HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

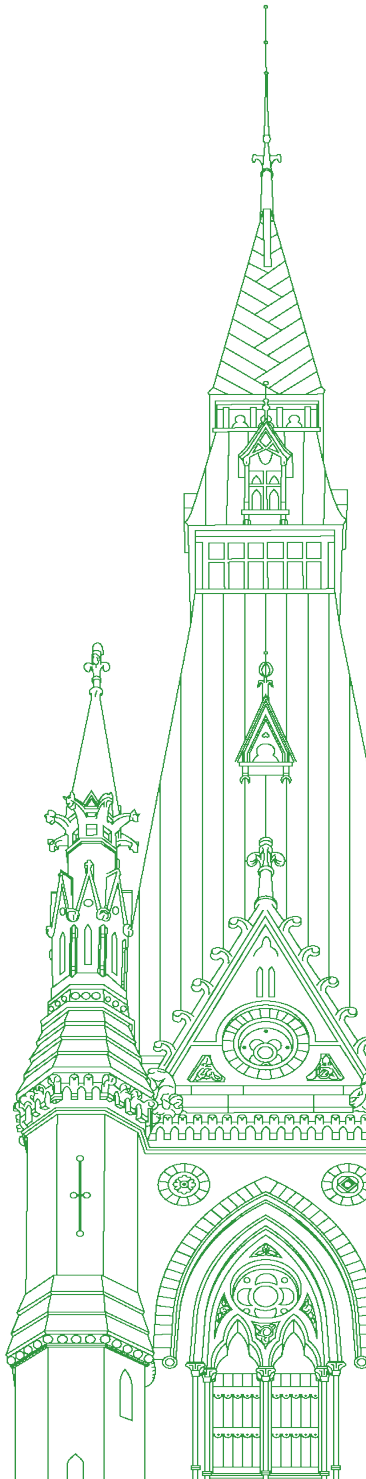
45th PARLIAMENT, 1st SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 006

Thursday, October 9, 2025



Chair: Marie-France Lalonde

Standing Committee on Veterans Affairs

Thursday, October 9, 2025

● (0825)

[*Translation*]

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

Welcome to the sixth meeting of the House Standing Committee on Veterans Affairs. The committee is meeting on its study of the impact of suicide prevention among veterans.

[*English*]

Before we welcome our witnesses, I would like to provide a trigger warning. We will be discussing experiences related to suicide and grief, which may be triggering for viewers with similar experience. If you feel distressed or need help, please advise the clerk.

For all witnesses and members of Parliament, it is important to recognize that these are difficult discussions, so let's try to be compassionate in our conversations.

I would like to welcome our first panel today. Thank you for joining us.

The next hour will look like this. I will start by giving each of you five minutes to present your opening remarks. Once those are finished, I will recognize different members of the committee to ask questions and follow-up questions of all of you.

We know this subject may be very difficult, so if you need to take a pause or you need us to suspend, please let me know. I am very capable of doing that. That is one thing I can do. I can allow you to have the time, so please let me know.

I really want to thank you for sharing your experiences and insights with us.

I will now introduce the panel we have today for the first hour. As an individual, we have Mrs. Sherri Elms. Also as an individual, we have Margit Simon, who is a transition trainer with the Canadian Armed Forces transition group. From the Homes For Heroes Foundation, we have Mr. Brad Field,, who is the president.

Mrs. Elms, you may begin with your opening remarks. The floor is yours for about five minutes.

[*Translation*]

Thank you.

[*English*]

Sherri Elms (As an Individual): Good morning. My name is Sherri Elms.

I'd first like to thank you for the opportunity to speak to this committee on the topic of suicide prevention among veterans. I would submit to you that suicide prevention in any military setting must involve families and, in fact, a duty of care is owed in service-related deaths. I hope that my story may help you understand this.

Almost 11 years ago, my husband, Brad Elms, died by suicide. At the time, he was a serving member of the Canadian Armed Forces, having served 34 years in the infantry. Brad's death was deemed to be service related. It was linked to his service in Somalia, from December 1992 to May 1993, and was exacerbated by multiple tours, including time in the former Yugoslavia, Haiti and Afghanistan, as well as multiple shorter periods in various non-SDAs around the world.

The year 1992 was a long time ago. That means he lived with an operational stress injury for over 20 years. He struggled with depression and various other complaints, such as memory loss, seizure-like activity and anxiety. He was extensively medically investigated looking for a cause.

After he died, I reviewed his chart. I found a referral from the medical officer to the psychiatrist. It simply began with the word “help”. She didn't know what to do. I found post-deployment scans, in which he indicated that he struggled with nightmares and anger control issues. I found a psychiatrist's report, in which she demanded that he bring me in. He simply stopped attending and was lost to follow up.

