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# Standing Committee on Veterans Affairs

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Chair: Marie-France Lalonde





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• (1545)

[*Translation*]

**The Chair (Marie-France Lalonde (Orléans, Lib.)):** Good afternoon, everyone.

I call this meeting to order.

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

The committee is meeting for a briefing by the veterans ombud.

[*English*]

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

Before we continue, I would ask that all in-person participants consult the guidelines written on the cards that are 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*]

As always, thank you very much to the interpreters.

[*English*]

You will also notice a QR code on the card, which links to a short awareness video.

[*Translation*]

I'd like to outline a few rules for witnesses and members to ensure that the meeting goes smoothly.

Before speaking, please wait for me to recognize you by name. If you are participating by video conference, please click on the microphone icon to turn on your microphone, and please mute your microphone when you aren't speaking.

As for interpretation, those of you on Zoom have a choice, at the bottom of your screen, between floor, English or French. Those of you in the room can use the earpiece and select the desired channel.

I remind you that all comments from members and witnesses should be addressed through the chair.

For members in the room, please raise your hand if you wish to speak. For members on Zoom, please use the "raise hand" function. The clerk and I will manage the speaking order as well as we can, and we appreciate your patience and understanding.

[*English*]

I would like to welcome our witnesses: Colonel (Retired) Nishika Jardine, veterans ombud, and Duane Schippers, deputy veterans ombud.

We will proceed to our panellists' opening remarks, followed by a question and answer session.

[*Translation*]

Witnesses, thank you very much for being here. You're officially our first witnesses. We look forward to hearing from you.

Ms. Jardine, you have the floor.

**Colonel (Retired) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud):** Good afternoon, Madam Chair, members of the committee. Thank you for inviting me to address you about the work of the office of the veterans ombud. Today, I am pleased to be joined by my deputy and legal counsel, Mr. Duane Schippers.

As you may know, the office was established by order in council in 2007, and I am the fourth veterans ombud. Our mandate, simply put, is to investigate complaints and challenge the policies and decisions of Veterans Affairs Canada where we find individual or systemic unfairness.

When I was appointed in November 2020, it was my personal impression that the majority of serving members and veterans had no idea of the existence of our office. Once the pandemic travel restrictions lifted, we undertook an ambitious outreach program.

[*English*]

As of last week, we have been to every major military base. We held town halls in and around those locations to explain what we do and to hear directly from military and RCMP serving members, veterans, survivors and families.

I must say that the majority of veterans are satisfied with Veterans Affairs and what they receive in benefits. Many tell me how they feel well taken care of by VAC, but we have also heard the opposite, not all of which are on things that VAC has the authority to rectify. The most compelling is that of access to a family doctor or primary care.

As provided in the National Defence Act, regular force and some reserve force members receive all of their health care from the military medical system. On their release, they can obtain a provincial health card, and they are completely on their own to find a doctor. Many of them cannot. Without primary care, it can be impossible to refill prescriptions, particularly complex ones. Without primary care, it can be impossible to get the diagnosis they need to submit a disability claim to VAC. This is a complex issue that crosses both federal and provincial jurisdictions.

• (1550)

[*Translation*]

Likely as a result of our outreach program, our office has seen a 35% increase in individual complaints since 2020. Among the top complaints we receive are complaints about wait times for disability benefits, which we can do little about, treatment benefit denials, and complaints related to the rehabilitation program. Complaints are reviewed by our trained analysts, who determine whether the complainant was treated fairly. Where we find unfairness, we identify that to the Department of Veterans Affairs, or VAC, who will in most cases take steps to resolve the unfairness.

[*English*]

Our systemic work likewise seeks to resolve unfairness in the administration of veterans' benefits and programs. Our website provides every systemic report we have written. In our "Spotlight" publication, every still-valid recommendation is listed together with its implementation status and whether the department accepts the recommendation.

This committee recently published a historic report on women veterans. We have also done work in this area. We received a complaint that the disability pensions of former RCMP women members were being reduced by the Merlo Davidson sexual misconduct class action settlement amounts they had received. I wrote to the minister with our findings that Veterans Affairs was unfairly reducing the disability pensions of women RCMP members who had received settlement compensation. As a result, VAC contacted the affected women and resolved the unfairness.

[*Translation*]

We were alerted to a possible unfairness in VAC processes for handling sexual dysfunction claims related to psychiatric conditions. We investigated and found systemic unfairness for women veterans in certain decision-making processes. VAC has since implemented our recommendations.

[*English*]

My first appearance before this committee was on the subject of our report and recommendation for the provision of mental health treatment for family members in their own right for conditions related to service. We say that when the member serves, the family also serves. I have heard many heartbreaking stories of how family members can struggle with mental health because they are part of a military or RCMP family. I must credit Veterans Affairs for doing their best within the legislative guidelines to provide some mental health supports to family members, provided they can link it to the well-being of the veteran, but it is not enough. This recommendation will require legislative change.

To be honest, the CAF and the RCMP have long depended on the silent support of our families. Veteran legislation, regulations and policies have likewise done the same thing. For example, the veterans independence program is designed to provide military veterans with some assistance in remaining in their own homes for as long as they can, but the VAC policy for administering this program presumes that a live-in relative should take on the share of the veteran's household tasks that the veteran can no longer do. I wrote to the minister last year that it is not fair to ask a veteran's live-in relatives to take on the work that cannot be done by a veteran whose illness or injury is service-related. It is time to stop asking families over and over again to shoulder the burden of their veterans' service.

Veterans Affairs Canada is charged with delivering benefits and programs to a unique community of Canadians who value trust and truth as the high-water mark of service. We know that institutional trust is strengthened by clear, consistent and truthful communication. Veterans are highly sensitive to matters of trust. I have heard from some veterans and their families whose trust in the department has been eroded. They say, "I don't even understand why I have been denied this benefit."

I firmly believe that the overarching purpose of our office is to reconnect veterans to Veterans Affairs Canada when they lose their trust in the department. This does not mean we always take the veteran's side when they come to us with a complaint. Indeed, we render a service of equal value when we say to a veteran, "Here are the facts of your case. Here are the rules that apply. The department has treated you fairly." In my view, the key is transparency.

