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Chair: Marie-France Lalonde



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• (0820)

[*Translation*]

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

Welcome to meeting number 15 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 meeting as part of its study on suicide prevention among veterans.

[*English*]

Before we welcome our witnesses, I would like to provide a trigger warning for people who are viewing this.

We will be discussing experiences related to suicide and grief. This may be triggering to viewers with similar experiences. If you feel distressed or you need help, please advise our clerk.

For all witnesses and members of Parliament, it is important to recognize that these are difficult discussions.

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

[*Translation*]

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders. Members can attend in person in the room or remotely using the Zoom application.

[*English*]

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

[*Translation*]

To ensure that the meeting goes smoothly, I would like to outline a few rules for the witnesses and members.

Please wait until I recognize you by name before speaking. If you are on the video conference, please click on the microphone icon to unmute yourself. Please mute yourself when you aren't speaking.

[*English*]

For those on Zoom, at the bottom of your screen, you can select the appropriate channel for interpretation: floor, English or French. Those in the room can use the earpiece and select the desired channel.

Finally, I remind you that all comments should be addressed through the chair.

[*Translation*]

For members in the room, please raise your hand if you wish to speak. I don't believe any members are attending the meeting via Zoom this morning.

I would now like to welcome the witnesses.

[*English*]

As an individual, we have Dr. Denise Brend,

[*Translation*]

assistant professor at Laval University, as well as Mr. Stephen La Salle.

From The Trail - Transition Housing, we have Chloé Deraiche, executive director, and retired Lieutenant-Colonel Bruno Plourde, CD, founder and administrator.

[*English*]

From the Toronto Police Service, we have Constable Aaron Dale, program coordinator of the military veterans wellness program.

We will start by inviting you to deliver your opening remarks for a period of about five minutes.

[*Translation*]

Once all the witnesses have delivered their opening remarks, the rest of the meeting will be a question and answer period with the committee members.

[*English*]

I invite Dr. Brend to start for five minutes.

Dr. Denise M. Brend (Assistant Professor, Université Laval, As an Individual):

Good morning, Madam Chair, members of the committee and everyone else. Thank you very much for having me today.

I begin by offering my heartfelt gratitude to all members and veterans of the Canadian Armed Forces for their service and sacrifice.

My name is Denise Michelle Brend. I am a professor at Université Laval in the school of social work and criminology. I am a social worker and psychotherapist who has been working for over two decades with people surviving trauma. I am also the daughter of a veteran.

I was invited here to offer complementary insights to that of system actors about issues related to trauma, psychological distress and mental health, covering three themes.

The first theme is the psychological and organizational mechanisms that contribute to the emergence of trauma in high-stress environments. I think the first thing I want to touch on here is the complexity of trauma. Trauma does not occur to an individual. It occurs to an individual and everyone close to them. It occurs to the people helping them. It occurs to their communities. It is something that does not respect time and does not respect space. It is a very powerful phenomenon.

In order to manage it, we have to be very proactive. Our organizations and institutions must recognize it, understand it, realize what needs to be done and do what needs to be done while trying not to retraumatize people. When we fail to do this, we risk committing institutional betrayal, which exacerbates trauma. Institutional betrayal is a failure to protect people. It is an inadequate response to harm. It is creating conditions that enable harm. It is when we give retaliation and punishment to people who seek help because they've been harmed, or when we place institutional priorities over the well-being of people. I think it's very easy to understand how experiencing those things, for trauma survivors, would in fact make their recovery much more difficult.

The second theme is the impacts of chronic distress on mental health, resilience and suicidal behaviour. If we think about chronic distress as staying in a state of extreme anxiety, sorrow, pain or anger, this can be a risk factor for traumatization. It can also be a symptom of traumatization, and it can entrench and further amplify traumatization.

An important word I would like to say about resilience is that we've really changed, adapted and expanded what we understand resilience to be. In the past, it was considered to be the capacity of an individual. We understand now that the capacity of the individual is actually a very small part of resilience. What's more important is the context and the support that individual is in. We cannot be resilient if we are within a situation where we are being further harmed or betrayed. We have to look to individuals, communities, institutions and society.

There is a clear dose-response relationship: As psychological distress goes up, so do completed suicides. In the military, we often see moral distress or moral injury. This is something that's also been reliably related to increased suicidality. These are things we want to address, and looking at institutional betrayal can be an effective manner in which to do that.

The third theme is that the best intervention and psychosocial support practices are grounded in trauma-informed approaches. Trauma-informed approaches basically mean that we don't just look

at the service we're giving. We look at the entire network providing that service, from governments to policy to physical environment all the way down. We continually evaluate, and we do so with the stakeholders in the system.

I don't have any further recommendations to give you for interventions. I've looked at the briefs you've received, and I think you've had excellent testimony. What I would say is that for psychosocial support, how might we promote well-being rather than try to treat a problem? How can we leverage the strengths and expertise of the veteran community to transparently co-develop personally relevant—culturally, historically and identity-related—non-pathologizing opportunities to build pride, trust, belonging and sense-making to enjoy their lives as they have transitioned out of the military?

The good news is that when we try to reduce trauma through trauma-informed systems, we also actually reduce distress. We get a larger payoff from trauma-informed approaches than just dealing with trauma.

In conclusion, I'd like to congratulate Veterans Affairs for engaging in institutional courage; for being committed to seek truth and engage in moral action despite the unpleasantness, risk and short-term cost; and for continuing in the pledge to make veterans' lives better.

Thank you very much.

● (0825)

The Chair: Thank you very much, Dr. Brend.

I would like to welcome Mr. La Salle.

We will give you the floor, sir. Thank you very much.

Stephen La Salle (As an Individual): Good morning, Madam Chair and fellow committee members.

My name is Stephen La Salle. I proudly served for 12 years as a reservist with the Cadets and Junior Canadian Rangers support group, first as a cadet instructor cadre officer and later as a unit public affairs representative with regional cadet support unit central at CFB Borden.

In 2018, a training injury caused severe ligament damage and complex regional pain syndrome, one of the most painful conditions known. Despite exhaustive treatments, my condition deteriorated, and by the summer of 2021, I was bed-bound.

By this point, my mind was in a very dark place. I felt like a burden on everyone, especially my family. I had lost my identity as a Canadian Armed Forces member and my independence as an individual. I struggled with nightmares and insomnia. I was exhausted both mentally and physically and had little desire to keep moving forward with life.

What kept me going and stopped me from surrendering to the darkness was my family, especially my two sons, Evan and Nathan, as well as great support from my counsellor Ashley Fader, an occupational therapist by the name of Julie Geronimo and the operational stress injury clinic in London, Ontario.

A below-the-knee amputation in October 2021 slowed the progression, but inoperable nerve damage has left me unable to use a prosthetic. Today, as you see, I rely on a wheelchair to get around.

The physical and mental trauma of my injuries, combined with service-related experience, has left me with a diagnosis of complex PTSD and a daily struggle with my mental health, but here's the hard truth: My greatest challenge after release was not the injuries; it was and still is navigating Veterans Affairs Canada. Bureaucratic delays and denials have compounded my mental health struggles so severely that at one point in my journey my counsellor recommended limiting my contact with VAC to select times each week because of the increased stress it was causing.

I will give you some examples.

Days before my release, I was informed that my approved condition was invalid because the injured limb no longer existed and, as such, I would not be entitled to receive any income until my amputation was labelled as an approved condition. This process could have taken up to a year had the Royal Canadian Legion not stepped in to advocate for me.

A crane to lift my wheelchair into the back of my truck was approved, but the protective cab to shield the wheelchair from the elements was deemed an accessory.

It took over two years to approve modifying a bathroom so I could shower safely and independently without the aid of a PSW.

Unfortunately, these aren't isolated incidents. They represent systematic obstacles that erode trust and push veterans into despair. When benefits are delayed or denied, quality of life suffers and suicide risk increases.

I urge this committee to help VAC recognize the fundamental truth: Every delay, every denial and every unnecessary hurdle is not just paperwork; it is a weight that can break a veteran's spirit. Behind every file number is a person fighting to hold on to hope.

We served our country with loyalty and courage; we should not have to fight the very system meant to protect us.

I implore this committee to recommend making changes needed to ensure that no veteran feels abandoned or driven to the edge like I was because of bureaucracy.

Thank you.

• (0830)

The Chair: Monsieur La Salle, thank you very much for your courage, sir.

I would like to offer the floor to Madame Deraiche.

Thank you very much.

[*Translation*]

Chloé Deraiche (Executive Director, The Trail – Transition Housing Inc.): Madam Chair, members of the committee, thank you for having us here today to share our observations on the ground and propose a few recommendations.

The Trail is an organization that provides assistance and housing to veterans who are transitioning to civilian life. We currently operate four points of service in Quebec, including a shelter. We're growing.

I'm joined today by my colleague retired Lieutenant-Colonel Bruno Plourde. He served for 40 years, was a unit commander and was deployed many times, including to Afghanistan.

Every day, my team and I welcome men and women who have served this country with honour, as well as their families. Too often, we welcome them at their most vulnerable, when they no longer have any reference points, no more missions and sometimes no more hope. I once had a veteran say to me, "When I got to the The Trail, my release date was July 2. I had everything planned for the 3rd; the rope was ready. If I hadn't walked in here that day, there would have been no going back."

The suicide rate in the veteran community has not decreased in nearly 40 years. The suffering continues, evolves and transforms, but it doesn't diminish. Why? It's because we have a systemic problem. There is no follow-up after they're released from military life.

The organizational culture of the Canadian Armed Forces values strength, resilience and endurance. Those are essential qualities in a military context, but they become barriers when it comes time to ask for help.

Asking for support is still too often seen as an admission of weakness, and that deeply ingrained perception leads to dangerous silence. Many fear being judged, removed from service or medically released. Others feel as if they don't deserve any help, as if they're an impostor, especially if they haven't been deployed.

Bruno Plourde (CD, Founder and Administrator, The Trail – Transition Housing Inc.): The main challenge that veterans in crisis face is accessing physical and mental health services after their release.

Veterans are social orphans upon release. Overnight, they lose access to support resources, including doctors. They sit on a waitlist for months to be assigned to a doctor in the civilian system.

Disorders, mainly mental health disorders, that were underlying at the time of their release will manifest themselves at some point. When the situation takes a turn for the worse, veterans have no support or resources to help them.