In the last three months of his life, things became so difficult that our marriage crumbled. He was under the care of a psychologist during that time, with his last appointment occurring just one week before he died. In the coroner's report, this same psychologist rated Brad's mood at four out of five and attributed his distress to, simply, the breakdown of his marriage.

Despite the breadcrumbs scattered throughout his medical chart, it seemed no one seriously considered that his struggles were related to his service. In fact, nowhere in the chart was there evidence of the turmoil that was our family life and no investigation of anger control issues nor mention of suicidal ideation. Had they asked us, his family, we would have known better.

In the aftermath of his death, it fell to me to fill in the blanks with the board of inquiry, DND and Veterans Affairs Canada. Both agencies found his death to be service related. Was it preventable? I don't know. I have no idea, but what I do know is that, from his record, it appeared that the cost of his service was never top of the diagnostic list, so he did not get the care he needed.

Not included in those records was the effect his career had on me and my two children. My children never knew a father not affected by service because they were both born after Somalia. My son was born during Somalia. They knew a father who, while at times was wonderful, became increasingly angry and short-tempered during his life. Without getting into too much detail, home was not a peaceful place. Each of us found our own way to navigate his moods and sometimes erratic behaviour. Because he never recognized his own disease, my family never received mental health support from the military. In fact, he prevented any family involvement to protect the illusion that he was, indeed, okay. “I wouldn't be deployable, and then I may as well be dead”, were his exact words.

At the time of his death, both my daughter and I were seeing a social worker, and after his death, all three of us were attending weekly individual sessions. I was initially told that these sessions could be covered by the Canadian Forces member assistance program, as the personnel at the transition unit, which was housing me as they would house a military member in that transition period, recommended I not change counsellors at that time—it was too difficult. However, six months later, after incurring thousands of dollars in bills for therapy, I was told that this was an error, a miscommunication between the transition unit and the personnel at the Canadian Forces member assistance program. We were not eligible for reimbursement. At this point, I stopped asking. Had we been in the VAC system, so to speak, this situation may have been avoided.

In the 11 years since his death, VAC has never funded any of our therapy, except for the three years when I was one of the few lucky survivors who were accepted into the veterans rehab program. I was then offered mental health support, not because of the traumatic grief I had experienced but to support me in my education journey. I finally had access to care in my own right, but for a very short time. I did, however, have to switch therapists, to a VAC therapist, to be eligible for care.

● (0830)

When school ended, so did the mental supports. I was still a widow of suicide, and I still, at that time, had a lifetime of trauma to unpack. That remains true to this day.

My children are now adults with third party medical benefits, and I have funding through the Canada Life retired federal public servants plan, which is generous, $5,000 a year, but this generous support comes at a cost.

When this plan was restructured years ago, it was promised to be cost neutral to both the Treasury Board and retirees. It's my personal conviction and belief—I have no proof of this, but I'm suspicious—that to pay for expanded mental health services, a greater portion of medication costs have been off-loaded to retirees, and funding for services such as physiotherapy were decreased. Again, my impression is that the entire public service is now, in effect, subsidizing what VAC has determined to be service related. The state of my family's mental health is directly attributable to my husband's service; thus, VAC owes us a duty of care in this regard.

In summary, as a spouse and as a family, we spent decades living with an undiagnosed operational stress injury. Not only was he untreated, but we were untreated as well. Had the military recognized my right to health care as a spouse, I may have been better able to help him and perhaps prevent his death. When a soldier serves, the family serves. Not only did he deserve better, but we as his family did as well.

Thank you for your time.

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

I would like now to invite Mrs. Simon to take the floor for five minutes.

Margit Simon (Transition Trainer, Canadian Armed Forces Transition Group, As an Individual): Good morning. My name is Margit Simon.

I would like to thank you for this opportunity to speak in front of you on this especially important and crucial matter.

I would like to start with a few words about our son, Private Jason Renato Simon. He is our son, brother, grandson, nephew, cousin, friend, soulmate, comrade, classmate and colleague. Jason is our second born. As he would say, he's a typical middle child, and I would call him our favourite middle child. He was born on October 10, 1995, and raised in Windsor, Ontario, where he completed his elementary and high school studies.

Jason was unique in many ways from an early age. He was caring and loving. At the same time, he was following no one but his own ideas. He was never the top of his class, but exceeded in topics and subjects he really cared about. He was not afraid to speak his mind and would even argue with people if he knew or thought what they said or did was wrong. Jason was not afraid to do things his way. Once, as a school project, he climbed up on our house’s roof with his guitar, a cymbal and sticks. His friend took a picture. Jason captioned it “Stand up and scream.”