My office will continue to focus on how Veterans Affairs engages and communicates with veterans and their families, and specifically with those whose needs are more acute. We will continue to assist in navigating VAC benefits and services. Where we find unfairness, we will work to identify those gaps and barriers so that all veterans and their family members can request and receive the supports that Parliament has put in place for them to move forward in their civilian lives once their service to Canada is complete.

• (1555)

**The Chair:** Thank you very much, Colonel Jardine.

On behalf of all of us, I'll say thank you for your service, especially on this week. I think yesterday or the day before was family day for our veterans' families. It's always a pleasure to recognize your work and the extraordinary work of our military and our veterans.

We will now proceed with our round of questions. Each of you will start with six minutes.

Mr. Tolmie, you are the first.

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

I echo the comments. I know we've had you come here before.

Thank you for your service. Thank you for your role with the ombud. After reading your report, I would like to compliment you. It's a very good report, very comprehensive. I like the fact that you've included a timeline and that you're updating us on what's been implemented and what hasn't been implemented.

I read through where it says, "Partially Agree" and "Partially Implemented". What does that mean to the reader? It's just in chart form, and I need a little bit of an understanding on that if you could share that with me.

**Nishika Jardine:** You're speaking about our "Spotlight" report where we list every recommendation that's still valid. "Partially Agree" means that there might be some aspect of the recommendation that the department concurs with and some aspect that it doesn't agree with.

We spent a great deal of time working on this report, and we were back and forth with Veterans Affairs. With regard to implementation, if we find that they've made enough progress that we can say that it looks like it's going to come to completion, then we say that it's "In Progress" or "Partially Implemented".

**Fraser Tolmie:** Thank you very much.

Would you say that your report is firm but fair, recognizing both sides and the challenges of implementing some of the recommendations you've brought forward?

**Nishika Jardine:** We certainly acknowledge that it takes time to implement change. For the department to make these changes, it's not as simple as just waving your hand. There's policy that needs to be written, and there are things that need to be put in place. We fully appreciate that it can take time for recommendations to be implemented or be in progress to being implemented.

For example, while we've put out a report in the past year, we don't track that yet. We've listed the report and the recommendations, but we say it's not yet tracked because we give a full year before we ask them how it's going on this one.

• (1600)

**Fraser Tolmie:** Thank you for your help on that.

Would you say that all of the recommendations you bring forward are ones that should be implemented?

**Nishika Jardine:** That's a very good question. It's a question we ask ourselves.

We recently had the entire slate of recommendations reviewed by an outside agency for relevance. We've removed the recommendations that are overcome by events. They're just no longer valid. I can say with certainty that the recommendations you see listed in that report are ones that the office continues to stand behind.

**Fraser Tolmie:** That brings me to this question, and I want your honest opinion—that's why you're here. Do you feel it's difficult to implement the recommendations you've brought forward to VAC?

**Nishika Jardine:** The recommendations span a whole host of benefits, programs and policies. They're very wide-ranging. The work that's been done by this office since its inception in 2007 has gone across the entire breadth, and there are still things we have not yet had a chance to look at.

I think sometimes, as time goes on, we see things differently and things change. As I said, I stand by them. We stand by all of the recommendations that are there. Would we maybe have worded them differently today than they were worded seven, eight or 10 years ago? Probably.

**Fraser Tolmie:** I say that because you've included a historical timeline. When I go back prior to 2015, I see a lot of green marks and a lot of things that have been implemented. Then at that pivotal point in 2015, we see there was not so much being implemented: things that have not been accepted, things that are partially accepted and things that are no longer tracked. I find that 2015 is a pivotal point in our timeline.

I want to thank you for your report and for your honesty.

Do you have an opinion on why that would have changed in 2015?

**Nishika Jardine:** I can't speak to what was the case in 2015, as that was certainly well before my time.

Duane, I think you were at the office longer than me.

**Fraser Tolmie:** I just know that there was a change in government.

**Duane Schippers (Deputy Veterans Ombud, Office of the Veterans Ombudsman):** When something is marked, it doesn't mean it was completed in those years. There were massive changes to the veterans' legislation in the post-2015 period around pension for life, and there were budget implementation bills that included a number of provisions that addressed things that had been recommended leading up to that time frame. That also explains why so many of them were done. What we see is that things get grouped over time, so you'll see a bunch of changes made, and then nothing for a while, and then a bunch more changes made.

**The Chair:** I want to respect the time of everyone, so I have to interrupt you. I apologize for that sincerely.

Madame Auguste, go ahead.

[Translation]

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

First, I'd like to thank Colonel Jardine for being here and for her service, as well as Mr. Schippers for being here.

Colonel Jardine, so that committee members can better understand your motivation and commitment, could you explain how your military career has influenced your work? You bring a wealth of personal experience that I'm sure veterans and their families recognize and appreciate. It would be very helpful for us to get to know you better from that perspective.

• (1605)

[*English*]

**Nishika Jardine:** Thank you for the question. I will speak in English. My French is very rusty. Usually I like to say I need a glass of red wine to make it work better, but maybe not today.

First of all, I believe that the person in this position must be a veteran. In order to be credible in the veterans community, the person who occupies this job must be a veteran. What I bring to the table is that I have served in all three environments: with the air force, with the navy and with the army, although not in a combat unit, because when I joined the army, women did not serve in combat roles, so I missed that opportunity.

As an officer, I've led soldiers at all ranks, and I was privileged to have been given command of a unit, which is the pinnacle of service in the military, so I bring that understanding of command as well.

Also, as a senior officer I worked at National Defence headquarters in capital procurement and was involved in buying military trucks, and I served overseas in Afghanistan for almost a year. I've been out for so many years and it's been over 15 years since I deployed, but I had to leave my young son at home for a year while I deployed. I bring that level of experience.

I also went to military college in the third class that accepted women, so I have that experience of having served as a woman when women were not necessarily welcomed with open arms, shall we say.