Staff in the provincial health care system are unfamiliar with Veterans Affairs Canada's administrative procedures. They are already overwhelmed with administrative tasks, which means that civilian doctors will even have to refuse to fill out documents because of their complexity, even if they're offered compensation.

As far as I know, there is no mechanism in Quebec for identifying veterans within the health care system. As a result, they aren't treated based on a full picture of their health, which means that they don't receive the care specific to their situation.

The fact that Veterans Affairs Canada has withdrawn from providing frontline health services in recent years reinforces the perception that veterans are left without direct support and that there has been a loss of expertise in treating health issues specific to the veteran community because of the disappearance of those in-house services.

Here are a few facts for you to consider.

The Canadian Armed Forces and Veterans Affairs Canada do not have a system in place to transfer medical records between themselves. That means that veterans have to make an access to information request to access their own file, which will be transferred to another federal organization.

The transition services for Canadian Forces are mandated to support veterans until their release. After that, the community takes over.

Veterans Affairs Canada also does not proactively offer support services. Veterans have to chase down those services.

There's no mechanism to transfer files between the federal government and provincial governments.

Veterans Affairs Canada delivers services to veterans, but the key to accessing the services is in the hands of someone who doesn't even know they have that key in their kit, and that's the doctor. Veterans have to go looking for this key, sometimes putting their health and even their lives at risk.

During that process, that's when veterans are most vulnerable. They have to make decisions or draft documents that will have a significant impact on their lives.

It's also no good blaming the front-line managers and respondents at Veterans Affairs Canada. They're doing the best they can, given the training, autonomy and support they receive from their organization. We're talking about processes, processes and more processes.

Finally, we're convinced that prevention and local teamwork are the only effective ways to reduce suicidal ideation. It isn't cool, it isn't photogenic, it isn't clickbait, and it isn't good for statistics, be-

cause it's impossible to measure the success of prevention, because nothing happened. It's the first time that nothing has happened, so that's good.

Everywhere, it's difficult and complex. As with homelessness, when it comes to mental health and other challenges that veterans face, prevention saves lives.

All we are asking for is consistency, a little honour, a little humanity and, above all, respect.

Let's talk less and do better together.

Thank you.

● (0835)

The Chair: Thank you very much, Mr. Plourde and Ms. De-raiche.

Mr. Plourde, we want to thank you for your service to Canada.

[*English*]

I now invite Constable Dale to take his five minutes.

Constable Aaron Dale (Program Coordinator, Military Veterans Wellness Program, Toronto Police Service): Madam Chair, MP Richards and members of the committee, thank you for being here today.

My name is Aaron Dale. I'm a constable with Toronto police. Prior to that, I served 16 years in the Canadian Armed Forces, in the reserves and in special operations. In 2018, my transition out of the military was much harder than I expected. The military culture teaches a person to endure pain, never quit and put a team first. These traits keep you alive in service, but they can become barriers when you're actually seeking help for yourself afterward.

I didn't recognize that I needed help until a close friend told me so. When I finally reached out, Veterans Affairs Canada, the Legion and peer support all played a critical role in my recovery.

As a new police officer, I began recognizing military veterans in Toronto who were suicidal, homeless and in crisis. Together, Constable Jeremy Burns and I built the military veterans wellness program. This is a community policing initiative that unites key stakeholders, such as VAC, the Legion, DND, OPP, RCMP, PHNX PSYCH, Mediatwist, DGMPPRA and many others—all to support veterans in crisis.

We developed specialized training that teaches first responders how to identify a veteran, understand their service-related challenges, recognize the signs of suicide and crisis, build an empathetic connection to safely de-escalate a veteran, influence a veteran to actually accept help in that critical moment and then connect them directly to the services of VAC, the Legion and OSISS.

These services already exist and they're very good, but for a veteran who is struggling, it can be very difficult to ask for help and navigate the support or actually trust the institutions after service. That's why this program exists: We train first responders to break down these barriers through compassion, negotiation and influence. First responders are uniquely positioned to be the conduit between a veteran in crisis and the organizations that can actually save their lives. They actually saved mine.

This program grew quickly because Canadians want to help and Canadians want to help veterans. As of today, we've trained about 22,000 first responders across 150 different agencies. The veteran in crisis referral form has been adopted by several police services. The RCMP is using it to actually support police veterans who are also struggling. More importantly, this program has successfully de-escalated and referred approximately 250 military veterans directly to VAC, the Legion and OSISS, which then reach out to offer all their supports. These outcomes are not theoretical; they are lived, practical, proven and repeatable.

My recommendations to this committee are pretty straightforward.

First we are requesting government leadership and support to ensure that every paramedic, firefighter, correctional officer and police officer has the skills to recognize a veteran in crisis, connect with compassion, de-escalate and then provide a voluntary, on-the-spot referral so they can receive immediate support. Currently, only police officers can make this voluntary referral, but expanding this to all first responders is a low-cost, proven and nationally scalable solution that has already been saving lives.

Second, our national 988 suicide line should have a veteran-only option. This would allow a veteran to be immediately connected to a crisis worker who understands them, understands their culture and understands the supports available.

Third, we are seeking federal support to adapt and deliver this program to all health care providers in Canada. In partnership with CIMVHR, and other national stakeholders, we have already set the stage to create a certified curriculum that equips all health care professionals to recognize veterans, understand their service-related issues and address their complex medical needs.

Each of these recommendations is very realistic and affordable and closes the gaps in our system for the highest risk of suicide. We already know the cost of inaction. In the United States, most veterans who kill themselves are not connected to care and we cannot allow this to happen here. This program is already being adapted internationally in the United States, Australia and Ukraine and for global policing networks, such as the International Association of Chiefs of Police, as well as all 196 Interpol countries.

With federal support, Canada can help shape NATO's and the United Nations' standard for post-conflict veteran care while also

ensuring that we remain committed to learning from the success and lessons of all of our international partners.

Supporting veterans is not just a social responsibility; it's actually a strategic investment in Canada's national defence and the operational readiness of our allies. It tells every Canadian war fighter—past, present and future—that Canada will stand with them after their service ends.

• (0840)

We ask our service members to risk their lives, and we will continue to do that. In return, we must ensure that no veteran falls through the cracks and that those living with service-related trauma receive the highest standard of care without hesitation and without fail.

The decisions you make here in this study will save lives: veterans' lives, first responders' lives and Canadians' lives, people who are all struggling with suicidal ideation.

Thank you for listening, and thank you to the Toronto Police Service and our entire team back at home who made this possible.

The Chair: Thank you very much, Constable Dale. I appreciate your being here, and certainly thank you for your service, sir.

We will start now with Mr. Richards for six minutes.

Blake Richards (Airdrie—Cochrane, CPC): Thank you.

I have lots of questions. First of all, to all of our veterans with us, thank you for your service.

I'll start with you, Mr. La Salle.

We heard, in your testimony this morning, something we should never hear. The greatest source of stress and trauma for you was dealing with the institution that's supposed to be there to help you.

You related some of the challenges you had in relation to getting some of the supports you needed from Veterans Affairs. Has that situation been resolved, and if it has, how long did it take to resolve?

Stephen La Salle: For the most part, it has been resolved. I think a lot of it just took a lot of tenacity from me, the occupational therapist and the team. Early on, the challenges were really outside organizations that advocated and pushed.

Blake Richards: It seems like it's often the case that, for those who succeed, it comes from outside organizations or another veteran who comes along and shares their experience.

What kind of a message do you think it sends to other veterans who know they might need help? What kind of reluctance do you think it creates for them to want to deal with Veterans Affairs when they hear stories like yours?

Stephen La Salle: I think a lot of times, veterans just want to give up. From speaking to other veterans, I guess you could say that's the thinking they have, that it's easier just to give up than to deal with the system, and that's what the system wants us to do.

Blake Richards: Yes. All I have to say is that I hope we can make some change. I hope this study will be the starting place of that.

I know it wouldn't have been easy for you to come and tell us your experiences and your story, so thank you for the courage to do that. It's hopefully going to make a difference for others.

Let me turn to Madame Deraiche.

That transition period, when a veteran is transitioning into civilian life and leaving the military, is, I think, a pretty critical and important part of how their experience will go from there forward.

Do you think that, if the government did a better job at transition, there would be fewer veterans who end up in crisis situations?

• (0845)

[*Translation*]

Chloé Deraiche: Yes, I think that the transition process to civilian life after military service has to be made more humane. I think Mr. La Salle's testimony is extremely relevant. It's consistent with what we see on a daily basis in our offices.

We actually provide administrative assistance because, for veterans who come to our offices, just receiving an email from Veterans Affairs Canada often triggers a great deal of stress even before they open it.

I have regularly heard the speech we just heard about the fact that people prefer to give up on the benefits to which they're entitled because it's too difficult to apply for them.

Veterans are sleeping in their cars for years. When they're doing well, it's already difficult to fill out all kinds of forms and get access to a doctor to fill out the pink, blue or yellow form. On the other hand, when they're not doing well, it's like in *The Twelve Tasks of Asterix*. That's truly the reality for veterans. That's where organizations like ours come in to complement what already exists.

In our opinion, we need to be part of the solution. Yes, I think something has to change in the release process so that there's a continuum of services toward the end of military service and beyond. We have to avoid red tape and the fact that people who already have mental health challenges are caught up in processes that increase their stress.

[*English*]

Blake Richards: I could summarize that as less process and a little more humanization, trying to make sure that the organizations

that are there to help are able to help, instead of having to deal with administration and red tape. Would that be a fair summary? Okay.

I'll go to you, Mr. Dale, on that note. Obviously, we often hear that there's a need for that peer-to-peer, veteran-to-veteran support. Your program is an example. Although it might not be direct peer support, it's certainly a veteran-to-veteran thing.

I want to hear from you about how important you think the ability for veterans to help other veterans is, making sure that those opportunities for grassroots or community-led peer support exist.

Cst Aaron Dale: The benefit of peer support is that the person has the same lived experiences. The big thing about our program is that it teaches other police officers, who know nothing about the military, what the culture is all about and what the struggle is all about, so they can provide empathy. Empathy is a key component of negotiations, which could be used more broadly.

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

We will now go to Madame Auguste.

[*Translation*]

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

First, I'd like to thank all the veterans who are here. I'd also like to thank them for their service to the country.

Ms. Deraiche, Mr. Plourde talked about the importance of prevention. He said that investing in prevention would really be the right thing to do.

Can you tell us about the most relevant methods that you use at The Trail — Transition Housing that improve veterans' living conditions?