Since he was four years old, Jason wanted to be a frontline soldier—you know, all parents' dream—but we knew there was nothing we could say or do to change his mind, nor did we want to.

Jason was very loyal to his family, friends, comrades and colleagues. Of course, that does not mean he would not give us a hard time here and there, as any young child would do. It was nothing out of ordinary, though. You see, he is not perfect, but he is perfect for us.

One of our favourite memories of Jason was when, after his first communion, Jason and two of his friends put on sunglasses and posed for pictures as the *Men in Black*. They looked really sharp in their little suits and sunglasses. One year when Jason was about seven, the kids were supposed to decorate the Christmas tree together. They did not know their dad had turned on the camcorder. When we looked back at the recording, we saw Patty, our daughter, eating chocolates; our youngest, Patrick, sleeping on the couch; and Jason happily dancing away and decorating the tree at the same time.

We are a close family, and the kids were raised to understand the true meaning and value of family. Jason loved to surprise us by driving all night from Ottawa to Windsor so that when we woke up, we would find him in his bed. It was always wonderful to have him home and to spend time together.

After graduating from high school, Jason moved to Ottawa to continue his education at Carleton University. He was majoring in criminology and his minor was history. He told us many times about how much he loved it there and how he enjoyed meeting new people and having new experiences at the university and outside of it. He said he wished he could relive first year university, as it was the best time of his life.

In June 2015, his childhood dream came true when he took the oath to serve his country, first as a reservist with the Canadian Armed Forces. Jason wanted to graduate early from university so he could pursue his dream as a full-time military member in the Canadian Armed Forces. The plan was that he would graduate early in December 2016. He was based with the 30th Field Artillery Regiment, RCA in Ottawa.

Jason was well liked and eager to learn. He was also volunteering at the base to restore old artillery guns. Since Jason loved history, especially World War I, volunteering was very close to his heart.

● (0835)

He and his regiment gave the gun salute at the opening of the Parliament in 2015. He was very proud of that.

One of his comrades wrote, “Jason was always laughing, cracking jokes and supporting me. He is what made basic and pat troop bearable.”

Jason was extremely outgoing. He loved nature, photography and travel. He was not afraid of new adventures. He travelled in North America and Europe.

After Jason graduated from high school, the English department took the students on a European trip. They had a blast. Before they left, the parents had to sign a consent form that allowed the kids to have an alcoholic drink as part of the cultural experience.

Jason took that seriously; they discovered in Europe that you can buy different alcoholic beverages from vending machines on the street. We know he did not break any rules, but one of his friends happened to be the teacher's own son. Nobody got drunk or hurt, but let's just say the teacher was not impressed.

He also would not leave London, England, without a top hat, or Firenze, Italy, without statue of *David* underwear. If you know the statue, then you can imagine the underwear.

Jason loved snowboarding, longboarding and riding his bike. He did snowboarding for a couple of years before he found out, in university, that he was doing it wrong. That did not matter as he had a lot of fun anyway. He played the tenor saxophone for five years. He would also drum with anything that was at hand. He loved music but disliked practising. My family and other parents usually found out at special events that our children were skipping practice. How we always ended up at the same table as those parents is still a mystery to us.

Jason loved—I mean loved—music. He also had 23 or 24 tattoos. Each and every one of them had a special meaning to it, so they were not some silly last-second designs. On one of his military identifications, they asked about tattoos and their descriptions. Whoever filled it out said “numerous” as it would have been impossible to write down all of them. He was our skinny minnie living canvas. I called him skinny minnie because he was very tall, towering over me, but at the same time very skinny. He also put on his ID that he was five feet tall. I asked him why he did not put his right height. He said, “Mom, I don't know how tall I am. All I know is that I'm tall enough to ride roller coasters.”

His favourite animal was the polar bear. He wanted to educate people to protect the environment so that these majestic animals can be saved. He also loved our pets: Trouble, our cat, and Cooper, our dog. He fell in love with his adopted kitty, Sockrates. Jason adopted him on the way home from the hospital on February 1, 2016. He absolutely refused to go home without adopting a pet. Now we are raising Sockrates. He is our grand-kitty.

Jason also loved to help people who were struggling, especially emotionally. He was like a magnet to those people and a sponge to soak up their pain.

Jason helped his friends, students or random people who he thought could use a bit of a helping hand and someone to listen to them. He even helped a couple of his high school teachers. One of them had cancer, and Jason tried to help her emotionally. They stayed connected until Jason's passing. One of their last conversations was about Jason's latest tattoo.