[*Translation*]

**Tatiana Auguste:** I'd like to thank you once again for your service to our country, especially as we're celebrating Gender Equality Week.

You mentioned earlier that you deliberately tried to meet with veterans and their families where they are. I believe you travelled across the country to do so. Can you explain why you see that as an important task in your role? What insights or impressions did you get from that approach? What specific advice do you have for us?

**Nishika Jardine:** Thank you for your questions.

[*English*]

When I was serving—and I served up until 2019—I had no idea that there was an Office of the Veterans Ombudsman. I knew about the DND/CAF ombudsman, but I had no clue that there was a veterans ombudsman as well. I figured that if I didn't know, I was certain that there were many people in service and in the veteran community as well who did not know about our office.

I thought it would be important to go out and do this outreach program. We focused on the military bases so that we could speak to commanders and share with them what they need to do to help their soldiers when they leave the military, and how, if soldiers are going to put in a claim with Veterans Affairs, what they need to ensure is on their service health record. Military people do not, as a normal matter of course, go to the doctor when they're not well or they have an injury. If that evidence is missing from their service health record, it's much harder to get a disability claim approved.

That connection to service is so critical. We went to commanders and we spoke about this.

We visited transition centres and military family resource centres to hear from them first-hand about how they are helping members make that transition from military life to civilian life and, most importantly—or equally importantly—how their families are also being supported in that transition.

We did our town halls in the evenings in several places in and around the bases. Most people in the military retire near a base where they last served. I have as well. That's how we thought that we would design our outreach program, and you're absolutely right: We have heard a great deal.

• (1610)

[*Translation*]

**Tatiana Auguste:** Have you had a chance to meet with Jill McKnight, Minister of Veterans Affairs? If so, what was the purpose and outcome of that meeting?

[*English*]

**Nishika Jardine:** Yes, I have met with Minister McKnight. It was an introduction meeting. I shared with her some of the things I have been hearing in our town halls and in outreach.

[*Translation*]

**The Chair:** Thank you.

Ms. Gaudreau, you have the floor.

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

Colonel Jardine and Mr. Schippers, thank you for being here and good afternoon.

I'd also like to say good afternoon to all the veterans who are watching. It's important for them to know that the office of the veterans ombud exists.

Colonel Jardine, I have a few questions that I find surprising, given the engagement of veterans, many of whom have come to my office to tell me that they feel abandoned. They may not be valued in a way that lives up to their service.

In your brief, you said that individual complaints have increased by 35% since 2020. Is that correct?

**Nishika Jardine:** Yes, that's correct.

**Marie-Hélène Gaudreau:** Say that complaints were sorted into two types: complaints about wait times for accessing support or a family doctor—in Quebec, you have to be lucky to find a family doctor—and complaints about inequities or unfairness. If each of those two types of complaints were assigned an approximate percentage, would the proportions be equal? Would it be a good idea to try identifying what to focus on to support our veterans?

**Nishika Jardine:** Thank you for the question.

[English]

The majority of the complaints we receive are from veterans who have an approved condition, a disability benefit, and they are now in treatment because they're entitled to treatment benefits for that condition for life. The majority of the complaints we get are around the fact that the treatment benefit they are seeking has been denied by Veterans Affairs. That's probably the most common complaint we get.

We also hear complaints about the rehabilitation program and the connection to the income replacement benefit. The disability wait time, the wait time to get a decision is still a complaint that we hear, but it has, absolutely, slipped to second place.

Let me reiterate that the majority of veterans are satisfied with the service they receive from Veterans Affairs. They don't stand up and say, "I'm really happy with VAC." They come up to me quietly, and they say, "You know, I'm really happy with Veterans Affairs. I couldn't be happier. I'm very satisfied."

We get complaints like, "I got a decision that I'm not happy with", and we can help with that. However, there is a cohort of veterans who struggle to meet the administrative ask of the department, and who grapple with feelings of institutional betrayal. It's a complex thing because, for veterans, trust is so critical, and so, when they grapple with that, they have a much harder time asking for and receiving what they need.

[Translation]

**Marie-Hélène Gaudreau:** My understanding is that it takes considerable attentiveness to establish a relationship for providing benefits or following up on a claim. It's one thing for someone to lose their job for the first time in their life and have to build their file to get employment insurance benefits. If someone has served in the forces, they expect to be supported, in honour of their service. What I understand is that the current wait time might be acceptable for a certain group of people, but for veterans, it's missing the mark. Am I understanding that correctly?

• (1615)

**Nishika Jardine:** That's exactly it.

[English]

Again, most veterans are happy and satisfied with Veterans Affairs. They can ask for what they need. They get what they need.

For the group who struggle, it's my impression that—and I'm still working to understand it better myself—their needs are more acute. Their feelings of institutional betrayal are, maybe, greater or they just struggle to meet that administrative ask. For them, it's a much more difficult process.

This concept of trust and institutional trust is huge for veterans. We serve, and we're told that, "If you're hurt or ill afterwards, Veterans Affairs will be there for you." They see their buddies getting their disability benefits and treatment benefits, but for them, somehow, they run into some friction, so for them, that friction equals betrayal and now it's a fight to the death. It's a battle.

[Translation]

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

We'll now move on to the second round of questions.

For the benefit of those watching our proceedings, of new parliamentarians and of those who may be a bit rusty, I'd like to repeat that the speaking time will be five minutes for the Conservatives, five minutes for the Liberals and two and a half minutes for Ms. Gaudreau of the Bloc Québécois.

I will now give the floor to Mr. Viersen.

[English]

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

Thank you to our witnesses for being here.

I'm interested to hear a little more about these town halls that you held around the country. I live near the base at Edmonton. You said you held them nearby. Did you make it out, 200 to 300 kilometres from there, to Whitecourt, Barrhead, that area? I have veterans in my constituency. How did you come to the decision on where to hold these town halls?

**Nishika Jardine:** Thank you.

We started with the base. Also, the Royal Canadian Legion has been extremely generous with us. My colleague approaches the Legion and asks, "Is anybody willing to host us?" We've tried hotels, but with the Legions, it seems to work really well. We go wherever a Legion is willing to host us, usually in that local area.

