.

[English]

Fraser Tolmie: I don't have much time, and I'd just like to thank you for your service.

[Translation]

Michel Marceau: Thank you, Mr. Tolmie.

[English]

Fraser Tolmie: Ms. Anderson, I'm sorry for your loss. I thank you for your husband's service.

I appreciate what you're doing and what you continue to do as individuals, which seems to be something that VAC should be doing.

The Chair: Thank you, Mr. Tolmie.

We'll go to Mr. Casey for six minutes.

[Translation]

Sean Casey (Charlottetown, Lib.): Thank you, Madam Chair.

Mr. Marceau, I also want to thank you for your service to the country and for your testimony today.

I want to go back to a topic that you and Mr. Tolmie discussed: your hunger strike.

If I understand correctly, after your military career, you were very frustrated by the lack of family doctors.

Is that what prompted you to go on a hunger strike?

Michel Marceau: At first, my motivation was revenge. Now, it's my life's mission. Last year, I wouldn't have been able to testify in such a calm and composed manner. I did a lot of yoga and pulled through all by myself. I speak in my name to share my story. I've only recently become strong enough to talk about it. I was curled up in a ball and taking horrible pills for years.

As for the hunger strike, it was indeed to have a doctor, but also to draw attention to what happens to veterans with no doctors. It's not working at all. It's ludicrous. I came back from Afghanistan with 14 diagnosed health issues and couldn't get a doctor. It's ludicrous.

Back in the army, I only went to the doctor if something was broken or torn. I never abused health services, but I need a prescription and a check-up from time to time, just like anyone else. Will I have to become an astronaut to get a doctor? What do I have to do for my country to deserve one? What about my buddies?

I was talking to one of my buddies yesterday. He's the greatest warrior I've ever met. He went to Afghanistan four times. He's not one of those show-off bodybuilder with huge arms who need their special vitamins. He's a true warrior who's completely devoted to his country. I'm no slouch myself as far as warriors go, but he's on another level. I went to Afghanistan once. He went four times. Yesterday, he wanted to kill himself. He's got so many issues. He has no doctor. He takes a ton of pills.

I'm sorry, I'm going off on a tangent here, but this is so emotional. I'm sorry. The doctor situation, for me, is the icing on the cake. That's why I'm so frustrated. It's having to pay to go to a private clinic even if I pay taxes like everyone and served in the military, which is more like a sacrifice nowadays. And then I have to go to the private sector? Absolutely ridiculous.

● (1600)

Sean Casey: What was the result of your hunger strike?

Did senior officials or any other person responsible for managing the health care system in Quebec contact you?

You mentioned getting something from Mr. Harris. How did senior officials react to what you were doing?

Michel Marceau: I have written promises obtained by Mr. Desilets from Mr. Harris that weren't kept.

At first, my case manager was supposed to find a doctor for me, my ex-wife and her two sons. Even if she's my ex, she deserves it just as much as I do because she was with me for 12 years and with her children's father for 14 years. He was a soldier who went to Afghanistan and who has major issues to deal with.

I have a letter from Deputy Minister Harris right here. Promises were made and were all broken. I was told with big, hollow words that there would be no doctors and that nothing would happen.

I'm sorry. I'm no parliamentarian and I'm not good with words like you are. A warrior is what I was.

That would be my answer to you, sir.

Sean Casey: Thank you, Mr. Marceau.

[English]

I want to make sure I get a question to you as well, Ms. Anderson.

You indicated that for the last 16 years, you've been working with some widows, I presume, whose husbands died at their own hand. Based on that experience, what advice do you have for this committee in terms of recommendations to be brought forward to reduce, eliminate or help with the scourge of suicide within the forces and among veterans?

Amanda Anderson: I don't think I can give an answer on the prevention efforts. I come in afterwards. I can talk about the issues that survivors have with that, but I don't think I'm qualified to talk about before it.

• (1605)

Sean Casey: Thank you for your work with those who are going through it, and thank you for being with us today. I'm very sorry for the loss of your husband.

Amanda Anderson: Are you interested in...?

Sean Casey: I think I'm out of time, but you'll get lots of questions on that, I'm sure.

The Chair: I'm sorry, Madam Anderson.

[Translation]

Ms. Gaudreau, you have six minutes.

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Thank you very much, Madam Chair.

We have been studying this issue for several meetings now. Last Friday, in my riding, three very active veterans in the Laurentians said that it was fortunate that they had each other, because they were trying to save each other's skins.

People came to tell us that they supported thousands of organizations.

It is always the same message. The bureaucracy has become rigid. Once they have served their country, veterans are abandoned, and not only them but their spouses also.

Let's start at the beginning. When someone enlists, what happens? You are made to pledge allegiance, and you are trained to be excellent at your job.

That said, what are you told when you begin training?

Michel Marceau: That's a good question, Ms. Gaudreau.

I'm speaking for myself here, but I think it's pretty much the same for a lot of my buddies.

I was an active kid and played a lot of sports. In my generation, our heroes were Schwarzenegger and Stallone. That's what we watched back then. One of my friends, who is 37, told me I was a dinosaur.

At 16, I lost interest in school. What interested me was the military and group life. Leaving the military was the biggest tragedy of my life. Now I can sleep, but tomorrow morning, I would go back to serve in the forces until they tossed my ass out, nothing less. Excuse my language.