Chloé Deraiche: Being able to talk to human beings in person can already have a positive effect on veterans who need services. The fact that they can come to our offices already makes a difference.

We obviously have a multidisciplinary team of specialists in social work, criminology, special education and sexology, among other things. We're also available virtually. We have a variety of intervention methods.

We have a number of points of service, including a shelter for veterans—with or without children—who are experiencing housing insecurity or homelessness. We have a farm, and we also work with horses through our partner, Équi-Sens, which offers intervention services with the horses. We also use other means, such as music, which people really enjoy, including guitar and piano lessons. We also use creative arts, model kits, yoga and so on.

I think it's important to use a variety of intervention methods. Having as many as possible is part of our philosophy. We also try very hard to work with and for the veteran community. We develop ad hoc projects according to individual wishes as well.

We do a lot of integration volunteering, since veterans need to still feel useful and feel that they can serve again. However, since it isn't possible for them to take on full-time work due to certain health issues, they give a few hours of their time, get back into a routine, break their isolation and feel useful again. We use a lot of approaches.

● (0850)

Tatiana Auguste: Thank you very much.

Mr. Plourde, given your unique status, as it were, if you had one recommendation to make about suicide prevention that works very well, what would it be?

Bruno Plourde: I would say that it would be to offer in-person listening services. It's good to have a 1-800 line dedicated to suicide prevention, because there can be people at the other end of the line who have been trained. However, I don't know how someone can tell, over the phone, if someone is having suicidal thoughts. I know I can't. The same goes for online chats.

Prevention starts with providing access to a human face. Meetings should be held with teams of veterans, for example. In a phone conversation, the person will always say that everything is fine, because they don't want to start telling their story over the phone.

Meeting in person takes more effort and energy, but, as I said earlier, it saves lives. More than processes, humans will always save lives.

Tatiana Auguste: Thank you very much, Mr. Plourde.

Ms. Deraiche and Mr. Plourde, if you had one priority recommendation to make to the committee as part of this study, what would it be?

Chloé Deraiche: It would be for institutions and community organizations to talk to each other. A mechanism should be put in place to ensure that they work together. Everyone has one piece of the puzzle right now, but all those pieces have to be put together. It would be to give us the means to work together, then.

There should be a mandatory and systematic follow-up process after military service. Problems often arise after military service. At the time of release, things may not be well established. After that, problems emerge in everyday life. However, the link to military service isn't always apparent right away. In that context, it would be really important to have long-lasting follow-up.

Bruno Plourde: As Ms. Deraiche mentioned, there should be a continuum of care. Veterans have to go through bureaucracy to get their own medical files and transport them. Given the number of forms that we're made to fill out, I can't believe that Canada Post couldn't solve part of the problem by introducing a confidentiality notice so that things can move from one institution to another within the federal government and across the country. Given its prerogatives, the committee could do something.

I just don't understand why, in 2025, a medical file can't be moved from one department to another so that Veterans Affairs

Canada can be proactive when there are risks. If someone is at risk in the army, the next morning, they're no longer at risk to anyone. What the...

We have to restore some common sense and humanity to the situation. We have to find a black box somewhere.

Tatiana Auguste: Thank you very much for that.

Could you talk a bit about the community aspect and peer support, which you mentioned earlier?

Chloé Deraiche: The community aspect is about working together, rolling up our sleeves and working with our partners on the ground, meaning community organizations and institutions.

For me, this is really a community, and it's about working together to save lives. That's really what we do.

● (0855)

The Chair: Thank you very much.

[*English*]

Again, for all of the anglophone individuals, Madame Gaudreau will be asking questions in French, so make sure you have your earpieces in.

[*Translation*]

Ms. Gaudreau, you have the floor for six minutes.

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

This is our tenth meeting. I know that many veterans are listening to us.

Seriously, what kind of cry from the heart will it take for people to wake up? Every piece of testimony talks about individuals being forgotten and let down. There's no transition. Seriously, know that there are people who understand you. It takes political will.

In life, as long as someone isn't directly affected by a problem, the best thing to do is ignore it. People don't want to see homelessness. People don't want to say hello to someone on the street. That someone may be a veteran. We have a long way to go.

I'm new to the committee. I'm astounded to see that the budget for national defence is going to be increased. Granted, there may be good reasons under the current circumstances, but we aren't even consolidating our base.

For my part, I understood your message, I see you, and I thank you. I'm optimistic in life. I hope there will be a turnaround, not of 180 degrees, but of 360 degrees. The current situation makes no sense.

Mr. Plourde, earlier you stopped at "What the", but I'm going to say it: What the fuck! Seriously, this is bad.

Mr. Plourde and Ms. Deraiche, I'd like to offer you my remaining minutes. It's a good thing The Trail is there.

What do you need to prevent our veterans from spiralling and ensure that measures are put in place immediately?

I'd like to hear your comments on that.

Chloé Deraiche: The last call for projects by Veterans Affairs Canada had an envelope of \$15 million for three years, and approximately \$300,000 was invested in Quebec, the Canadian province with the second-largest number of veterans, over those three years.

Marie-Hélène Gaudreau: Out of \$15 million, only \$300,000 was invested in Quebec. Wow!

Chloé Deraiche: Yes, and The Trail received \$233,000, so I can say that we won the jackpot in Quebec.

It takes funding to help organizations, yes, but beyond that, we need to be allowed to take part in round tables, among other things, where we can name things, speak on behalf of veterans and talk about what we see on a daily basis. It's very important to have those spaces and make a difference. I don't think it requires action plans with 10 different colours. It's just a matter of making sure that there are fluid mechanisms in place and working in partnership with organizations.

For example, last week, we had the opportunity to go and present our services to the Quebec regional unit of the Canadian Armed Forces Transition Group. All the employees were there. That was the first time that had ever been done.

We're definitely seeing small changes, but they're so minimal compared to what's needed. We had to fill out forms just to be recognized as a community organization so that case managers had the right to refer veterans to our organization. That shows that red tape is taking up a lot more space than human beings.

I think it's important to make the process more fluid, easier, less bureaucratic and much more humane. We have to create a space for listening, work together and ensure that we have a comprehensive view of the situation.

It isn't true that veterans no longer have needs after their release, at one minute past midnight. The mission of Veterans Affairs Canada is to help veterans, and that has to extend over time. We have to give ourselves the means to make sure that this happens.

Marie-Hélène Gaudreau: The truth of the matter is that the machinery of government is colossal, and it can't turn on a dime. Culture is just as hard to change. We would all like it to be otherwise, but we're stuck with what we have.

If we really wanted to act right now and gave you help—veterans may also want to contribute—and all the resources required to meet the needs, even if it meant quadrupling your funding, would you be able to quickly turn things around on a dime? After this meeting, I imagine you'll be getting calls and finding out that you're short-staffed.

● (0900)

Bruno Plourde: It's possible, but I would ask that we be given less money and that we be given a doctor instead.

Marie-Hélène Gaudreau: We will mention that in our report.

Bruno Plourde: I'm speaking for Quebec, but also for Canada as a whole. Our doctors and our health care system are overwhelmed.

Why would a doctor see a veteran rather than another citizen who is also in pain? How should they triage?

Having a doctor with administrative staff who know how to fill out the forms by writing the right words in the right boxes is priceless.

Marie-Hélène Gaudreau: Your message has been understood.

Bruno Plourde: It takes a doctor to take care of veterans and listen to them. The doctor doesn't have to be there 365 days a year. They just have to be there to listen to them, fill out the forms, speed up the acceptance process and make sure that there's a continuum of services after their release. That could also be a mobile team in each of the regions of Canada.

Marie-Hélène Gaudreau: Thank you very much.

My time is up. We'll pick this back up later.

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

We will now move on to the second round of questions.

Ms. Wagantall, you have the floor for five minutes.

[English]

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

I thank each and every one of you for being here today, and I thank you for your service.

I'm really ticked off. I'm not new here. I've been here since 2015. We have had study after study and recommendation after recommendation that deals with identifying our veterans, transferring records and dealing face to face. All of the issues that I've heard today, I've heard over and over again, but there has been no progress.

My concern is something that was said today that I have heard often, and that I refuse to believe. It has been said that we can't measure prevention.

Mr. La Salle, do you believe that? Is there no way for us to be able to identify and accept the reality that veterans who have served come out of that service with issues that need to be identified?

My father-in-law worked for a major corporation. When he retired 20 years ago, from that point on, he was connected. Why is it said we can't stay connected with veterans unless they want us to?

Stephen La Salle: Quite simply, I think it's a bureaucracy. We built too big an animal. Then we forgot to be client based, focused on the veterans as people.

As Dr. Brend said, we need a trauma-informed approach. We need to recognize that when veterans are releasing from service, there could be some sort of trauma. We need to find that continuity of care when they're discharged so that they have the support, so that they're not falling through the cracks and so that they don't feel like they're just a file number.

Cathay Wagantall: Thank you for that.

On that issue, it seems to me that a lot of veterans come with needs to be met. Maybe they don't know what they are, but at some point in time, they know what they need, yet VAC doesn't give it to them. Veterans' choice seems to be non-existent.

Can you speak to that at all?

That question is to others, as well, if there's someone who would like to respond.

Stephen La Salle: I think veterans may know what they need, but they may not necessarily know how to get the services.

In my case, the Legion was able to speak out. It is unfortunate to have to use a third party to advocate and to do the paperwork, either because it's so complex to navigate the system or because it's very stressful, as the other witnesses said too.

Cathay Wagantall: I've heard that our Legion in Saskatchewan has helped 35 veterans get help from an organization that they have learned is very effective but that VAC will not fund, whereas it is what our veterans want.

Mr. Dale, or whoever would like to respond one after the other on that, I would appreciate it.

● (0905)

Cst Aaron Dale: The military is a really good system, and Veterans Affairs is a good system. Both can improve, but they're both good systems.

You lose people in the middle part, in the transition. If you overlap those pieces, you can start using military doctors to do our VAC disability claims, instead of having us try to find a doctor. That release process can't be 27 days like mine was. It has to be, maybe, six months. It has to be regimented where the person's going through all the VAC issues, all the VAC paperwork, all the claims and all the money. You have to hold on to that soldier and transition them to the veteran life but have that overlap.

On top of that, the magic question is how a person goes from great service in the military, to release, to crisis and to suicide. What's that pathway? That's something I think we need to analyze, but it's going to take getting into records of the CAF and VAC.