We have been to Smoky Lake. Although we didn't do a town hall, we were invited.

That is the other way we choose where to go. We get invitations. As we're becoming well known, people reach out to us to invite us to do a presentation, which turns into a kind of town hall as we hear from people.

We were in Métis Crossing to contribute to the Métis service of ficer training, and then we were up in Cold Lake as well.

**Arnold Viersen:** Okay, so that's Alberta, and I appreciate that.

**Nishika Jardine:** We were also in Calgary.

**Arnold Viersen:** Have you been to all the provinces and territories?

**Nishika Jardine:** We absolutely have, although we're going to Whitehorse in two weeks.

**Arnold Viersen:** Similarly, I did a whole series of town halls across northern Alberta this summer. I set them up as open-ended deals and, fascinatingly, found that the same five issues came forward. Was your experience similar? What are the top five things that folks bring to you?

**Nishika Jardine:** The number one concern of veterans today is access to a family doctor. I know that's the same for many Canadians, but for veterans, because you serve all across the country, you may not even be able to get in with your family's family doctor, if they even have one.

The stories are heart-rending. We heard from a veteran who said, "My doctor fired me because the VAC paperwork is onerous." They're too much trouble. I can tell you stories.

Access to a family doctor is the number one pressing concern. For any kind of decision from Veterans Affairs that they're unhappy with, we hear the whole range of them: the treatment benefits, the wait times for disability claims. These are the main ones: "Why can't I get X benefit? I think I should be able to get X benefit." It's that kind of thing.

• (1620)

**Arnold Viersen:** If you want to come back to some of these items, that would be fine.

On PCVRS, we get quite a number of complaints. That's not even necessarily from people who have experiences with it, but from people who are watching it and are concerned about double-dipping or favourable treatment of particular contractors and that kind of thing. Did you hear any of that through your town halls?

**Nishika Jardine:** Yes, I did. We do get complaints about PCVRS, the rehabilitation program.

Our approach for the complaints that we get about PCVRS and the implementation of a contract for the rehabilitation program has been that we pass those on directly to the person in charge of implementing it in Veterans Affairs, in the hope that, whatever it is, it can be resolved quickly. That has always been what we have done.

Our intention in all of the work we do is to reconnect the veteran to the department, because usually it's going to be a lifelong—

**Arnold Viersen:** The challenge, I guess, is probably more systemic. People are concerned about—I don't know if this is in your purview or not—the whole decision to do this PCVRS instead of

keeping it in-house with Veterans Affairs. Can you manage that as an issue? Is that outside the scope of your organization?

**Nishika Jardine:** While we do get complaints about it, they appear to be with respect to implementation, something that the department could fix.

**Arnold Viersen:** Okay.

**Nishika Jardine:** We have not yet received a preponderance of complaints that would lead us to believe there was an unfairness.

**The Chair:** I'm so sorry, Mr. Viersen. I've been quite generous on my part, so rest assured that I will be as generous for others.

[*Translation*]

Mr. Casey, the floor is yours.

[*English*]

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

Welcome, Ms. Jardine and Mr. Schippers. It's good to have you here. I appreciate the work you do on behalf of veterans.

I want to come back to the topic that was raised by Mr. Tolmie. He noted, upon his extensive review of the documents you provided, that there were a lot more green check marks prior to 2015 than after that.

I note that prior to 2015, in the information you provided to us, there were 19 recommendations that you indicated are no longer tracked. In your introductory remarks, you indicated that, in some circumstances, events overtake the recommendations, which results in them no longer being tracked.

Can you speak to the fact that there are 19 pre-2015 recommendations that are no longer tracked? If there is a pattern there, can you explain to us why that categorization of pre-2015 recommendations is so prevalent?

**Nishika Jardine:** I'm not sure.

Duane, I wonder if you could answer.

**Duane Schippers:** Part of it is a maturity of the office over time. When the office first started, it was largely doing a lot of advocacy. It was blue-sky. It was about what veterans should have, but not necessarily—

• (1625)

**Sean Casey:** I remember Pat Stogran.

**Duane Schippers:** —about fairness and assessing.

There are some standards today, as the office and other ombuds' offices around the country have matured, with a focus on fairness. You will see a change in the tone of recommendations, from the earliest days of our office to the later days, and how things are worded.

Often, they were open-scoped. They were things that would have been very much nice to have, as opposed to being focused on a fairness assessment. Some of them have been taken off for that. Some of them have been removed just because of time.

Our position is that if it's still a really relevant and ongoing issue, we will do an update report on it. After 10 years, we really start to look at it. If the department hasn't moved on it after 10 years, we are probably going to either drop it or do a new, updated report to push that issue again.

**Sean Casey:** Thank you for that.

There were 35 pre-2015 recommendations that are recorded as having been fully implemented. Do you track the dates on which those recommendations were implemented? The fact that they are pre-2015 recommendations doesn't necessarily mean that the implementation took place pre 2015, I take it.

**Nishika Jardine:** That's correct.

**Sean Casey:** Do you have a sense of when they were implemented?

**Nishika Jardine:** This massive document we have here is the full work we do and it has all of the explanations from the department. If there are any in particular that you want us to look for and find out when they were actually done, I believe we would be able to bring them to you.

**Sean Casey:** Okay. Thank you for that.

I'll go over to the topic that Mr. Viersen raised on the implementation of the PCVRS contract. I'm pretty sure, Ms. Jardine, that you were in this office before the PCVRS contract came in.

Did you receive complaints with respect to the management of veterans' files within the rehabilitation service prior to this contract?

**Nishika Jardine:** I'm not certain.

Do you recall, Duane?

**Duane Schippers:** We received complaints, and we continue to receive complaints. What we saw with the PCVRS contract was that, leading in, there were lots of complaints from the union and from providers that were concerned about losing business or things being redirected. There were very few complaints from individual veterans.

When we have received complaints from individual veterans, as Colonel Jardine mentioned, we've gone to the department, and the department has acted fairly quickly on the individual complaints. There's still some friction, I would say, on the provider side of things.