For me, civilian life... I have nothing against civilians; we all have our roles to play. In fact, your role is super important today. However, according to the psychiatrist, I was a soldier at heart. I lived and breathed the military.

Marie-Hélène Gaudreau: What about your preparation for the military? I heard you say that military service was something of a sacrifice.

Michel Marceau: Among other things, sure. I'd say it's similar to firefighters and police officers to an extent, except for the fact that, in the army, deployments can be brutal.

I'd like to make a distinction between missions. I'm not here to badmouth other missions, but the medal for the mission in Afghanistan has sharp edges. It's different from the other medals, and there's a reason for that. My English-speaking brothers, who taught me to speak English, called the other medals "drinking medals". If you stay in the army long enough, you'll get them. However, the mission in Afghanistan was brutal. It just wasn't the same.

Marie-Hélène Gaudreau: Did anyone tell you how important and valuable you were?

Did anyone tell you that you were a hero, as you said earlier? Did you feel that way, before and during the mission?

Michel Marceau: A hero? Hard to say. Not really, no.

In Afghanistan, everything moved really fast. That was also true for the cooks and the stamp lickens, as we called them.

In the army, we have our own language. We call it "ripping on each other". That's what love looks like between guys. We call each other names, we insult each other. The tougher the mission, the harder we insult each other.

My buddies would say to me, “Hey, fatso, I hope you don't get shot, because we don't want to break our backs dragging your heavy carcass back.”

Marie-Hélène Gaudreau: That's called playing down the seriousness of a situation.

• (1610)

Michel Marceau: Exactly.

Marie-Hélène Gaudreau: After experiencing all this, which is extraordinary for a human being, you were treated a certain way. You mentioned having been abandoned after coming home.

Is that something that people such as yourself had anticipated?

Did you ask yourselves what you were and what purpose you had served?

Michel Marceau: I wasn't able to anticipate it. To be honest, we were very well prepared for our departure to Afghanistan, but the return was horrible for me. I was completely out of sync. I arrived here moving at 100 miles per hour, with my bayonet between my teeth, used to not sleeping and doing everything that normally took a day in two hours.

Then you get to the grocery store and you're eighth in line. That's a problem veterans face. Civilians don't get it. When you're in line, you feel exactly the same way you did in Kandahar, next to what we called “Candy Lane”. There was a plastic barrier separating the two lanes. We were sitting in an RG-31, it was 45°C or 47°C—oddly enough, the air conditioning wasn't working—and we were gritting our teeth, waiting to get blown up. When you're waiting in line, you feel exactly the same way. There are lots of things like that that I discovered for myself.

To answer your question, I was ready to go there, but I wasn't ready to come back.

Marie-Hélène Gaudreau: In conclusion, since I don't have much time left, it's as if the preparation was very good, but the return home and the whole process that follows really left something to be desired. I'll ask you more questions about that later.

We prepare our warriors, we respond to their mission, and then it's, “Thank you, that's it. Good luck.” Basically, we need to invest as much time in the medium and long term after returning home as we do in preparing for the mission. That's what I understand from what you're saying.

Michel Marceau: That's it, essentially.

As you mentioned earlier, among veterans, we're more likely to respond to our buddies coming up and saying, “Hey, big guy, take a breath. If you kill yourself, your wife will be left with all the crap, and your kids will be traumatized.”

You're exactly right, Ms. Gaudreau.

Marie-Hélène Gaudreau: Exactly. That's solidarity among veterans.

Thank you very much, Chair.

The Chair: Thank you, Ms. Gaudreau.

Thank you, Mr. Marceau.

Let's move on to a five-minute question period.

[*English*]

I would like to invite Ms. Wagantall to take her five minutes.

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

Thank you both for being here today. I see that you have a helper. That's awesome.

I have some questions for you, Michel. You sound like you are very proud of your service, and rightly so, but it was difficult. Most of what you've experienced in frustration seems to have come around when you came back.

That is what's called sanctuary trauma. It's the term we use here. You're expecting care and it's not coming, or it's not being provided in the way you need. Would that be accurate? Do you know what I'm saying?

Michel Marceau: Yes, ma'am. I will do my best in English.

Cathay Wagantall: It's fine. French is fine. I wish I could speak French.

[*Translation*]

Michel Marceau: The care isn't suited to a guy like me and all my buddies. Back when the army was the army, in 1991, and Metallica was Metallica, it was the stairway of shame on the base.

When I went up there to see Dr. Marc Dauphin—whom I salute; he's a great man who's helped a lot of veterans, a hell of a doctor—on the third step, I almost fell down the stairs and broke my neck. I had a moment of weakness, I was on the stairway of shame. I went up to the second floor, looking at the floor. I would have much rather been shot in Afghanistan than go there.

For a career soldier like me, it was hard to accept having to go there. In the end, after several visits, I realized that all of my buddies I'd lost touch with had ended up there. The only things missing were beer and chips.

I don't know if that answers your question.

[*English*]

Cathay Wagantall: That's helpful. Thank you.

You made the comment that you did the opposite of what they told you to do. I'm curious about that. You found a way to deal with your circumstances. You talked about the spiritual side of life and yoga. Is that where that fits in?

At our last meeting, we had someone come and give testimony about a program he does. Ernie Wouters was here and talked about how we're a triangle, which is the strongest shape. We are body, mind and soul. Could you talk to me about what you were experiencing there? The soul, he says, is actually the point of what we need to cope with to heal.