Cathay Wagantall: I'll just comment on that. It has been the major focus of this committee ever since I started. We've gone through pilot projects and supposed movement, but it is at a snail's pace. In the meantime, we are hearing the same things from those who are being released medically or leaving and not getting that assistance. That's where we're not looking at the recommendations and determining whether or not those recommendations are even being followed.

Sorry, we have just a few minutes. Go ahead.

[*Translation*]

Chloé Deraiche: What was just said is important, but we have two systems that work in completely opposite ways. The military system takes complete control of a person's life. When they're released at one minute past midnight, they have to run to get access to services. That's where the differences have to be ironed out.

The Chair: Thank you very much.

Ms. Hirtle, you have the floor for five minutes.

[*English*]

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

Good morning, everyone. Thank you for being here, and thank you for your service.

[*Translation*]

I'm going to turn to Ms. Deraiche and Lieutenant-Colonel Plourde.

[*English*]

Thank you for taking your time this morning to talk about your services at The Trail and your work with the veteran community.

I'd like to do a bit of a table set, if I may. At a previous meeting, we heard results from an Australian study around veterans and suicide. The first five years after serving are the most important years for a successful transition to civilian life.

I'd like to understand how those results do or don't overlap with the experience of Canadian veterans. Can you tell me how clients first learn about your organization and the work that you do?

Bruno Plourde: Mainly it is by word of mouth. We are a very young organization. When I got out from active duty, I was a reservist afterwards, so I was linked to the community. I heard from the other commanding officers of the reserve unit and the regular force unit in my region that they have guys who have issues but that they cannot manage them. So I said, "Bring them on."

From there, people were happy. It's like good business. You're doing something good; you're doing something right. You talk to the people when they're happy. They talk to people who feel helped. They got through.

Trying to talk to the institution at any level, provincial or federal—Veterans Affairs and the DND—doing prevention, is an obstacle course with fire and acid. We hear, “We don’t have the time. We are too busy. We are in an operational thing.” All the excuses are good to not take the time to pass the information about what happens after, because everybody is in the now or the process. We hear, “Do you fit the box? We are a one-stop shop. You cannot do that.” We ask, “Why?” and get “We don’t work that way.” Well, I don’t care about you; I’m doing it. My customer is the veteran. He’s tired of the stovepipes. So, he comes here, and it’s one stop. He has only one thing on his brain. Just hearing that, veterans can actually get it. Now, they’re coming and referring.

Alana Hirtle: How long into their transition do you typically begin working with a veteran? At what point and under what circumstance would you determine a successful outcome?

[*Translation*]

Chloé Deraiche: We work with them throughout their transition to civilian life. More and more of them are starting to work with us during this process, which is a very good thing. We were just talking about prevention earlier. We feel that when we offer our services to veterans even before they get discharged, that’s part of it.

Some don’t even know they’re entitled to services, even though they’ve been discharged for 5, 10, 15, 20 or even 30 years. They hear about us by word of mouth, or their family refers them to us, for example. We try to actively participate in various activities, whether local or provincial, institutional or community, to promote our services.

Word of mouth is very effective. So we offer our services at various stages of the transition.

• (0910)

[*English*]

Alana Hirtle: Thank you.

In looking at your website and some of your services, I notice that you have equine therapy at a couple of locations. I’m wondering what the benefits to improve physical and mental health are when veterans work with animals.

Bruno Plourde: Animals don’t judge. If you’re good, you’re good. You cannot fake to a dog, a cat or a horse. If you don’t feel good, you can tell yourself that all is good, but the animal will not actually come to you. That is because you’re a threat; you’re not stable. Using that is one of the ways to actually accept who you are and where you’re at. That’s the foundation to get better. Horses do that. We’re also doing that with veterans’ families. While the veteran can have services, we have day camps for kids. However, they are actually doing something similar to what their parent is doing. That gives them something to talk about at home other than the transition issue. It’s not always about therapy; it’s about being a medium to make people get together and get better. As for a horse, why not? It’s cool. They are peaceful. I have never heard of anybody who got super excited beside a horse.

Alana Hirtle: Thank you.

As we know, it’s not just the veteran; it’s the family and everyone around them who is involved in this process.

That’s wonderful. Thank you.

The Chair: Thank you very much, Mrs. Hirtle.

[*Translation*]

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

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

Ms. Deraiche, you say that you are an essential organization and that you help veterans transition to civilian life. You also said that you have to promote your services yourself. Did I understand correctly?

As members of Parliament, before we take up our duties, we receive training and we have an assistant. Later on, if we’re not re-elected, they guide us and help us.

I can’t get over the fact that you have to self-promote. From now on, more people will know you, and I hope the message is clear: You need money, and you need access to a doctor. There are solutions. I was saying that it was a matter of will, and this is an example of that. That’s why we’re doing this study. We may have done this 50 times, but at some point, the tide has to turn.

You say you’re making a difference.

What does that mean in concrete terms?

Chloé Deraiche: Earlier, I gave you an example of testimony that I think is extremely representative. That’s exactly what we hear on a regular basis, all the time.

I have an example that comes to mind. We had a veteran stay at our shelter. Veterans are supposed to be housed for four to six months, but in his case, it lasted almost a year. So we went past the housing period. We’re lucky that we don’t have to wade through little check boxes and forms. We can be creative.

One of the things this veteran explained to us was that he was separating from his wife and that he could relate his troubles to his service, to his deployment in Afghanistan. When he left the Armed Forces, he said that he was very solid and that things were going well. He was finally able to say that he had been diagnosed with post-traumatic stress and that those around him were facing some consequences of it.

While he was staying at our transition house, he was able to have his children visit. In fact, that was one of the things he mentioned, that he could stay in a stable, clean, furnished place. He said that he could have his children visit safely and that it reassured his wife, who was his ex-wife at the time. They are now living together again.

This allowed her to see a psychologist, calm down, stabilize her situation, not break down everything at the family level, and maintain the connection. They got back together after that.

Marie-Hélène Gaudreau: My time is up, but we'll resume this discussion later. You just gave us a concrete example, and I love it.

Thank you very much, Ms. Deraiche.

Thank you, Madam Chair.

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

With that, I would like to know how the witnesses are doing.

[*English*]

Do we need a five-minute break? I just want to make sure you're doing okay.

• (0915)

[*Translation*]

Can we continue, or do you want to take a quick five-minute break? I just want to make sure you're okay.

I see that everyone agrees that we can continue the meeting.

I will now give the floor to Mr. Tolmie.

[*English*]

You have five minutes.

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

I've sensed in this committee today a bit of frustration and it's not because of our witnesses; I think it's just because of what we've been experiencing. I'd like to start off by saying that VAC's mandate has to change.

The privilege I had this morning was to wake up in a warm bed, to have a hot shower, to kiss my kids before I left for work and drink a nice cup of coffee. We have veterans who are sleeping on the streets. We have veterans sleeping in their cars. We have veterans who are couch surfing. I wouldn't have the privileges I have without the service they have done.

VAC's mandate has to change because we're waiting for veterans to come to us to ask for help instead of our going to them.

When they said, "Yes, send me, I will go and serve my nation" and we turn around and say, "no" to...it's unacceptable. It's our nation's responsibility to look after veterans.

When I say, "Thank you for your service, for what you've done", I am thanking you for the privileges you've given me and others around this table.

Lieutenant-Colonel Plourde, thank you again for your service. One of the things you mentioned was the difficulty of transitioning. I sometimes think we over-complicate things and could simplify things. As a serving member, would you say it would be smart for us to just sign a release form for all serving members so their paperwork could be released upon their own release from service, enabling them to go to the doctors or for these forms to be accessed in a shorter time?

Bruno Plourde: You made a statement that, still, the VAC mandate has to change. I'll say no. The VAC mandate has to be applied. Their job is to take care of veterans. It's how they are doing it, or the perception of how it's done, that is the issue. If their job is to help the veteran—and you just mentioned it in your question—VAC has the power, as a department of the Canadian government, to turn around, to talk with its colleagues and to sort it out.

It's not like open heart surgery or nuclear science. It's file A to point B. At that time you can use a stovepipe. That might help. We just go straight out. It's basic common sense. We have it. Then afterwards, it goes to the provinces through a mechanism that is no different.

The image I have in my head is this. How come the only departments that actually seamlessly talk to each other are the Canada Revenue Agency and Revenu Québec. They talk to each other with no issues. They're taking our taxes, and that's not a problem. If they talk to each other, federal and provincial, how could it be done in other aspects of our lives?

Fraser Tolmie: It's a good point. They take taxes; we don't pay them.

Bruno Plourde: They want our goods, and they take them.

• (0920)

Fraser Tolmie: I read in your bio that you were helping with housing for Second World War veterans and Korean vets. Do you think that's important for us to be able to do that for modern-day vets? The program you're working with is Maison Biéler, if I'm not mistaken.

Bruno Plourde: We work with Ste. Anne's Hospital. We still have veterans there—fewer and fewer, unfortunately. At the end of the day, they are Canadian citizens who just so happen to have served. We work in conjunction. We complement each other instead of competing against each other.

We don't need a shelter for veterans. We need people in shelters who can identify, like Constable Dale mentioned. When we know who they are, we can actually find people who will customize—for the lack of better term—the help they need and will funnel them to the appropriate support. It's doable.

Again, in the army, we spent our lives talking about the "we" instead of the "me". We're in a society of "me". What's in it for me?

[*Translation*]

The Chair: Mr. Plourde, I'm so sorry, I was so interested in what you were saying that I didn't see that the time was up.

[English]

We will now go to MP Casey.

[Translation]

Thank you very much, Mr. Plourde.

[English]

Sean Casey (Charlottetown, Lib.): Thank you, Madam Chair, and thank you to all of our witnesses for being with us today.

Constable Dale, thank you for spending some time with me a month or so ago to explain more about your program. I'm going to focus most of my questions on the program.

When we met, you provided a fairly detailed brief on enhancing veteran-centred care. I understand that to be the expansion of the program that you've developed. My first question is fairly straightforward. Have you submitted the brief to the committee?

Cst Aaron Dale: Not yet, sir. I'm expecting to do that tonight.

Sean Casey: That would be appreciated. You can only get so much into the five minutes. You're going to get most of the next five minutes to expand on it, but this is helpful as well.

Please explain the role of the Canadian Police Knowledge Network in your work.

Cst Aaron Dale: There are around 218 police services in Canada. The majority of them use something called the Canadian Police Knowledge Network. It's an online data portfolio where all the police services that are part of that can log in and do the training. The Toronto Police Service published the training on that platform and waived all the fees, so this training is free for all Canadian police services that use it.