**Sean Casey:** Thank you.

[*Translation*]

**The Chair:** Thank you.

Ms. Gaudreau, you have the floor.

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

I'd like to know something now that we have a good picture of the current situation. Do you know of any other countries that have a way of treating their veterans that we could learn from? I think that's an important element, given the increase in the defence budget. Our situation has changed. We'll never forget the past, but the present offers us an important avenue.

Based on what you're hearing from veterans, are there any countries we could learn from?

**Nishika Jardine:** Thank you for the question.

[*English*]

I attended the International Conference of Ombuds Institutions for the Armed Forces last year for the first time. While I can't say for certain, I believe countries look to us. As for what I base this on, I was speaking to a German officer, and they said they were coming to Canada to learn about how Canada provides benefits to their veterans. The Norwegian ombud of the armed forces also invited me to come to a conference in Norway to explain how Canada's veteran benefits are designed and delivered.

I take it as a compliment to Canada that others look at what we do for our veterans and ask what we're doing and how they can learn from us.

● (1630)

[*Translation*]

**Marie-Hélène Gaudreau:** It's great if we're inspiring, but I want to know the opposite: Are there countries we could learn from so that we can improve?

**Nishika Jardine:** I'm sorry. I misunderstood.

I actually don't know.

**Marie-Hélène Gaudreau:** No problem.

Thank you.

**The Chair:** Thank you, Ms. Gaudreau.

[*English*]

Mr. Richards, you have five minutes.

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

I have a few things I want to ask, but first I want to pick up on what a couple of people have been asking questions about: PCVRS and rehabilitation services.

Ms. Jardine, you very quickly responded to the question of whether you'd had complaints about the PCVRS contract with, yes, you certainly had. When you were asked about rehabilitation services prior to PCVRS, you weren't as certain. Mr. Schippers then indicated, though, that there have been very few from actual veterans.

I'm wondering if you agree with the statement that there have been very few from actual veterans, because that doesn't square with what I know I hear, as someone who's been involved in this committee. I hear a lot of complaints. Would you say there have been very few from veterans on PCVRS?

**Nishika Jardine:** I think what my colleague Duane was saying was that prior to the award of the contract to PCVRS, we didn't hear as many complaints. I would defer to him, because that was before my time.

**Blake Richards:** That's fine. If that's what it was, then I misunderstood. That makes more sense to me.

You then mentioned that typically with those complaints, when they come in from veterans, you pass them on to the person at VAC who is responsible for implementing the PCVRS. What does your office then do in terms of follow-up? Are you able to give us any indication as to whether there ended up being some resolution or whether the veteran ended up being able to get help or some satisfaction from the interactions they had with the person to whom you referred them? What kind of follow-up do you do to determine that?

**Nishika Jardine:** It is our understanding that the department works quickly to resolve the issue that the veteran was complaining about. For example, a veteran who attended an appointment at the PCVRS office could overhear another veteran talking in the treatment room, and was worried that people would overhear him as well. He complained to our office. We connected that complaint to Veterans Affairs. Our understanding is that they worked quickly to overcome that.

When we don't hear back from the veteran that it hasn't been resolved, our understanding is that it has been resolved.

**Blake Richards:** It's more that if you don't hear back, there's not really a lot of follow-up that occurs. Okay, that's fine.

You also mentioned that the majority of veterans you hear from are happy, but you obviously do have complaints. You mentioned, then, in response to some questions from Ms. Gaudreau that it's mostly those who have that struggle with institutional betrayal, or we might call it "sanctuary trauma". Would you be able to give us a sense or a profile of what that veteran looks like? Is that a younger veteran versus an older veteran? Is there a certain type of service that veteran would have done or a certain type of injury that veteran might have? Is there any profile or pattern to those veterans who experience institutional betrayal or sanctuary trauma situations, or is it random?

**Nishika Jardine:** Thank you.

To be honest, it's veterans and it's family members. I'm still working to understand this myself. It's ones whose needs are more acute, including survivors—widows and widowers—and their interactions with the department. We've heard complaints about how that's going. For them, there's a struggle with the department. There are veterans who have mental health issues, such as PTSD or operational stress injury. It's my intuition, if you will, which I'm working to validate, that they may struggle more with the department.

• (1635)

**Blake Richards:** You mentioned family doctors being the number one thing you hear about from veterans. I hear it a lot as well; I'm sure we all do. It is very typically associated with the paperwork. I hear all the time from veterans who say, "I cannot get a doctor because every doctor tells me they don't want to deal with all the Veterans Affairs paperwork." You seem to have identified that issue as well.

Obviously, other than reducing the amount of paperwork, which certainly needs to happen, do you have any other suggestions for how we can either reduce that paperwork burden or help veterans get family doctors?

**The Chair:** I've been extremely generous on my left versus being very firm on my right. Is it the will of the committee to allow Colonel Jardine to answer the question? I want to make sure everybody is comfortable.

**Some hon. members:** Agreed.

**The Chair:** Colonel Jardine, go ahead.

**Nishika Jardine:** It's a difficult question.

Based on what I see, on the one hand, this is taxpayers' money we're talking about, and therefore, I think it is important that the department have in place procedures, processes and policies to ensure that taxpayers' money goes where Parliament wants it to go. On the other hand, could things be more streamlined? I would hope so, because there are so many people who are saying this is so difficult. I certainly share that with the deputy and the minister when I speak with them.

**Blake Richards:** Thanks.

[*Translation*]

**The Chair:** Thank you very much, Mr. Richards.

[*English*]

Mr. Clark, you have five minutes.

**Braedon Clark (Sackville—Bedford—Preston, Lib.):** Thank you, Madam Chair.

Thank you, Colonel Jardine and Mr. Schippers, for being here today. I really appreciate your time and the answers you've given us so far.

I want to follow up on the question Mr. Richards asked at the end. I spent time in the provincial legislature in Nova Scotia, and, of course, access to family doctors was probably the number one issue we dealt with there. In Nova Scotia, somewhere between 10% and 15% of the general population does not have access; obviously, it's different regionally.