[*Translation*]

Michel Marceau: Yes.

[English]

Cathay Wagantall: Is that what you did when you did the opposite? You talked about yoga and martial arts.

[Translation]

Michel Marceau: I'll try to keep this brief and give you the Post-it version, as the doctors say when you have to deal with a 1,200-page file.

On October 21, 2024, I stopped using marijuana. I was smoking three grams a day. I was a husk of a man. I was taking pills. Doctors are against cannabis, but cannabis is less harmful than their pills. When I stopped using cannabis, I went crazy for five days. With the pills, I've now been in the psych ward four times and attempted suicide twice.

To get back to your question, I went to the yoga ashram in Val-Morin. I took three instructor courses and spent two and a half months there. From 2011 to 2012, I took basic instructor training, advanced instructor training, and an intensive sadhana, which is a super-intensive practice for instructors.

Yoga isn't popular among veterans because it's difficult and demanding when you're not doing well. Not to mention the optics are off. As my girlfriend says, it seems feminine. Personally, I find that certain yoga positions, such as the locust, require more effort than when I'm deadlifting four plates. It's not feminine, and you have to breathe properly.

Taking pills is much easier. It doesn't require any effort, but yoga isn't magic either.

• (1615)

[English]

Cathay Wagantall: What we learned at the last meeting as well is that psychiatry and psychology.... When you prepare and train, there are no courses whatsoever on trauma. The methods of treatment are often medications. Is that correct? How did you make the decision not to use medications and go this other route? I'm just curious.

[Translation]

Michel Marceau: I had no choice. The last time I hit rock bottom was in June. Sometimes I still feel depressed. After taking the right medication and following the right treatment, I now suffer from bipolar disorder. I've been strongly advised not to be sarcastic, but I can't help it.

Earlier, I mentioned that I'm a soldier at heart. I can't imagine life any other way. I've found other healthy ways to get through the winter. I'm going to take part in search and rescue operations when snowmobilers get lost. It's stressful and dangerous, but it will give me an adrenaline rush and do me good.

Back home, we operate like a military base. There are no ranks. We insult each other as if we were brothers.

I don't know if that answers your question.

[English]

Cathay Wagantall: Thank you.

[Translation]

The Chair: That's great, Mr. Marceau.

Thank you very much.

[English]

We'll go to Ms. Hirtle for five minutes.

Alana Hirtle (Cumberland—Colchester, Lib.): Thank you, Madam Chair.

Thank you all for being here today.

Ms. Anderson, thank you for sharing the experience of your late husband, family and the other people you are here to represent. As I think we've discussed, I've also experienced the loss of a spouse, so I can only imagine the differences our paths have taken for us to continue to bring their memory forward.

I recognize the petition that you and my colleague MP Richards have brought forward. When the veterans ombud was here earlier this fall, she spoke eloquently about the recommendations outlined in her report. Plus, I think when the minister was here last month, you may have had the opportunity to speak directly with her after her testimony in October.

Was there any follow-up engagement after that conversation with the minister?

Amanda Anderson: Yes, there was. I had been asking for a meeting for quite some time, and after I talked to the VAC minister after her testimony, I was contacted within 24 hours for that meeting.

Alana Hirtle: That's good to hear.

Can you share with us some of the goals you hoped to advocate for with the minister?

Amanda Anderson: What I would like to see is, of course, mental health care for families. What we also need is survivor-specific case managers, veteran service managers and financial services, because we have different needs and different financial requirements. How do I explain it? They need to be trained in certain sensitivities, and that's not currently happening.

One thing I've been discussing for quite some time is that we need survivor-specific case managers, VSAs and financial services that are dedicated to us. The U.S.A. realized this as well. Canada hasn't quite realized it, but the U.S.A. did realize it, and they have set aside certain programs specifically for survivors because of the unique need.

Veterans Affairs already has specific teams to deal with OUT-CAN, the RCMP and indigenous people. We are asking for something similar.

I think what's missing is that Veterans Affairs, and this has come from, of course, many years.... This is how it operates: veterans in front, and rightly so, then veterans' families and then monuments and commemoration. There are families that live in this middle space, families I help. There is a lack of acknowledgement, care and service in that space, so that's what I'm here to get.

We need to recognize that survivors are a separate client group with unique issues deserving of respect, research, acknowledgement and actual solutions.

• (1620)

Alana Hirtle: Can you tell us more? You mentioned that there were some breakdowns at the provincial level. Can you talk a bit more about the challenges that families are facing in accessing services provincially?

Amanda Anderson: I deal with families across the country. It varies greatly what they're able to access provincially.

Alana Hirtle: From province to province, it's different.

Amanda Anderson: Exactly. Each community offers different services for grieving families, so I can't really discuss that part of it.

Alana Hirtle: That's fair.

Was there anything further? When MP Casey was asking a question, was there anything you wanted to add to your answer? We have 30 seconds left.

Amanda Anderson: Yes, actually. I wanted to talk about the 2021 audit that VAC did on survivor benefits.

VAC scored just above a fail, and there needs to be discussion on that. This might not be the right venue; I'm not sure. I only have a couple seconds, but there needs to be a discussion on why exactly they scored just above a fail when dealing with survivors. In fact, the audit says they're making up their own booklets because they don't have the right guidance booklets from the department.

Alana Hirtle: I'm out of time. Thank you very much.

The Chair: Mr. Richards, you have five minutes.