We've had 22,000 completions. The 30,000 RCMP personnel and the 10,000 OPP personnel use a different system. We want every police service to take our training for free and to take our referral form for free so that every police officer in Canada recognizes a veteran and directly connects them to Veterans Affairs Canada, the Royal Canadian Legion and OSISS.

Sean Casey: One of your recommendations and one of the things we talked about was the expansion and the scaling of this training. You have a costed estimate of \$375,000 over three years. What's the status of that funding and that expansion?

Cst Aaron Dale: The program has already proven to work across sectors along police, fire, paramedic and corrections. When we have that vulnerable veteran who's suicidal, homeless or in crisis and with complex needs, we need to pass them off, and we want to pass them off to health care to address their medical needs, but medical needs in the veteran community are very complex, and there are multiple things going on.

We need proper cultural competency training, proper awareness and proper information for how public health and private health can interact with VAC. To do that, we want to manipulate and augment our military veterans wellness program training for public health in conjunction with CIMVHR, Sunnybrook Hospital, CAMH, Queen's University and Toronto police, and then make it available to all health care practitioners.

The cost is \$400,000. It will be a certified medical education credit. To keep your licence in Canada to be a doctor or a health care professional, you need CME credits. This could now be a CME credit, which would motivate all public and private health to take that training. They get credit to retain their qualification, and now we're communicating to them how to interact with and identify a veteran and help their medical needs. If we address their medical needs across all of health care, then we have increased public safety and decreased the homelessness crisis and suicide.

● (0925)

Sean Casey: Have you been able to bring the regulatory bodies on board to recognize this training for CME credits?

Cst Aaron Dale: We have everybody in place to do that, but there's a cost associated with it. All organizations won't move forward until that cost is addressed. Everything about this program has been a bottom-up, grassroots approach, but we need top-down to help drive this nationally so that no police service, no paramedic, no health care practitioner, firefighter or corrections officer doesn't know how to help.

Sean Casey: We have less than a minute. You gave three very specific recommendations on leadership, 988 and federal support to all health care professionals. Please use the last minute to flesh them out a bit.

Thanks.

Cst Aaron Dale: The Americans have a 988 anti-suicide line for the United States of America with a veteran-only option. We need that in Canada.

On top of that, we need every police officer, every firefighter, every paramedic and every correctional officer to know how to help a veteran. So far, I'm in 80 police services, which counts for about 79% of cops, but I need your help to make sure that every person who is a first responder in Canada knows how to help.

On top of that, all health care providers, private and public, are asking how to help military veterans. We need to teach them how to do that. We need a more top-down approach to direct and teach all of our public safety and health care professionals in Canada. In the whole system, the one-government approach, everybody works together to solve veteran homelessness, suicide and crisis. We need to work together as a team, and I think we can do that.

The Chair: Thank you very much, Constable Dale.

We have Mr. Viersen for five minutes.

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

I want to thank our witnesses for being here today as well.

Mr. Dale, we've heard from other witnesses around police reports having a check box that would recognize a veteran. I'm not familiar with how that would work. Are there check boxes already on police reports to identify people in situations, and would this just be adding another check box? What would that look like?

Cst Aaron Dale: The way the program works is that you're on a radio call or you're interacting with people. With our training, you start keying in on certain language, tattoos or clothing, and you think that maybe this person is a military veteran. Then you ask them if they're a military veteran, and they say yes. At this point, that Canadian is entitled to far more services than anybody else.

I know what I can offer a suicidal, homeless person in Toronto, and what I can offer a suicidal, homeless veteran in Toronto is exponentially more and exponentially better, but we need that pathway. Everybody needs that training to understand that person, because no homeless, suicidal veteran is walking around with a sign around their neck saying they're a veteran. With that training, we can identify them, and then we can connect them.

The majority of military veterans are not suicidal and are not homeless, so the Toronto police does not have their name and a veteran check mark beside that. I can't speak for all the other police services that may or may not identify people. What we will do is identify if a person is violent or if they carry a knife on them all the time. We'll make notes like that, but we will not make notes about their profession.

Arnold Viersen: That was the recommendation, particularly around a police report. I get the impression that there are a whole bunch of identifiers that are just check boxes and that "veteran" is not an item a police officer can check. Can you confirm that?

Cst Aaron Dale: I cannot confirm that, because every police service is going to do things differently. At Toronto police, we do not want to identify the persons as veterans in a check box. We will say things like, "They are suicidal, because they've been suicidal with us in the past." We do not want to make the connotation that all veterans are suicidal and homeless, because that's not true.

I can't answer your question. It's going to be different for all police services.

Arnold Viersen: Generally, folks come and complain to us that they can't separate the veteran population out of the general population, because there's no identifier in most police reports.

Cst Aaron Dale: That's correct, and that's why we need that training.

Arnold Viersen: Would you suggest that we should have a better system of capturing?

It sounds like you're saying we don't necessarily want to identify veterans willy-nilly all the time. Are you saying that or not?

Cst Aaron Dale: That's the stance taken by Toronto police. They don't want to have a veteran identifier. When I type in your name, because we're on a radio call together, I don't want to see it splashed up as veteran. It would be the same if it splashed up as lawyer, doctor or teacher. We don't collect that stuff, and we don't want to. We will gather safety information. That's currently what's happening right now, but this is a bit above me.

At this point, for Toronto, we want to train our people to understand the veteran culture, so what they see they can jog their memory. They could say, "Maybe I should ask this person if he or she is a veteran, because he or she is wearing military boots, or because I see a coin collection in the house, or because I saw this picture on the corner stand."

• (0930)

Arnold Viersen: Okay. Your recommendation would be the opposite of what we have recommended before. You wouldn't want veterans identified just because they're veterans, is that correct?

Cst Aaron Dale: That's the stance taken by Toronto police from what I understand. It's what I also believe. There are 200-plus different systems that are not going to make that easy.

Arnold Viersen: That's interesting.

Mr. Plourde, you said that we can't identify the successes. My colleagues picked up on this, as well. It seems to me that, from my estimation, there's about one veteran suicide a week. If a week goes by, and we don't have a veteran suicide, that would make it a success.

Would you verify that this would be a correct kind of statement? Would that be an appropriate mechanism to measure success?

Bruno Plourde: As you mentioned, any human being going away is a tragedy. For me, it was a figure of speech. One veteran suicide a day...I don't know. We have people who need help and need prevention to at least stop them from falling.

In institutions, we have a process. We need numbers, data, check marks and graphs. We almost wait for people to crash, saying, “Oh, we saved somebody”, instead of doing the prevention that we cannot account for....

[*Translation*]

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

I will now give the floor to Ms. Royer.

Zoe Royer (Port Moody—Coquitlam, Lib.): Thank you.

[*English*]

Thank you very much for your service, Mr. La Salle, Mr. Plourde and Constable Dale.

Listening to your testimony has been very moving today. I'll share a bit of context. My husband served 22 years in the air force. He is a vet. His last tour was in the Bosnian war, which was a genocide by all accounts. Gaetan was wearing the blue beret. He was a military engineer in the air force, but wearing the blue beret as part of the United Nations peacekeeping force. He mainly created lines of separation among warring factions to protect people. He was there at that time.

On many nights, he slept in bathtubs as nearby buildings were being bombed. He was trying to survive, while experiencing sensory overload, and helping others survive. As an engineer, he was rebuilding systems, including water systems, sewage systems and things that help keep people safe at a terrible time. He witnessed gangs of parentless children, aged 4 to 14, searching for food, and packs of ownerless dogs that were also very hungry and preying on people. He would go through different checkpoints and sometimes be held at gunpoint as he moved between them. Transiting the region was very difficult.

He came back after 14 months to mundanity: children who were upset that they had to do their homework, a woman yelling at the bus driver for going too far past and nearly missing the stop and those kinds of things.

Constable Dale, as you said, there's a culture and training that tell you that you have to suffer through the pain, you cannot quit and you cannot show any sign of weakness. I think that's why we see the PTSD and the internal trauma persist, along with the inability to talk about it. My question is around that.

Would it help if, along the way, there was more connection to family? Naval ships are away for months at a time, as are submarines. Troops go on active duty and, sometimes, successive tours. We're more connected than ever before through digital means. People could have that sense of family being close. Mr. La Salle, you might have been closer to your sons throughout an enduring process.

What would it mean to make sure that there is the element of feeling supported by and closely connected to your family? You could be in the conversation about homework or the birthday you might have missed. Many anniversaries would pass without you being able to be present. Would that make a difference?

My question is for Mr. La Salle first and then Mr. Plourde.

• (0935)

Stephen La Salle: That's a good question. I didn't deploy overseas at all, so I don't have that experience. Maybe Lieutenant-Colonel Plourde or Constable Dale could speak to that.

I think there is a disconnect—and there was a disconnect for me after I got hurt. It's a change for the family. My boys had an active, fun, outgoing dad who suffered traumatic injuries and, at the same time, became very closed. They struggled through the process too, and there wasn't really a lot of support for the family during that time. That made it difficult.

The Chair: Unfortunately, we're out of time.

I'm sorry, Mrs. Royer.

[*Translation*]

Zoe Royer: Thank you.

The Chair: Thank you very much.

[*English*]

I apologize.

[*Translation*]

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

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

Dr. Brend, can you tell us about the red tape associated with shelters, which is so complex it's enough to drive one crazy?

I know that this adds to the trauma experienced by veterans transitioning to civilian life, but how bad is it?

[*English*]

Dr. Denise M. Brend: As I'm listening, one of the things that strike me is that we can have better services and we can find amazing ways of working, but if the system that administers them is the same and is not trauma-informed, it will continue to do harm.

When we think about the term “trauma-informed,” a lot of times it sounds like a buzzword: “Oh, we just have to know that's an issue.” It's not a buzzword. It's about understanding that everything you do and the entire approach you do it with can either serve to improve things or make things worse.

I would say that for Veterans Affairs to be trauma-informed would be to hold a mirror to itself and look at all of its functioning systematically and ask, “Does what we're doing and how we're doing it adhere to our very important mission, and is it trauma-informed? How will this land for the people who will receive it, and does it further what we want to do?”

It's critical that we place the need for the services themselves to be reviewed and to be made trauma-informed so they can also better support these excellent initiatives we're hearing about today, where we see that veterans in the community are effectively organizing, are leaders and are creating unbelievable.... It's just so impressive what you're doing. We don't have to worry about that. It's happening. Our veterans are incredible, but do we have the container that can hold that and promote that and put it into action through support?