There's an obvious interplay there between the provincial governments, VAC and others to make sure we can make progress on this issue. Could you talk a little bit about what that looks like? What is the interplay between the two levels of government to make sure that veterans actually have access to this and we start to move on what you identified as the number one issue you heard over the summer?

**Nishika Jardine:** I'm not sure I'm the person who's best placed to answer how the provincial and federal governments should work. I don't think I am qualified to answer that question.

All I can tell you is that the Canadian Forces veterans need this because they get their prescriptions, for example, through their military doctor. On the day they leave, they get their baggie with three months' worth of that prescription for whatever their medical condition is. If it's a complex medication, to get that refilled, you can't go to a walk-in clinic. You can't go to the ER. How that can be done is the thing to be figured out.

I'm sorry. I'm not qualified to answer the heart of your question.

**Braedon Clark:** I appreciate that.

In your own personal experience, having been a service member for several decades, was this always a number one issue for folks, or has that evolved and changed over time, in your view?

• (1640)

**Nishika Jardine:** I believe it has been an issue for the past five to seven years. We didn't hear about an issue getting family doctors.

I knew from my own personal experience that my family was unable to get a family doctor in the area where I lived. It took several years before my family could get a family doctor, but generally it wasn't something I was personally aware of. Where I've heard about it, of course, is in this job, and it seems to have been exacerbated since COVID.

**Braedon Clark:** Thank you. I appreciate that.

I think it was Mr. Tolmie who asked questions earlier about how difficult it is to implement the recommendations that you put forward.

When your office is developing recommendations to put forward to the department, what kinds of considerations go into that? Do you consider, for example, what the legal, financial or human resources implications of a recommendation might be? How do they factor into your decision-making on how quickly is reasonable to see a recommendation fulfilled?

You're almost grading them on a curve in some ways. Not all recommendations are created equal in terms of the difficulty of actually executing them.

Could you give us some insight into how you think through that process?

**Nishika Jardine:** The analysts who do this work are very highly educated and very well versed in reading the legislation, regulations and policies and understanding how they all work together in order to deliver a program or a benefit to veterans. The work that goes into the study of the issue, where we've perceived a gap or an unfairness and then making those findings, is at an academic level.

Many of our reports are probably not ones that veterans would enjoy reading, which is why we try to provide an executive summary or a message from me to put it into lay language. The reports we write are aimed at the department. They know we understand at a very deep level what we are talking about and where we have found unfairness, and these reports are credible to them.

**The Chair:** Mr. Clark, your time is up.

Thank you very much again for this round.

We are now at our third round. I would like to invite Mrs. Wagantall for five minutes.

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

It's so good to see you again, Colonel Jardine and Duane. It means a lot to have you here. Thank you for the times when my office has reached out to you to get clarification on things; it has always been accurate and fair. There are very good tools for us to use.

In your notes here, in 2021, you talked about something you wanted to see, and the government apparently wanted to see, but hasn't been implemented. It's something we've discussed a lot at this committee over the last decade. It's the unique impact of military service on the mental health and well-being of not only the veterans but also their family members.

You have been calling for the government to ensure that government-funded mental health treatment would be there for those family members in their own right, regardless of whether the veterans are on a treatment plan. I don't know where to go to get clarity on this. There is no question that when veterans struggle, that impacts their families, which then impacts the veterans. It would help those veterans significantly if their family members were able to get the help they need. I know this has ended up helping them turn it around and get the help they've been waiting a decade for.

What are the barriers to this taking place?

**Nishika Jardine:** This is one that is very near and dear to my heart. When a veteran is receiving mental health treatment that the department is paying for, if the clinician believes that the veteran's well-being will be improved or that their progress or their healing will be improved if their family also has treatment.... It's all focused on the veteran.

I have to give the department credit. It does its very best for families. If it can link it to the veteran's treatment, it does. As soon as there's a family breakdown or a divorce or separation, the spouse and possibly the children are no longer eligible to be part of the veteran's family. If the veteran is not interested in being treated or doesn't want to have their family included, the family doesn't have that access.

When the veteran dies, the family is immediately cut off. It is truly heartbreaking to witness. This happened to me at a town hall. The only thing I could say to this widow is that the law says that it has to be for the veteran. This is legislation. You can't ask the department to break the law, but that is very cold comfort to a widow.

• (1645)

**Cathay Wagantall:** You want to encourage VAC to explore expanding and obtaining additional authorities to minimize the financial costs around mental health treatment for family members, and this includes expanding access to treatment sessions for some family members.

Is this in conjunction with that, or is it just in a case where the veteran is fine with them having the support or getting the support himself or herself?

**Nishika Jardine:** I know that this requires a legislative change that acknowledges that the family also serves. We say that when the member serves, the family also serves, but to acknowledge this would be to provide Veterans Affairs with the authority to provide mental health treatment for service-related mental health where there's a clear connection to their veteran's service or their member's service. This is a clear allocation of resources for family members when their mental health has been affected by being part of a military family.

**Cathay Wagantall:** What is the barrier? Why is that not happening when it says that these are things that are important to the government? Why are those policy changes not taking place? What needs to happen?

**Nishika Jardine:** Madam, I would ask you to direct that question to the department.

**Cathay Wagantall:** Thank you.

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

We'll go to Mrs. Hirtle for five minutes, please.

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

Thank you, Colonel Jardine and Mr. Schippers, again, for being here. We really appreciate your input today.

Coming back to the “Spotlight” report, I'm struck by the number of recommendations that have been implemented. I see this as an encouraging sign—as I'm sure you do—that governments have listened and sought to action the recommendations of your office.

Of course, I'm aware that there are some recommendations that are outstanding and that there's still more work to do. Can you briefly help us understand how you arrived at these recommendations?

**Nishika Jardine:** Each of those recommendations is as a result of an academic-level, deep study of the issue and findings. Each one is based on a finding of unfairness—unfairness meaning a gap or a barrier in the equitable access to benefits and services provided by the department based on the legislation that Parliament has put in place. That is where each recommendation seeks to resolve a finding of unfairness in the entire legislation, regulation and policy framework of veterans' benefits.