Blake Richards: Let's pick up on the 2021 audit you just mentioned.

As you said, it didn't look too good for Veterans Affairs. It didn't have a lot of good things to say. It indicated that there was a need for improvement in processing disability benefits for survivors. It made some recommendations, but the target date to achieve them was September 30, 2022, which is more than three years ago now. Some were even earlier.

Could you speak to some of those recommendations and whether they've been achieved?

Amanda Anderson: First, I think we need to talk about what exactly the report says before we talk about the recommendations.

I'm going to read you a couple lines from the report—not many, but I have to read them.

Under “Veteran Benefit Team”, it says, “outdated reference material...did not provide the level of detail that would ensure staff properly/consistently performed required duties.”

This is under “Benefits Adjudication and Processing Unit”:

There was no official business processes or guidance on how to process disability benefits for survivors.

There was no formal training related to disability benefits for survivors. Staff relied on co-workers to obtain guidance.

It also says, “The existing business process for preparing...the [benefit information letter] did not provide sufficient level of detail to properly perform/conduct their responsibilities.”

• (1625)

Blake Richards: I think that's all pretty clear. I think it also, unfortunately, mirrors what we often see veterans deal with for other types of applications. It's the biggest problem we face within the system when getting help for veterans and their surviving family members.

Thank you for highlighting that.

Amanda Anderson: It's a bit different. At least with veterans, because there are so many, there are guidance training manuals. They're educated on dealing with veterans, as opposed to us. They only deal with one of us every... Once a year, maybe, they'll get a survivor, so they don't have the right processes in place. They don't have the training. It's their audit team saying this.

Blake Richards: It's even worse for survivors; is that what you're saying?

Amanda Anderson: Yes.

Blake Richards: I'll turn to you now, Mr. Marceau. You mentioned a few things that I want to follow up on. I'll start with care. It's been discussed a couple of times in questions already.

If I understand what you were saying—and this isn't the first time we've heard this from veterans—it seems like the answer from Veterans Affairs is always, “Let's push you into some medication and drugs.” Often, veterans say, “That's not what I want. I don't want to be medicated and drugged; what I want is to get the help I need.” That might come in the form of some of the things you talked about, such as different types of programming, different peer support situations and different therapies, and they all exist. Unfortunately, what often happens is that veterans have to find out about them themselves or they have to pay for them themselves, instead of Veterans Affairs saying, “Here's what's available to you, and this might work for you based on your interests,” ensuring that they get the help they need.

I wonder if you could speak to that. Is that what you're referring to here? You seem to be getting that push toward medications, prescriptions and drugs, rather than Veterans Affairs saying, “Here are some opportunities for you to get the help you need.” Is that what you're referring to? Do you want to speak to that more?

Michel Marceau: Yes, sir. In my case, the only thing that worked, because I didn't have the choice....

[*Translation*]

I was in a deep hole. I had become suicidal. I even asked for medical assistance in dying. Excuse my language, but I wondered why I had become such a piece of shit.

It's not complicated. They tried to destroy my very nature. I could never become a teacher overnight. I could never become a politician like you. I don't have your finesse or your communication skills. I am a soldier and a warrior.

What saved me, and what I encourage my friends to do as well, is to learn how to breathe, quite simply. Breathing is the only thing that works. Try it when you feel yourself getting carried away by anger, frustration, or—

[*English*]

Blake Richards: Did you just say that you were offered medical assistance in dying?

The Chair: Mr. Richards, I apologize. I wanted the witness to—

Blake Richards: Can we let him answer yes or no to that?

Michel Marceau: I wasn't offered it, sir. I was so low that I asked for it. I had to do something for myself.

[*Translation*]

I had to come to terms with what I am. I need danger and I need stress. So I started doing yoga again.

The Chair: Thank you very much, Mr. Marceau.

[*English*]

Blake Richards: Thank you for your courage and sticking around, and then being—

[*Translation*]

Michel Marceau: Thank you, sir.

[*English*]

The Chair: There's fairness to all at this committee.

[*Translation*]

Please forgive me, Ms. Gaudreau. I skipped your turn when I gave the floor to Mr. Richards.

You have two and a half minutes, and even maybe a few seconds more.

Please forgive me.

Marie-Hélène Gaudreau: You're forgiven, Madam Chair.

Something very insightful was just said. It's true that every human being should really practice cardiac coherence and proper breathing. These are techniques that we can learn with guidance.

From what I understand, unfortunately, it's not a lack of will on the part of civil servants, the department, or elected officials, but rather choices that have been made and that need to be corrected. Currently, the department outsources many of its services. Even though I try to understand from the bottom of my heart what you've been through and what you're going through right now, it's truly extraordinary.

It doesn't really take a general practitioner, but rather a structure like the one that existed before, with hospitals and support. Veterans need to know where to find them. We must not abandon them. Right now, it's a question of political will, because we are all so sorry about what is happening.

For my part, I'm concerned about the national defence projects. Before moving too far ahead, we need to start with the basics.

Is what you need from us to reconnect with all veterans and their families to maintain ties and ensure that the services provided meet your specific needs?

• (1630)

[*English*]

Amanda Anderson: Yes. You touched on it just there. The CAF is getting an influx. We know why they're getting an influx. Logically, if the CAF is getting an influx for the reasons they are, the Veterans Affairs budget is going to.... There are going to be more people needing Veterans Affairs. You can't increase the CAF and not expect that you're going to need the corresponding increase in Veterans Affairs.