[*Translation*]

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

Thank you, Dr. Brend.

The Chair: Thank you very much.

[*English*]

Go ahead for five minutes, Mrs. Wagantall.

Cathay Wagantall: Thank you again, Chair.

I can't let this one go. I appreciate what Mr. Plourde said in regard to the fact that we can't measure prevention. I understand the angle you're coming at that from, but at the same time, if we can't measure whether or not we're being successful at something, we have a problem.

I would think there are ways to determine if the actions we're taking, the recommendations we're responding to and the things we're doing are making a difference as to whether or not suicides are taking place. I know that's the endgame, but at the same time, would we not want to know and want veterans to know that there are certain markers for PTSD?

Apparently, from what we've learned here, there are 10 markers. There's something about the armed forces and serving in the roles that many of you do that you tend to come with some of those markers already. We all have them to some degree.

Would you not say there has to be a way for us to decide how to measure this? Otherwise, how does VAC ever change anything?

● (0940)

Bruno Plourde: There are ways, and I think that for the moment, the way Le Sentier is looking at it is how many people we are meeting and how many people we can identify with suicidal ideation or with having a rough period and saying that, for these people, it's reasonable for us to think they will not go further down the road to suicide.

For us, it's reporting things. How many veterans or people identified as veterans committed suicide in a year? If we achieved a reduction, it's because we made a collective effort—somebody wasn't doing well, and he or she is still with us. That's the type of data we keep.

How do we publish it, and how is it gathered? Le Sentier is like a drop in the ocean for the country. When we come out—when Chloé and the team come out—and say this is how many people we met and this is how many are still with us, for us, that's a measure of success.

How can you measure that? At the end of the day, it's a national thing. “Oh, yes, we had a lot of suicides of people who were at the end of the road, and we thought they were veterans or we learned they were veterans.” It is then that we can make a bit of a correlation, but that is a difficult thing.

Cathay Wagantall: True, I appreciate what you're saying, but at the same time, with the number of veterans we hear from who are parts of groups and are willing to come here to talk about what they've gone through and are very open in saying, “I'm here today only because of”...we don't seem to use that anecdotal proof to the extent that we should.

Mr. Dale, please go ahead.

Cst Aaron Dale: I do think it's measurable. I think it requires an in-depth analysis or a large-scale survey. We know who all the veterans are and we need to talk to every one of them in a large-scale analysis. The only other option is to dive into medical records, which is going to have its own complications. So I would suggest a large-scale analysis.

Cathay Wagantall: You just said it's because we know who all the veterans are. We hear continually at this committee that we don't know who they are and we don't know where they are because it's up to them to come to us. That is what we hear, though I much prefer what you're saying.

Cst Aaron Dale: Maybe I'm wrong then.

Cathay Wagantall: I hope not.

Stephen, would you like to comment on that? I have friends with the mefloquine issue. These veterans are so interconnected that they know how many are gone, from their tours and whatnot. Can you add anything? I know it's a different dynamic for you.

Stephen La Salle: I think we know amongst ourselves, but with Veterans Affairs, I think you're right. It's designed so that the veterans approach...and in a lot of cases, it comes down to the work of Constable Dale and the program he's running to get the veteran identified. Maybe it should be the other way around, so that the bureaucracy is connecting with the vet and doing it that way as opposed to waiting until the vet comes to them, because in a lot of cases, as we've heard, the paperwork and bureaucracy just becomes too much, and it's easier just not to engage.

● (0945)

The Chair: Thank you very much.

We have Mrs. Royer, for five minutes.

Zoe Royer: Thank you.

I'll go back to my question about making sure that when you're on active duty, you have that access to family.

Mr. Plourde, would you like to answer that question?

Bruno Plourde: During all my tours and the variations in technology, I got access to my family throughout my career. The challenge was not to have access to my family; it's what I was willing to tell them, because, for example, "Oh, I had a great day until one of my buddies blew up". Well, that's not something you actually talk about when have your five minutes on the Internet. So connecting, yes, but the local network of people that you have when you're deployed is at least as important because they go through it.

Coming back is like it is for any humanitarian workers, like those with Doctors without Borders, or for people who work in the mines in northern Canada. They are away for three weeks. They come back for a week, and they try to reinsert in the family routine. How do you talk about the things you did? No, they have their own life, so you're always in catch-up mode.

On operational deployments, or just with somebody from Quebec going to Wainwright for six weeks, they're coming back. School's done. Summer is up. By the time you catch up, you're gone again. So the challenge is not really about communication; it's how to empower the families to be able to talk and to give them the tools to actually name things. That then goes with family and couple relationships and everything that goes with that.

Zoe Royer: Yes, I got it. Thank you very much.

Constable Dale, in terms of the stigma that I know was very prevalent years ago, I know it's being talked about more so now, such as with the first responders to the Port Moody fire and the Coquitlam RCMP in my riding. These are things that there is much more acceptance of now. Is the stigma lessening?

Cst Aaron Dale: I'd say it's lessening slowly. We still don't see enough stories, though, of people who went off work because of stress and were able to come back, but I'd say the stigma is lessening.

I have a comment on your previous question, if you would like.

Zoe Royer: Yes, please do.

Cst Aaron Dale: I was deployed a week after my daughter was born. The global war on terrorism for the last 20 years placed a tremendous amount of strain on the military and Canada because we were fighting a war. That's the priority, but there are things you can do to make a family feel better.

When a family comes to a base, we need to do everything we can to get the spouse a job and make that spouse feel like they're a part of the community, as opposed to not being able to work because there are no jobs in a small town. We have to take care of the family. That will make life easier for the person deployed.

Accessibility and communication is great—the more the merrier—as is any kind of national support to show that family that their service is appreciated because service is a family affair. For a lot of the symptoms and issues a serving member has, the family is going to get the secondary part of those traumas.

Zoe Royer: We heard from a member opposite that we've been facing this since 2015, but I would argue that this has been occurring for decades. Some of the bureaucracy and some of the, perhaps, underinvestment and supports....

With budget 2025's commitment to break down red tape, reduce the bureaucracy, streamline processes and unprecedented investments, can you tell me what you would like to see happen first?

Maybe this is a question for Ms. Brend.

Dr. Denise M. Brend: The first thing we need to do is listen to veterans, which I feel this committee is effectively doing. I think the answers have already been expressed by veterans. Take their priorities and put them into action.

What frightens me when I hear that we need to streamline and we need to invest is the "how". I don't want Mr. La Salle to receive that letter faster, telling him that his safety is an accessory. I want him to receive a different letter altogether. I want how his situation is managed to be done, from the base, in a completely different manner.

What comes forward for me as a priority is that we have to review how our services are conceived and delivered to ensure that they're in line with the mission that they are supposed to be underneath. Then make the work of our veterans' communities to conceive of and deliver the services that are needed easier.

● (0950)

The Chair: Thank you very much. I appreciate that.

This most likely will be close to our last round.

Mr. Richards, go ahead for five minutes.

Blake Richards: I did have to step out of the room briefly, so I missed some of the conversation. I apologize in advance if I'm repeating anything that's been asked or anything along those lines.

I'd like to ask each of you the same question. I'll start with you, Mr. La Salle and we can work our way across the table.

I want to ask about sanctuary trauma. It's what you were referring to in your opening statement, Mr. La Salle—the fact that the very place you're going for help is the thing that's caused you the most stress and grief as you've tried to deal with your recovery. For veterans who end up suicidal, what role do you think sanctuary trauma has played in some cases? If we could improve the bureaucratic nightmare that dealing with the government is, would we save lives?

Stephen La Salle: Absolutely. We go back to what Dr. Brend said about having that trauma-informed approach where we're treated as people and not as files, and about simplifying the bureaucracy.

For example, when connecting with Veterans Affairs for the case manager, you have to dial a 1-800 number, press a zillion buttons and then ask to speak to the case manager. Simplify the process and be in this century so you're able to send a proper email to a case manager, as opposed to doing an online platform. Things like that reduce the stress and create more of a human touch with the case manager, who wants to help us in a lot of cases, but is tied up in bureaucracy.

Blake Richards: I appreciate that response.

I'll work our way across to Dr. Brend.

Dr. Denise M. Brend: I would like to briefly address one of the myths we've struggled with when we've been implementing trauma-informed care in other types of structures. There's a fear that we're going to create a dependency, that if we give the services too freely, if we're too accessible, it will end up being overwhelmingly expensive for the system. We see that it's the opposite. Yes, there's a quick uptake at first, because people are saying, oh, this is great. But at the end of the day, most people want to be autonomous. They want to be in their lives doing their thing. They're not that interested in constantly needing to depend on a service.

I just wanted to say that there are a few myths at play that are really related to this. What happens when people are traumatized is that they try to defend against it, and so do systems. We have to work a little bit to break those down.

Blake Richards: I appreciate that. It's a great contribution.

Madame Deraiche.

[*Translation*]

Chloé Deraiche: Yes, there is really a lot of red tape. There are certainly ways to make it easier.

I recently spoke to a veteran who told me that he's lost many more brothers and sisters in arms since he returned to Canada than when he was in Afghanistan. In fact, the system has a lot to do with it.

The veterans we work with often feel that they are forever applying for the benefits to which they are entitled. They shouldn't have to beg for them.

The application platform is not user-friendly. Some people with university degrees have trouble using it. So you can imagine what it's like for someone whose job was to screw in bolts, for example. There really must be a way to make the whole process more accessible and less complicated.

[*English*]

Blake Richards: Mr. Plourde, please go ahead.

Bruno Plourde: Believe the veteran when the veteran calls. For 23 years I was in the infantry or special forces. I have difficulty hearing my children: Yup—tick—you need hearing aids. I don't need an audiologist. I don't need endless medical forms. I was an artillery gunner. I was beside the 155-millimetre cannon for six months, shooting every day. I don't know why, but my back hurts: Duh.

The veteran's got it, so from the outset, the people in care need to ask—check—and not give the veteran an MRI, three forms, the sig-

natures of three doctors and one specialist: “We'll see in six months if your back still hurts.”

• (0955)

Blake Richards: I couldn't have said it better myself. It sounds crazy to hear it out loud, but it's what's happening.

We'll let you close us off, Mr. Dale.