**Alana Hirtle:** If I could, I'll circle back to my colleague's question regarding items that are no longer tracked. I believe you mentioned that there was a 10-year period after which, if no action had happened, you'd either drop it or do a new report to update it. I think that is the term that you used.

Is that because you see that they're no longer relevant, or is it because of an inability to actually track progress? Can you expand on that a little?

**Nishika Jardine:** It would not be because we can't track the progress. We get a thorough answer from the department on each and every recommendation. If it's no longer tracked, it's simply because it's not relevant.

Did I miss something, Duane?

• (1650)

**Duane Schippers:** The time.

**Nishika Jardine:** Or the time, yes.

I'm grateful to have him here beside me.

**Alana Hirtle:** The time; that's interesting. Thank you for that.

I'm recognizing that it's your responsibility to assess the work of the department and the Minister of Veterans Affairs, and that the onus is on you and your office to continue to review and identify ways to improve. Do you feel that your efforts are bearing fruit? How do you view the actions undertaken—or not—by the department to act on your recommendations?

**Nishika Jardine:** In my view, every single veteran we are able to help is a veteran who has reconnected to the department. That is, we're working to repair the relationship they will have with Veterans Affairs for the rest of their life. I see that every single veteran is an accomplishment in terms of individual complaints. In the systemic work that we do, if we are able to make a recommendation and the department puts that in place or implements it, then we've rectified an unfairness for a group of veterans who may have been affected by that.

The overarching purpose is not written down anywhere, but this is how we see our work. It's to reconnect veterans who are unhappy with a decision they've gotten from the department and to help to repair the trust and the relationship, because they will be in that relationship for a lifetime.

**Alana Hirtle:** This is not the right term, perhaps, but is there an average lifespan of a relationship? Is there an average time for veterans to be involved with Veterans Affairs?

**Nishika Jardine:** For veterans who seek benefits and who have been approved for a condition, that goes from the date of that approval, or since they interacted with the department, until their death. There's not an average. They may become a veteran when they're 21. They may become a veteran when they're 59—or 58, like me.

**Alana Hirtle:** Thank you so much.

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

[Translation]

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

**Marie-Hélène Gaudreau:** Thank you, Madam Chair.

If I understand correctly, we're at a turning point, so it might be a good time to review the act.

I also understand that we have to do some soul-searching when it comes to veterans' contributions. That way, we could set priorities based on Colonel Jardine's recommendations.

I'd like to ask Colonel Jardine if she has any recommendations for us. There were 35 of them 10 years ago. What would be the top five recommendations to present to the new minister? What should we urgently be doing in the coming months?

I think a cultural shift is needed so that veterans' families don't have to go through what they're currently experiencing. I have absolutely no personal experience in that area, but I was a caregiver for 15 years. What I'm hearing is that, when the family situation changes, the person who was in the Canadian Forces ends up alone and is no longer part of it. It's as if it no longer exists. Surely there's something else we could assess. That said, I'm really moved by the situation.

Colonel Jardine, since I don't have enough time to let you answer my questions, I invite you to submit to us, in writing, what the priority should be. That will enable us to help you as much as possible. We want to prevent certain situations from repeating and keep people from having to file complaints with your office.

What do you think?

**Nishika Jardine:** Ms. Gaudreau, I hope I understood you correctly.

[English]

You're asking me which recommendation I would say is my priority. My priority is mental health. Of the recommendations I've made—I'm not talking about doctors—mental health supports for family members is the one that I believe is the most acute. We have to stop asking families to shoulder this burden, which they have done for so long.

• (1655)

[Translation]

**Marie-Hélène Gaudreau:** If there's anything else, I encourage you to share it with the committee in writing.

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

[English]

Mr. Richards, you have five minutes.

**Blake Richards:** Thanks.

I want to follow up on just a couple of things.

A couple of people have raised the issue around the mental health piece for veterans' families specifically. You've had the opportunity to talk about it a bit today, but there's one thing that I don't think I've heard. You've mentioned that there needs to be legislative change. What would you recommend that change should be?

Are you simply indicating that we need to ensure that, whether the veteran is still with us or not, the family has access? Or is it

broader than that? Is just opening up the access a little more loosely?

**Nishika Jardine:** Thank you for the opportunity to clarify.

What we are recommending is that legislation be put in place that affords the department the authority to provide mental health treatment for family members when their mental health issue is connected to service, and that's key for us. It's not for just anything; it's connected to service. Also, it's that it be independent of whether the veteran is in treatment or not; it doesn't have to be connected to the veteran's treatment. This would also capture, therefore, the family members of veterans who pass away from whatever cause.

**Blake Richards:** I appreciate that.

I have two other questions for you, the first one being around some of the things you've heard at town halls. You mentioned a couple of the most significant ones. One issue that's out there I think just generally amongst Canadians and is one of the top issues right now is cost of living and the cost of housing.

We hear a lot about homelessness amongst veterans. I'm wondering if this is an issue you've had raised during any of your town halls or through any of your conversations with veterans. What would you say would be some of the unique challenges that veterans face with the cost of living or homelessness?

**Nishika Jardine:** I had the opportunity to visit the men's shelter in Fredericton. We had a conversation with the executive director. I asked him how this happens. I think he gave me the most succinct answer I've ever heard. He said that people fall out of their families for many reasons, and they're complex.

Mental health and addiction are key factors in what causes someone to fall out of their family. I don't think it is unique to veterans. What veterans have as well is the PTSD, the mental health issues related to service, institutional trust and the feelings of betrayal. All of that can combine and exacerbate the reasons why someone may, as this person said, fall out of their family.

**Blake Richards:** I just wanted to follow up on a question I'd asked you earlier. We were talking about the PCVRS contract, and I asked you about the follow-up that happens when people are referred back to VAC. You've mentioned several times today—and I think it's a worthwhile goal—that you're trying to connect them back into VAC, because there is going to be that relationship for a lifetime, and you want to see that relationship repaired.