[*Translation*]

Marie-Hélène Gaudreau: We really understand what you are saying.

Mr. Marceau, in just a few words, because I'm running out of time, did what I say make sense?

Michel Marceau: Yes.

The Chair: You're probably the most honest person here in terms of time management. Bravo!

Ms. Auguste, you have five minutes.

Tatiana Auguste (Terrebonne, Lib.): Thank you very much, Chair.

Mr. Marceau, first off, I'd like to thank you for your service to our country.

Earlier, you talked about the camaraderie you had with your brothers in arms. You told us that leaving the group life of the military was really difficult. Throughout this study, we've often talked about isolation as a huge challenge for veterans.

Can you give us some advice on what we could do to better help veterans combat this isolation and maintain the camaraderie of the military after their service?

Michel Marceau: I think the big problem is that when we chose to be career military, it wasn't our eighth choice. The military was my first choice. If I hadn't joined the Canadian Armed Forces, I would have gone to the United States or the United Kingdom. I would still have been in the military.

I'm speaking for myself, but it's pretty much the same for all my friends. We're ashamed. We were tough guys in the military. We went to Afghanistan. But when we come home, we're on medication, we're curled up in bed, we have snot running down our noses, we're crying our eyes out. Excuse my language, but we poop and piss ourselves. We can no longer be men with our partners because of the medication. We lose control of ourselves. When that happens, we feel ashamed. We don't call our friends.

That's the mistake all veterans make, but veterans shouldn't be left alone.

• (1635)

Tatiana Auguste: You spoke of the benefits of yoga and many other physical activities. This really helped you to regain that sense of community.

Can you tell us how you and your friends were able to regain that sense of community in order to keep moving forward?

Michel Marceau: I don't hang out with many veterans, but when I do see them, I get along really well with them because I was a team player. I loved the army, but honestly, I don't hang out with enough veterans. I'm going to join the Royal Canadian Legion. Lately, I've reconnected with a lot of people across the country that I had lost touch with for 10, 15, or 20 years.

I don't know if I'm answering your question properly, but basically, when you "break down", as happened to me and my buddies who went to Afghanistan, you feel bad.

I don't want to insult veterans from other missions. Other veterans have experienced horrors elsewhere. It wasn't only in Afghanistan that it was hard. I wouldn't have wanted to go to Somalia. I didn't go, and I'm glad I didn't. Every mission has its own unique characteristics. We mustn't forget the veterans who were taken prisoner in Bosnia.

In my opinion, veterans shouldn't isolate themselves. That's the mistake I made, and it almost killed me.

Tatiana Auguste: Thank you very much.

Ms. Anderson, I'm going to continue the discussion on isolation.

You talked about your Facebook group, which, if I'm not mistaken, is meant to help veterans' families feel less isolated.

Can you talk to us about how your group helps families feel less isolated?

[English]

Amanda Anderson: We have our own Facebook group, specifically for CAF and veteran survivors. That's mostly how we function. Unfortunately, there's no funding for us to get together. When we do somehow manage to get together, it's incredible to have somebody who understands intuitively what we have gone through.

There was one lady I talked to online for seven years. Recently, we finally got to meet face to face. We just hugged. Peer support is incredibly important. That's how we communicate through Facebook. We also do a little coffee on whatever day is available, so we can just chat on screen.

There is a more formal peer support network through CFMWS. It's called HOPE, and it's for families that have lost. It's a more formal support. We're very informal.

[Translation]

Tatiana Auguste: Thank you.

[English]

The Chair: Thank you very much.

We're going into our last round, allowing each member of our committee to participate.

I will invite MP Viersen to take his five minutes.

Arnold Viersen (Peace River—Westlock, CPC): Thank you.

Mr. Marceau, this study is about suicide among veterans. How much do you think the medication you were on contributed to suicide attempts and suicidal ideation?

[Translation]

Michel Marceau: The first time I had a reaction to my antidepressants was at the Valcartier military base. I was lucky because, when it happened, I was being treated by an extremely competent psychiatrist, Dr. Joëlle Bernier. I would like to commend her, actually. She's an amazing woman. I had logorrhea when I first got there. I was talking excessively and couldn't focus. I had a million projects. I was too aggressive and too "switched on".

In my case, it was the antidepressants that made me the way I am. I hit rock bottom, and I had no choice but to take control of my life. Otherwise, I wouldn't be here today. In my case, antidepressants almost killed me. The reason I'm bitter is because it was the third time.

I've always told the truth, all my life. Last year, I would have come here out of revenge. This year, I'm here out of a sense of duty. I am doing this for those who can't speak up, those who are lying curled up at home and taking a bunch of disgusting pills, given to them by Mengele-style doctors. I'm not saying that all doctors are like him, but a few of them are.

I'm not against pharmaceuticals, but they're not the only solution. In my case, they brought me to where I am today.

• (1640)

[English]

Arnold Viersen: Would you say there was an underlying cause that caused them to prescribe medications in the first place that should have been dealt with, rather than just prescribing medication?

[Translation]

Michel Marceau: That's a good question, sir.

Honestly, there are many extremely dedicated doctors in the medical system. I like to bitch, but that's not all I do. I'm a positive guy, generally. However, doctors don't know what to do with us veterans. We have a lot of problems, we're too intense and we have symptoms that aren't well documented and are very tough to treat.