Cst Aaron Dale: The military is awesome. A lot of people have some incredible, amazing experiences in the military. But when it's time to leave, it's very sad, because you're not going to have that friendship. You're not leaving on the best terms. You're upset. You're scared. You're nervous. You're going into the unknown. Then you have this transition point, and you feel like you could have done more. You could have done something different. You could have had a better experience on that side. Then you're climbing the mountain of Veterans Affairs.

Yes, sanctuary trauma is definitely a thing, but we need to have a warm handover. Six months prior to your release, you should have all your disability claims filed. You should have all your appointments done. You should just go to the military audiologist instead of trying to find a random one in a new city that you haven't lived in before.

With those six months, you can set a veteran up for success and do a warm handover so that there's less sanctuary trauma and they already have all their benefits in place. Then they're not meant to do the uphill climb alone. They have the entire system of the military helping them.

Blake Richards: Great.

[*Translation*]

The Chair: I'd like to thank each and every one of you.

[*English*]

Mrs. Hirtle, you have the floor for five minutes.

Alana Hirtle: Thank you, Madam Chair.

Going back to Le Sentier, of your four centres, I understand that the Dorval location has housing available. I'm sure you're familiar with the organization VETS Canada. They're looking to create a similar treatment centre in my riding at a surplus armoury in Amherst.

I'd like to learn a little bit more about your housing. Can you describe how the housing works? Is it temporary? Is it after a treatment? Is it for a longer duration? Let's start with that.

[*Translation*]

Chloé Deraiche: Yes, they are transitional apartments, so temporary housing. We work with partners on the ground who identify homeless veterans or veterans with severe housing insecurity, in homeless shelters, for example, and they refer them to us. Case managers also refer veterans who need housing.

To stay in our transition apartments, veterans need to be somewhat stable because we don't currently offer services 24 hours a day, seven days a week. These are apartments, so users need to be able to buy groceries and meet their needs. They must therefore have a certain amount of autonomy.

We try to offer four- to six-month stays. We can be creative and extend the length of a stay a bit, if necessary. Our statistics for the past two years show that, at the end of their stay, the vast majority of users are able to occupy permanent housing. So it's really worthwhile. It's important to have some stability.

One veteran's story comes to mind. He lived on a military base, and he was medically discharged from the forces, which he had trouble accepting. He was very much in mourning for the military. He couldn't believe that he'd been discharged from the Armed Forces. One day, he was told that a truck would be there the next day to take out his furniture and that he had to vacate. So he was referred to our organization, and he spent a year with us.

During that time, he was able to get psychological services and support to approach Veterans Affairs Canada. We were there, navigating the online platform with him, to see how it was going to go. After that, he was able to get a permanent apartment. He was also able to have his son visit at home. It started with visitation rights, and then he was able to get weekend visitation and eventually, longer visits. After that, he was able to find an apartment closer to his child's mother, and then he got shared custody.

We see success stories like that every year. It makes us happy. We're seeing positive impacts that speak for themselves. That's why we keep on doing what we do.

This summer, we also took on a recreation worker at our shelter. We can really see they're having a positive impact. Veterans are learning how to have fun again. They learn how to do small activities, such as going to the park, taking a walk or cooking in the community kitchen. It's about learning how to have fun in life again.

• (1000)

[*English*]

Alana Hirtle: That all sounds wonderful. Is there a large demand for that housing?

[*Translation*]

Chloé Deraiche: Right now, we have 15 units. We have bachelor, one-bedroom and two-bedroom apartments. We have no vacancies. That's a good problem to have, because in the beginning, we had to raise awareness of our services. Now, word of mouth has worked well.

With turnover, we're able to accommodate about 30 veterans a year.

[*English*]

Alana Hirtle: Thank you.

A number of you mentioned the Legion in your testimony this morning. I'm an active member of my local Legion.

Dr. Brend, in your experience, how does peer support help in the case of crisis and/or prevention?

Dr. Denise M. Brend: Peer support is one of the most effective ways we can help people who have experienced trauma. As we've heard before, the lived experience to be shared is something you really cannot learn. You have to have been through it.

Again, our veteran community is one of our greatest resources for our veterans. Our research is very clear. When we look at treatments for trauma and preventive efforts, peer support is number one. Social support is second. In the causes of traumatization, first is the gravity of the trauma and second is an absence of social support. It's very important.

Alana Hirtle: Thank you so much.

[*Translation*]

The Chair: Thank you very much.

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

Marie-Hélène Gaudreau: Ms. Deraiche, organizations like yours save lives. In fact, I just remembered something. At a previous meeting, we heard from a veteran named Marie-Noël.

She thanked a certain Chloé. Did she receive services from you?

Chloé Deraiche: I'm bound by confidentiality on this, but my name is Chloé.

Marie-Hélène Gaudreau: Let's talk about women veterans and military sexual trauma.

Is there a difference between that type of trauma and something called "sanctuary trauma"?

Chloé Deraiche: We've certainly heard a lot about the fact women who have been sexually assaulted didn't think the enemy could come from within, or that the enemy could be their own colleagues. That's an extremely difficult reality. I think we need to create spaces where this can be heard safely, by preparing ahead of time. That's part of our reality.

Last year, if I'm not mistaken, 20% of our clientele were women, a little more than what we currently see in the army, which is 16%. The vast majority of them requested help with psychosocial follow-up in connection with sexual assault. That's very much an important reality.

This leads us to have to train our workers on this reality and create partnerships, particularly with crime victim assistance centres, or CAVACs, and rape crisis centres, or CALACs.

It also pushes us to find a way to train our workers so that they can provide services to these women without exposing them to a risk of triggering trauma at home.

We have to make sure that we properly support these women, that we don't revictimize them, as was mentioned. We have to give them the help they need and use as many tools as possible.

We should definitely think about that.

• (1005)

Marie-Hélène Gaudreau: For the benefit of our analyst, who has to compile everything, I'd simply like to ask you to provide us with documentation on your testimony and send us recommendations. This is extremely important, because we're going to talk about it in our report.

We therefore invite you to stay in touch with us.

Thank you.

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

[*English*]

We had numerous individuals coming in front of us. I really appreciated the engagement today, and

[*Translation*]

We're grateful to them for that.

[*English*]

Mr. La Salle, thank you for your service. Thank you for coming today, and sharing your perspective and, certainly, the challenges you have faced. I'm very sorry, but I'm glad you're here, and that you were able to share that with us today. Thank you for your service, sir.

Constable Dale, I spent five years as a provincial member and as solicitor general of Ontario. Thank you for what you're doing every day, but also for your service to our country, and, certainly, for challenging our system and doing it even better.

[*Translation*]

Thank you, Mr. Dale, for being with us.

[*English*]

Lieutenant-colonel Plourde, I'll say this on behalf of all of us here.

[*Translation*]

We've had some great conversations here. It was done with a lot of candour and a lot of transparency. There were a few words that may not have been too parliamentary, but I'd like to thank you for taking the time to come and share your story with us, for being so direct with us. Thank you for your service to our country.

Lieutenant Colonel Plourde, thank you very much.

[*English*]

Dr. Brend, thank you very much for the work you do. I had the pleasure of practising social work in my former life and helping individuals. Thank you for the work you're doing.

[*Translation*]

Ms. Deraiche, thank you for being so passionate and dedicated to your work. I understand that we will absolutely have to find a way to promote your services, even though your organization is currently operating at full capacity. Thank you for taking the time to come and meet with us.

[*English*]

To all of you, I know we're heading into the holiday season. We usually start around December 1. However, I will not see you, so I wish you the very best.

Merry Christmas and happy holidays.

[*Translation*]

I wish you a happy 2026.

Therefore, the witnesses' testimony is complete.

Ms. Gaudreau, would you like to speak?

Marie-Hélène Gaudreau: Madam Chair, I counted this morning, and this is our 10th meeting. At the last meeting, I proposed a project. We have another study coming up, and I'm thinking of our esteemed analyst, who we want to give some work to.

Honestly, for me, what the witnesses have told us has given me everything I need. If we don't write a report with recommendations, continuing to hear testimony would be overkill. You may feel it, and I don't want to cry, but that's enough for me. I made a heartfelt plea today.

I think we have everything we need, because we're hearing the same things over and over at every meeting.

We need to draft a report and make recommendations. We have two projects on the table, one on entrepreneurship or the employability of our veterans, and the other on Lifemark Health Group interventions.

I understand that Mr. Richards' motion called for at least 10 meetings. However, I'm telling you, unless our analyst says we don't have enough information, I think we really have everything we need to do something. I have more information than I need.

The Chair: I would therefore like to ask the committee whether we agree with Ms. Gaudreau's proposal to end our study.

• (1010)

[*English*]

Blake Richards: It's my understanding, and correct me if I'm wrong, that we have the minister here on Tuesday, and then my understanding is that we have witnesses already—I've heard from one of them who said he was coming—planned for Thursday next week on this study. My understanding was that it was the last meeting we planned for this study other than to give drafting instructions.

I would strongly suggest that I don't know what harm there would be in having... I still think there are many people who would like to tell their story. I don't know if I agree, and it sounds like I may not be in the majority here, but we do have one meeting that's planned, and we do have witnesses who are booked, so I would strongly recommend that we not cancel those witnesses and that we proceed with the one meeting. I could certainly live with that being the conclusion, and I don't think we should be cancelling the witnesses we have for next week.

[*Translation*]

The Chair: Ms. Gaudreau, you have the floor.

Marie-Hélène Gaudreau: I will say it again. I think we really have everything we need to produce a report. I would recommend that we ask the witnesses—unless we cannot, but I think we can—to submit their opening remarks to our analyst.

I would seriously like us to move to a vote to complete our study. Do not beat a dead horse. We need to take action. We have studies to do. We could spend two years on the same topic, but I think it is time to act.

I am very uncomfortable with having to explain this while our witnesses are here.

As for the purpose of the study, it has a component aimed at proposing recommendations and another one where partisanship comes into play. You are experiencing that second component right now. It is the flip side of the coin. Right now, it is very difficult to say no. There may be witnesses scheduled to appear, and we absolutely want to hear from everyone.

Madam Chair, I have kept a list of witnesses. They told me that what was said mirrors exactly what they could have said. I invite my colleagues who want to take action to do so now. We have to finish this study.

Honestly, we had planned six meetings. We have had 10 meetings now. I need to leave for the holidays knowing that a report is being drafted and that we will already be thinking about solutions.

Seriously, I would like to hear what my colleagues have to say about this. It is not because I no longer want us to hear from witnesses. I find it sad to have to tell them not to appear, but they will understand very well why.

The Chair: Mr. Tolmie, you have the floor.