Is there a chance that your office may be inadvertently contributing to that sanctuary trauma or institutional betrayal that people feel? I know that your goal is certainly not to do that, but I worry that it might be happening inadvertently. I'm concerned when I hear “unless the veteran kind of gets back to us, we don't necessarily...”. There isn't really a follow-up there.

I'm not sure that I know what to suggest it should be, but I'm concerned. When you say that you're reviewing the complaints you receive within 60 days in most cases, would a review consist of something like this? Would it be referring them back to the department? Would that conclude the review? If a veteran comes to you for help, does a follow-up occur?

• (1700)

**The Chair:** I'm so sorry, Mr. Richards. I've been very generous. You have exceeded your time and they have not yet spoken.

I'll give them 10 or 15 seconds, briefly.

**Blake Richards:** I apologize for only leaving you that amount of time.

**Duane Schippers:** Our front line takes complaints. They won't close the file until they know what's been done over at Veterans Affairs.

I meet with the director general responsible for PCVRS on a monthly basis. Issues that aren't resolved come up again the following month, and we find out how those things are being dealt with. It's not like there's no follow-up. There is.

**Blake Richards:** I'm glad I misunderstood that. That's good to hear.

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

Mrs. Hirtle, go ahead please.

**Alana Hirtle:** Thank you, Madam Chair.

Speaking of complaints, the ombud's website report indicates that it has seen a consistent year-on-year growth in both complaints and requests for information.

To what do you attribute this increase? Are concerns being raised on a small cross-section of issues or across a broader range?

**Nishika Jardine:** I believe that the increase in complaints is due to the increased awareness of the service our office provides: the return on investment on the outreach program, the treatment benefits, disability decisions, the time it takes, the difficulty in just putting in the claim, process issues, and the rehabilitation program and income replacement benefit. Those are the top complaints we receive.

**Alana Hirtle:** Thank you.

I'll share the rest of my time with my colleague, Mr. Casey.

**Sean Casey:** I'm going to continue to follow the same line of questioning.

You indicated that the main reason for the increase in traffic in your office is because of your outreach efforts. Congratulations.

I understand that part of the outreach efforts included town halls and that the Legions have been co-operative. I'd like to hear more detail on what else constitutes the increased outreach that has resulted in this increased volume. I know that many veterans' groups have their association in a virtual format, as opposed to in person.

I'd be interested to have you provide us with a summary of what constitutes the outreach program that has had these—I guess from our position—positive effects.

**Nishika Jardine:** We've received invitations from many veteran organizations. The Legion has invited us to veteran coffee breaks and to their provincial command conventions. We've had invitations to the Army, Navy and Air Force Veterans conventions.

Local veteran stakeholder groups—people who are working on behalf of veterans—have also invited us to come and speak with them and meet with veterans in their locations. For example, CanaConnect is a company that provides a space for veterans. They invite us to come for a coffee break when they know that veterans will be there. We've had a lot of invitations.

For indigenous veterans, the Métis have invited us to contribute to their service officer training. The Southern Chiefs' Organization in Manitoba also invited us to come to the veterans' awareness day they held.

It's not just the town halls. It has been all of these other things.

• (1705)

**Sean Casey:** Thank you.

In your introductory remarks, you pointed to one of the successes you had around the clawback of the class action awards to victims of military sexual trauma. I'd like to hear a bit more on that and your efforts on behalf of that group of veterans and how that came to be.

**Nishika Jardine:** Yes. Thank you.

The Merlo Davidson class action lawsuit was about the RCMP women who filed a class action lawsuit about sexual misconduct on the job. The settlement provided six levels of compensation. The law says that Veterans Affairs cannot compensate you twice for the same condition. These women put in their disability pension applications and indicated very honestly whether they had received settlement from the Merlo Davidson class action. The department was obligated to reduce their disability pensions by the amount of their settlement.

We heard these complaints. They were brought to us by the RCMP Women Veterans Council.

We did a deep dive into the entire settlement, including the construct of the settlement and for what it was meant to compensate. We found that the first two levels were absolutely not meant to compensate for chronic conditions. The disability pension provides compensation to veterans for chronic conditions, so there was a clear conflict there. On the remaining levels, the department had never provided any rationale for what degree of offset they would take.

I wrote a letter to the minister outlining all of this. My understanding is that every veteran RCMP woman and former RCMP officer was contacted by the department and that whatever needed to be done to resolve that unfairness was done.

[*Translation*]

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

[*English*]

Before we let you go, I would like to invite Mr. Tolmie to say a few words.

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

I'll make a confession to you. I think it's the loneliest time in my life when I drop off my kids and I'm leaving to come to Ottawa. I feel that because I've learned through my children that they spell "love" as "T-I-M-E".

Through your testimony today, you shared your separation and being away from your son. We acknowledge your service. I want you to know that this committee truly does mean it, because we understand what you have endured and what you have done for not only our country but also your son.

I want to say thank you on behalf of the committee. We appreciate it.

**Some hon. members:** Hear, hear!

[*Translation*]

**The Chair:** I'm sure we'll see each other again, so see you next time.

Committee members, I'd like to remind you that the deadline for submitting your witness lists for the study on suicide prevention among veterans is Friday, September 26, at 4 p.m. You can email your lists to the clerk.

I'd also like to note something else.

[*English*]

We are working towards our study on experience of our Black veterans, so you will receive notification of that.

Just to confirm, our minister has accepted our invitation and will be here on October 21.

[*Translation*]

With that, is it the will of the committee to adjourn the meeting?

Mr. Richards, I see your hand up.

[*English*]

**Blake Richards:** Just before we do, I want to put this publicly. I've expressed this to Mr. Casey, but I've also expressed it to the minister personally.

I will express it here that we are disappointed, obviously, that she has not agreed to come prior to the break week in October, as we had asked, and that she's only offering to come for one hour rather than two, as the committee had asked.

That is extremely disappointing, especially for a new minister. There are lots of questions.

I wanted to put that on the record. I think it's important that we do that.

[*Translation*]

**The Chair:** Thank you very much, Mr. Richards.

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

**Some hon. members:** Agreed.

• (1710)

**The Chair:** The meeting is adjourned.





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