[English]

Arnold Viersen: You made a statement, something to the effect that you're a warrior. You said something about burning flags. I didn't quite capture what you were trying to insinuate by that. I'll try to piece it together.

Is it your feeling that Canada doesn't have a place for warriors anymore? Is that what you were insinuating? What was the piece around burning flags about?

[Translation]

Michel Marceau: I don't think I'm clever enough to insinuate anything, sir. I can talk about my situation, but my friends are all here, too. Some of them were far more dedicated than I was. They did more than me in the army, and they received a lot more medals than I did, and even I got quite a few.

For guys like us who have spent our lives in the army, seeing a Canadian flag burn is sacrilege. It's disgusting. It's horrifying. I'm sorry, but if someone came and burned a Canadian flag in front of my house in Valcartier, I'd gladly go to prison.

[English]

Arnold Viersen: What about the warrior piece? You mentioned something about a warrior—that you were a warrior. What were you trying to say when you said that? Do you feel that we don't have a place in Canada for warriors any longer?

[Translation]

Michel Marceau: There isn't much of a place for warriors, sir. It's sad to say, but there are a lot of Canadians, even in my own family, who are quite content to live in bubble wrap.

[English]

Like the English expression says, nobody loves a warrior until the enemy is at the gate.

[Translation]

That's true, unfortunately.

[English]

Arnold Viersen: Do you think that is perhaps contributing to the mental health decline of some of these warrior-type individuals?

[Translation]

Michel Marceau: That's not the only reason. Anyone who has served in missions and given their heart and soul for Canada would be disgusted to see someone burning our flag on television.

I'm sorry, but I take that very personally. I have sung *O Canada* on military bases. We saluted Jean Chrétien and saw nearly every minister. I saw Princess Anne in 2003. I've been to England four times. For a soldier, martial arts, allegiance and the flag are all sacred. If they weren't, we could be bought and we wouldn't go to war.

The Chair: Thank you very much, Mr. Marceau.

[English]

We have Mr. Casey for five minutes.

Sean Casey: Thank you, Madam Chair

I don't propose to do a full round of questions, but I will take this opportunity to extend my appreciation to both of the witnesses for being here today. It is extremely difficult to come into a public forum and bare your soul as you have. Please know that it is appreciated.

Once again, thank you for your service to widows, Ms. Anderson, and thank you for your service, Monsieur Marceau, to our country.

I don't have anything further to add.

Thank you.

• (1645)

[Translation]

The Chair: I'd like to take this opportunity to say a few words. I don't usually take too much time, but I just want to thank the witnesses.

[English]

I want to say thank you for your courage and for your support.

[Translation]

Thank you for your service to the country.

Mr. Marceau, I saw you raise your hand, so I will briefly give you the floor.

Michel Marceau: Thank you very much. I'll just take a few seconds.

As a career soldier, I recommend and suggest that Parliament do something for women like Ms. Anderson, whether through legislation or through the Canadian Armed Forces; it doesn't matter. They should have the right to wear their deceased spouse's medals, even if it means wearing them on the other side of the body. This woman deserves to wear medals just as much as I do.

Thank you.

The Chair: Thank you, Mr. Marceau.

We had discussed that, and I'm proud that you spoke up to share your point of view with us. Thank you for that.

[English]

That will conclude your time with us.

[Translation]

Once again, thank you for your service to the country.

[English]

Go ahead, Madame Gaudreau.

[Translation]

Marie-Hélène Gaudreau: This testimony makes us realize that every testimony and every study is important.

After hearing from a witness a few weeks ago, I tabled a notice of motion.

I'd like to move that motion today, if I could, since we have time and it's very relevant.

The Chair: Yes, absolutely. However, before I turn the floor back over to you, I'd like to address the witnesses to make sure they understand that the testimony is over.

I invite the witnesses to stay for a few minutes. Ms. Gaudreau is going to move a motion that she'd like to discuss.

[*English*]

For now, we will not go back to you. I just want to make sure that if you need to leave, you can do it. We would appreciate it if you waited a few minutes so we can properly greet you and say thanks to you personally. Some of our colleagues like that.

[*Translation*]

Excuse me, Ms. Gaudreau.

Go ahead.

Marie-Hélène Gaudreau: For everyone's benefit, I will read the motion I tabled:

That, pursuant to Standing Order 108(2), the Committee undertake a study of a minimum of three meetings on service delivery, quality of care, and clinical guidelines provided by Lifemark Health Group, but not limited to that organization, as well as any company mandated to provide health care and psychological services to veterans.

That the Standing Committee on Veterans Affairs invite:

Representatives from Lifemark Health Group;
The Veterans Ombud;
Officials from Veterans Affairs Canada; and

That the Committee report its findings and recommendations to the House.

The Chair: Thank you very much, Ms. Gaudreau.

Mr. Richards, go ahead.

[*English*]

Blake Richards: Thanks, Chair.

I'm certainly in agreement with the motion. It's something we hear about quite often from veterans and service providers. I think it is worthy. We should be looking at a number of things in this regard. I'm very supportive of the motion.

I won't speak to the motion any further other than to move an amendment to add the Minister of Veterans Affairs to the list of witnesses who would be invited.

The Chair: Are there any comments on the amendment?

Go ahead, Mr. Casey.

Sean Casey: I would be interested to hear from the mover on that first, please.