[*English*]

Fraser Tolmie: I completely disagree. I think what we're actually doing to the witness, who has already been asked to come, is shutting them down. That's the problem we've been having with Veterans Affairs.

We came with a compromise to have enough witnesses. We've already reached out to them. The clerk has already reached out to them.

Shutting them down is sanctuary trauma. We're basically saying that they are not that important, we've heard enough, we're going to move on and we're going to write the report.

That is the problem we've been facing and that's the problem we've been dealing with. I find that unacceptable. We've come with a compromise. The veterans are the witnesses who have been reached out to and who are scheduled. We should accept them. They should be here. They've prepared. They've come forth with courage to share their testimony. They should be heard.

The Chair: Mr. Tolmie, I have technically a minute left. I just would like to address our witness.

please feel very comfortable leaving. You do not have to attend this part of our meeting, but you're welcome to stay. I just don't want you to feel obliged to physically stay in your seat.

Thank you very much.

● (1015)

[*Translation*]

Mr. Richards, you have the floor.

[*English*]

You have 20 seconds.

As you know, we had six and we're now at 10. I understand what Mr. Tolmie is saying. There's a possibility of having them send forward what they would say. I really want to get to, possibly, a vote on this.

Mr. Richards, please go ahead.

Blake Richards: That's fine. Certainly, if the intention is to proceed, there will have to be a vote because I, like Mr. Tolmie, completely disagree with the idea that witnesses were coming here to talk about potentially being suicidal, were courageous enough to come and tell us their story, and then we tell them, "Thanks, but no thanks; we're not going to hear from you." That would be absolutely wrong. The last thing I would want this committee to do is be the cause of that sanctuary trauma ourselves.

I'll say this, though. I believe Madame Gaudreau's intention is to ensure that we get a report. I agree with that intention. Nothing in having one more meeting next week, which we already have witnesses booked for, would prevent that from happening. In my understanding, we already had the intention of doing our drafting instructions at the following meeting—the Tuesday or whatever it is on the last week we would be here—which would still allow the report to be drafted in the same time frame that it would be drafted in if we didn't have the meeting next Thursday.

I understand the intention and I agree with the intention. I just don't understand why we would cancel witnesses when we will still get a report that can be written while we're on the break.

I just cannot disagree more with telling witnesses, who would be potentially coming here to tell us some very traumatic stories they've experienced themselves, that we actually don't really want to hear from them. That would be wrong.

The Chair: Be brief, Mrs. Wagantall. I know you would like to speak.

Then we'll go to Madame Gaudreau.

Cathay Wagantall: Madame Gaudreau, this is poor trauma-informed behaviour. We have invited these people. We know the circumstances in their lives. One more meeting—

[*Translation*]

Marie-Hélène Gaudreau: Madam Chair, I—

[*English*]

The Chair: Madame Wagantall, first, you have to address the chair.

Cathay Wagantall: I'm sorry, Madam Chair. I won't waste your time.

The Chair: I do not want partisan...at this meeting. You can share through the chair, Madame Wagantall.

Cathay Wagantall: No, this is not partisan. This is people, Madam Chair, who are expecting to come. We went through this earlier. They are in a scenario where we are studying suicide.

You've heard what has been said today and now this seems totally incongruent to me that the member would suggest that we not carry through with those witnesses when they were already established. It's very poor....

The Chair: I just want to clarify, for people who are looking at this, sadly.

Cathay Wagantall: It's okay. They understand.

The Chair: We had a motion on the floor for six. We had agreed on up to 10. We have reached the 10. There's a perspective....

[*Translation*]

Ms. Gaudreau, we are going to try to close the loop.

Marie-Hélène Gaudreau: I will disregard what my colleague just said, because, as I just explained, I am deeply affected by all the testimonies.

I had a proposal. We do not want to retraumatize people.

Do we have the resources?

There are six witnesses. If they can come for an hour, they will come. That will satisfy the desire of some to say that the government is not doing its job.

I agree that these are important issues. We want to take action. We want a report, and we want it to move forward.

Before the holidays, will we be able to meet with the witnesses, get recommendations for the report and hold our scheduled meeting with the Minister?

The planning is up to you, Madam Chair.

Seriously, I am asking for an apology, because I do not accept that.

[*English*]

The Chair: I have to say that I've been extremely fair in our exchange. I know I'm at the will of the committee as the chair, but when it becomes more personal and certain individuals feel attacked, it's completely inappropriate. As we are studying and preventing individuals from being traumatized, we are doing this here.

Please, I'm imploring you. Christmas is on its way. We had a very cordial approach to our meetings. I understand that there are sentiments, but I would say that sentiments are to be expressed in an objective way. I always say at the very beginning of each meeting to speak through the chair. It's not for me to suggest, but I do not think accusations are where we want to lead our conversation.

It is 10:20.

Mrs. Wagantall, please go ahead.

• (1020)

Cathay Wagantall: Thank you, Chair.

I would recommend that we simply move forward.

Chair, I'm speaking to you. I apologize. There was no intent to cause duress.

My question is this: Why did we book these people for another meeting if the intention of the room was to not have another meeting? That's why I'm a little confused. We now have to go and apologize to these people in these circumstances. That's all.

I would recommend that we just go to the vote.

The Chair: That's a fair question, Mrs. Wagantall.

With the way a motion is presented, as chair, I have to fulfill the obligation of having individuals who can come in front of us. We could do this until June or September next year. As we have reached our 10, the practice is to suggest that we should do a review. It's not to undermine the importance of every other individual who may think they could come and present.

I have to apologize to all of the individuals who might have chosen to come and present in front of us. What I would say to each individual, as it's always been a good practice, is that they are able to send documents—the brief and the information they would like to share—and we will take them into consideration.

I'm still going through the list.

Mr. Richards, please go ahead.

Blake Richards: I would ask all members around this table today to remember why we're here. We're here to serve the veterans who we are here to represent at this committee and make recommendations to try to make sure that we do what's right by them.

I don't believe there's ill will on the part of Madam Gaudreau here at all. I think her intention is to make sure we get a report, and I agree with that intention. It's important that we hear from veterans, but it's also important that we make recommendations to be able to take action.

I want to point out that there's nothing in having this one more meeting on December 4, I believe it is, that would prevent that from happening or slow that down. My understanding is that we have the intention to do drafting instructions at the following meeting. We can get the report under way just as quickly and still hear from these witnesses.

I want to make it clear again. These people are booked to come. It's not like we're making a decision to add meetings here. The motion was to have a minimum of 10 meetings. This would create an 11th meeting. In fact, it's not creating an 11th meeting; it's continuing with a meeting that was already scheduled and planned and for which witnesses, including veterans who have had traumatic experiences.... I just don't understand how anyone could suggest that we phone up a witness who was a veteran and who has had a traumatic experience and say that we did want to hear from them, but now we no longer want to hear from them.

The Chair: Mr. Richards, I don't have the resources of this place.

As I said, Mr. Richards, I understand your perspective.

Blake Richards: I don't know what that would do to a veteran. I just—

The Chair: We completely agree with you. I'm going to suspend for a minute to release our witnesses.

• (1020) _____ (Pause) _____

• (1025)

[*Translation*]

The Chair: I call the meeting back to order.

Ms. Gaudreau, you have the floor.

Marie-Hélène Gaudreau: There are a number of points to consider.

We did not have a chance to have a discussion beforehand about the number of meetings. According to the clerk, the witnesses had already been instructed to appear before the committee. That is a very important point.

We need to have recommendations in order to write our report. We have the opportunity to reduce the number of meetings from two to one. That would still allow us to hear the testimonies and get to the bottom of the issue. I think it is extremely important to have the recommendations and to already plan the next studies.

I am comfortable with that. I move that we agree to hear the witnesses who wanted to appear before the committee in a one-hour block, whether there are four, five or six of them. Then we can prepare for committee business.

• (1030)

The Chair: Okay.

As I understand it, Ms. Gaudreau, you are proposing to set aside one hour to hear from the witnesses.

What I have heard from some members of the committee is that we want to listen to what they have to say.

[*English*]

Our goal is to have them come and speak for five minutes. I think that's what I'm hearing. We really want to hear their concerns, their proposals, their recommendations and their stories, which is fair.

I want to make sure I'm understanding, Madam Gaudreau, that you are proposing that we would use the one hour to hear the individuals. Again, we do have people who have been scheduled. Sometimes, unfortunately, they are not able to attend. We do have individuals coming. Not all are veterans, but it's important to hear the perspective of the people we have reached.

[*Translation*]

Ms. Gaudreau, you are proposing that we hold a one-hour meeting on December 4.

Is that correct?

Marie-Hélène Gaudreau: I propose that we hold a one-hour meeting to hear from the witnesses. If we have five witnesses, that would be 25 minutes, so they could exceed their allotted time. I propose that we use a one-hour block to hear testimony, and that we do a single round of questions. That is all. I propose that we do it in one hour.

[*English*]

The Chair: Are we in agreement?

We have to leave. I do not have resources anymore.

Go ahead, Mr. Richards.

Blake Richards: I'm generally, as a compromise, in agreement with that. I think it's important that the witnesses be able to have their say. The only thing I would add is that, if for some reason the testimony goes quite long, I would want to make sure that, if we have to take a little more than an hour for one round of questions.... We need at least a minimum of one round of questions. That's all I would say.

The Chair: That's exactly what Madame Gaudreau had asked, so you're in agreement?

Blake Richards: Generally, yes.

[*Translation*]

The Chair: Is that okay with everyone?

[*English*]

Mr. Casey, please go ahead.

Sean Casey: The remainder of the meeting would be used for drafting instructions...?

[*Translation*]

The Chair: The analyst tells me that it is possible.

[*English*]

Yes, we could start drafting instructions in the second hour or so, based on how that first round goes.

Perfect.

Sean Casey: I feel compelled to say this. I think we should be able to trust one another when we give our word in this place. I also think that when the witness lists are submitted, there is a priority given to them—all of the Conservatives' witnesses, who were the higher priority, per their ranking, have been heard from.

Thank you.

The Chair: Actually, there was an overwhelming, imbalanced approach on this one, but we really wanted to make sure that we not only met our 40%, but exceeded....

Okay, so our next meeting will be on Tuesday, December 2. We will meet to discuss the supplementary estimates (B) for 2025-26. We will be joined by the Minister of Veterans Affairs and officials

from the Department of Veterans Affairs. On December 4, we will use our first hour, plus or minus, for them, and our second hour for drafting instructions.

Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

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