[*Translation*]

The Chair: Ms. Gaudreau, over to you.

Marie-Hélène Gaudreau: On the subamendment, it is perfectly reasonable for the minister to appear based on her schedule. That would give her an opportunity to update us on what has been done

since she took on this portfolio, how the work is progressing, and perhaps even what changes are being made to service delivery. We'll look into the date after we get back from the winter break, but it could be a good opportunity for us and the minister, so I agree.

This would also enable us to further investigate the issue of service delivery. Indeed, every testimony confirms that this is the crux of the matter. That will lead us to make recommendations regarding new care options for veterans, and the department will be able to make choices and decide whether it wants to improve service delivery. We will then have done our job.

In short, I am in favour of the subamendment. Unless someone tells me otherwise, I think it's appropriate for the minister to visit us as part of this study.

• (1650)

[*English*]

The Chair: Go ahead, Mr. Casey.

Sean Casey: I'm not sure I agree with the rationale for inviting the minister, but I'm not stupid; I can count the votes.

Let me offer a couple of observations. First, she's going to be here next week. We'll have her here for an hour, if people want to ask about this. I expect there will be pretty wide latitude extended by the chair.

Blake Richards: [*Inaudible—Editor*]

Sean Casey: I'm sorry, Mr. Richards. I have the floor. If you want to put your hand up, you'll get a chance to speak next.

That's the first thing. The second thing is that I don't see in the motion any indication of the timing of this study. I know we have an agreement that the next study will be entrepreneurship. Obviously, her attendance would be subject to her availability.

I'll just put that on the record. If Madame Gaudreau is going to vote for it, there's not much point in belabouring it.

[*Translation*]

The Chair: Ms. Gaudreau, go ahead.

Marie-Hélène Gaudreau: Madam Chair, first of all, I admit that I wasn't aware of the minister's visit. Unless someone says otherwise, we can indeed ask her certain questions. Since she's listening to us right now, she'll surely come prepared to answer questions about service delivery. We can therefore assume that it is nearly done.

That said, in terms of the schedule, I must say that it's often useful to conduct studies simultaneously. I've experienced this on a number of occasions. The study we have committed to conducting is very important. We were just talking about the importance of post-service care, but service delivery is also important. We've heard that as well. We must not forget the importance of the basics.

Based on good recommendations made by the clerk and by you, Madam Chair, I would suggest that we can do these studies either one after the other or at the same time. Since we have two meetings per week, we could do both studies practically simultaneously.

The Chair: I welcome any comments.

Let's start by seeing whether we're going to begin the study on entrepreneurship before the end of 2025. Once this motion is adopted, it will certainly be taken into consideration.

Is the committee in agreement with Mr. Richards' amendment to Ms. Gaudreau's motion?

(Amendment agreed to on division)

The Chair: Are there any other comments?

Mr. Casey, go ahead.

[*English*]

Sean Casey: I have another amendment. I would ask that the motion be amended by deleting all of the words after Mr. Richards's amendment. As I understand it, Mr. Richards's amendment has the effect of adding a fourth bullet in the list of witnesses. I ask that there be a period after that and that the last sentence be deleted. The last sentence is "That the Committee report its findings and recommendations to the House."

The rationale for that is the likelihood that three or more hours of House time will be tied up in a concurrence motion. This is legitimately before the committee, but I would ask that we not put ourselves in a position where we tie up three hours of debate with the entire House, along with a vote. We can achieve what we need to achieve simply by doing this report and having the information in front of us.

• (1655)

[*Translation*]

The Chair: Ms. Gaudreau, go ahead.

Marie-Hélène Gaudreau: I just want to be assured of one thing. If the wording means that there will be a debate in the House, the main thing, as with all committees, is that once we've produced a report, we correct it and then make recommendations. Then we table the report in the House. That's the minimum requirement.

What do we need to add to indicate that the committee is tabling the report in the House? I propose a friendly amendment, that's not a problem. However, there has to be an official tabling.

The Chair: Please excuse me. I just want to be assured of one thing. We're going to suspend for a few minutes so I can consult with the clerk.

• (1655) _____ (Pause) _____

• (1700)

The Chair: I call the meeting back to order.

[*English*]

Mr. Casey, the floor is yours.

Sean Casey: Thank you, Madam Chair, for granting that suspension so we had a chance to talk about this.

It appears that the amendment is highly unlikely to pass, and therefore, I would request the agreement of the committee to withdraw it.

Some hon. members: Agreed.

(Amendment withdrawn)

[*Translation*]

The Chair: Is it the pleasure of the committee to adopt the motion with the amendment moved by Mr. Richards?

(Motion as amended agreed to)

[*English*]

The Chair: Go ahead, Mr. Richards.

Blake Richards: Since we're into the idea of motions, I'll move the one I have on notice. We get very few opportunities. Hopefully, it can go even more smoothly than this one did.

The Chair: That all depends on the negotiation.

Blake Richards: I would hope that this won't require negotiation.

We've heard a number of times from veterans who've appeared before the committee about the situation with the monument *Presence in Absence*, the memorial. It has been brought up by a number of veterans.

I note that a couple of weeks ago, I think it was, the Ontario legislature passed a motion about this as well, and I want to bring it to this committee. It's been on notice. I will move the following:

That the committee concur with the Ontario Legislature and Canadian veterans that the Government of Canada should assume responsibility for mistakes on the "Presence in Absence" memorial and apologize to the living veterans who were wrongly identified as fallen soldiers and to the families of deceased soldiers whose names were left off the monument; and that this be reported to the House.

It's pretty straightforward.

Obviously, this has caused great pain to a number of veterans and to families of the fallen, and I would hope that we can all just acknowledge it was a mistake that should be fixed.

The Chair: Thank you.

I will suspend for a minute to ask for advice from the clerk.

• (1700) _____ (Pause) _____

• (1710)

[*Translation*]

The Chair: I call the meeting back to order.

I think we've come to a conclusion.

[*English*]

I'm going to invite Mr. Casey to speak.

Sean Casey: Thank you very much, Madam Chair. Once again, the suspension proved worthwhile for trying to come to a consensus.

I am proposing a substantial amendment. The effect of the amendment would be essentially threefold.

First, there is pending litigation on this matter. A change to the wording that I propose in my amendment is designed so as not to thrust ourselves into the middle of a court case. That's the first thing.

The second thing the amendment does is include direct reference to female soldiers and female veterans in the French version.

The third is that the apology being offered by the amendment is an apology for the harms that have been caused without assuming responsibility, which goes back to the litigation point.

All of those things are embodied in the amendment. I propose to read what the amended motion would look like. If it's the preference of the clerk that I indicate which words I want taken out and which words I want added in, I can do that. Once all of that's done, the motion as amended would read as follows:

That the committee concur with the Ontario Legislature and Canadian veterans, and that the Government of Canada acknowledges mistakes were made in the "Presence in Absence" memorial that caused emotional and psychological hurt and harm, and apologizes to the living veterans who were wrongly identified as fallen soldiers and to the families of deceased soldiers whose names were left off the monument.

● (1715)

That's the impact of the amendments I'm proposing.

If it is of assistance to the clerk, I have another formal document that says exactly the words that I'm seeking to take out and the words I'm seeking to put in, but this is the end result.

Thank you.

[*Translation*]

The Chair: That's perfect.

Mr. Richards, go ahead.

[*English*]

Blake Richards: I'll keep this very brief.

I certainly understand the rationale and am comfortable with the changes being made, but I am not comfortable with the thing that's been removed from the very end, which is "that this be reported to the House".

Unfortunately, it appears from our discussions that there aren't enough members of committee who feel the same way I do, so it will in fact pass. I still believe it's important that we express our objection to that. I think it's important that there be a report to the House, much as with the last motion, where attempts were made by Liberal members to have the report taken out.

I don't agree with it happening in this case either. Therefore, for that reason alone, I will be voting against it, but I agree with the rest of the changes.

The Chair: Go ahead, Mr. Ruff.

Alex Ruff (Bruce—Grey—Owen Sound, CPC): Thank you, Chair. It's always good to be back here at the veterans affairs committee.

I just want to follow up on that and put the question back to Mr. Casey as to why it has been removed. I didn't have the privilege of being here for any previous debates and other motions, so I can't speak to them.

Specifically on this motion, we're talking about an issue.... I am an Afghanistan vet, and the point of reporting stuff to the House.... We have, as a ballpark, about 20 veterans across all parties in the House of Commons. We're not tracking everything in every committee that's going on every day. I wouldn't have even known this was going on today if it hadn't been shared with us.

Knowing the direct impact these mistakes had on veterans' families and the veterans who were identified, I just want an explanation. Why would we not want to report this back to the House of Commons? That's a question for Mr. Casey.

The Chair: At this point, would other people like to speak?

Go ahead, Mr. Casey.

Sean Casey: I'll give Mr. Ruff the courtesy of a response. I would invite Madame Gaudreau to do the same.

What's important here is the apology, as opposed to a potential three-hour concurrence debate and a standing vote. That is the reason for that.

What the plaintiffs in the case have asked for is an apology, and nothing more. As far as I'm concerned, we're going to give them what they asked for.

[*Translation*]

The Chair: Ms. Gaudreau, go ahead.

Marie-Hélène Gaudreau: Essentially, it's important to refer to the remarks made by the individuals for whom it matters. What was mentioned is exactly what is written in the text. However, if the apology to the living Canadian veterans falls by the wayside, I will be the first to bring it back.

Seriously, I agree and I'm ready to vote.

● (1720)

The Chair: Please bear with me for a moment as I consult with the clerk.

[*English*]

I just want to make sure I follow the right procedure.

Go ahead, Mr. Richards.

Blake Richards: I'll just say one thing. It's clear how the vote is going to go, and so be it, but it's been suggested that, somehow, there's automatically a concurrence debate that occurs when we report to the House. That's inaccurate. That's not how it plays out.

I will point out that I will be incredibly disappointed if this apology is not a proper and dignified apology, like some press release that gets buried on a Friday afternoon or something. I really hope the government is serious and will give a proper apology if this is how it's going to play out.

The Chair: Thank you very much for speaking, Mr. Richards.

Are we ready to vote on the amendment? We'll have a recorded vote.

(Amendment agreed to: yeas 5; nays 4 [*See Minutes of Proceedings*])

(Motion as amended agreed to: yeas 5; nays 4 [*See Minutes of Proceedings*])

The Chair: Thank you very much.

I'll move on to housekeeping.

[*Translation*]

Our next meeting will be on Thursday, November 27, 2025. We will resume the study on suicide prevention among veterans.

Is it the pleasure of the committee to adjourn?

The meeting is adjourned.

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