At Jason's memorial service, people came up to us to share how much they loved Jason, how much he meant to them. We heard many stories about how Jason helped them through their emotional and mental health problems and issues. He never said no to anyone who he thought needed a listening ear or a shoulder to cry on.

I have a couple of quotes from his friends. One friend said, "Jason always had my back and always managed to bring a smile to my face."

Another said, "There isn't a single person I'd have rather gone on our east coast trip [with] or the one to B.C. we were planning. No way anyone could ever turn awkward silences to awkward laughs and smiles the way you could. Not a single person I could call a closer friend."

One friend said, "Jason was one of the nicest kid[s] I have met in my life."

Another said, "No words can describe what a nice, funny, caring guy you were."

● (0840)

"Heaven gained one of the most beautiful, genuine, caring and stubborn people I've ever met. You pushed me to be a better person and always supported my endeavours even if it was with a laugh."

Jason's favourite food was pizza; he could eat it day and night. He also loved pumpkin pie with a Drumstick ice cream on top, and buttered popcorn and Heineken beer. Jason loved to make funny and random voices. He made funny faces on almost every photo, including family photos. We used to joke that we would make a slide show and play it at his wedding.

Losing a child is heartbreaking, especially when there could have been help if someone would have listened. If someone would have believed Jason, then maybe he could have received the help that he so desperately needed and begged for. He was full of life and had wonderful plans for his future. He wanted to be a Canadian army officer. He wanted to live in a log cabin in the woods with a lot of dogs. He wanted to travel the world. A couple of days before he passed away, he looked for a new car and actually found one that he wanted to buy, a Mazda CX-5. There were many other dreams that he could not fulfill in his young life, but we know he did live his life the way he wanted and to the fullest until his mental health condition took over. He did more in his 20 years, four months and five days than a lot of older people can say.

Now we are left behind to pick up the pieces and to make sense of what happened, what went wrong, going through the what-ifs and whys. Even though Jason wrote in his last note that it is not our fault, we still live with self-blame and broken hearts.

Some people say when they lose a loved one that there is a hole in their heart. It is not true for us. Our hearts shattered into millions of pieces on that fateful and tragic day of February 15, 2016, but our love for Jason and our memories are keeping the pieces together very strongly. Jason was taken from us in a terrible way, but he will be forever loved and will be remembered always.

Now I would like to talk about our experience during Jason's last week of his life, the time of his passing and the aftermath.

We did not find out that Jason was suffering until around January 27, 2016, when Jason called me to let me know that he was put in handcuffs and was driven to the Kingston hospital the day before. He was driving on Highway 401 and had suicidal thoughts, so he called for help. He was put in handcuffs, as per safety procedure. He was released a couple of hours later when the police officer drove him back to his car and sent him home to Ottawa. The same night, Jason went to the clinic at the university, where an ambulance was called to bring him to the hospital. Again, he was released a couple of hours later. He went home and called me the following day to tell me what happened. I told him I would drive to Ottawa, as we still lived in Windsor at that time, but Jason said that he was feeling better and that he was coming home anyway soon for reading week.

On January 29, 2016, his soulmate, Brianne, contacted me and said that I should come to Ottawa because Jason had attempted to take his life. I drove right away and was able to see him in the hospital that night. I was sitting with him all day the following two days, and I was there when he was released after 72 hours of mandatory holding. He did not want to be released, as in that 72 hours not one doctor talked to him. Jason was in the emergency mental ward the whole time.

I asked the doctor why he was releasing Jason when Jason kept saying that he was not well. The doctor said that Jason just needed to follow up with his counsellor and doctor. I asked if the doctor could guarantee that Jason would not attempt to take his life again. The doctor's answer was, "Mrs. Simon, there is no guarantee in life." I was furious, but at that point Jason wanted to leave when he saw there was nothing we could do. On February 1, 2016, he was sent home.

● (0845)

The doctor did not even tell us what Jason used when he tried to take his life. All we knew was that he had tried to hang himself.

The number one thing family and loved ones are told in a suicide attempt is to remove the tools that were or could be used. We removed everything that we could think of. We even took his roommate's scarves, but what we never thought of was the actual thing he used, the HDMI cable for his computer.

On February 3, 2016, Jason reported to his base for duty. He told his chain of command what had happened. They took action right away and drove Jason to the Montfort for assessment and help, only to be told hours later that Jason was not entitled to any service or help as he was only in the reserve forces. His chain of command tried everything, contacting authorities and getting help for Jason, but it was all denied.

At that point Jason was put on two weeks' leave without pay on the Montfort hospital's recommendation. Honestly, that is one of the worst things that can happen to someone in Jason's condition. Keeping them home with nothing to do and not getting paid is not ideal, to say the least.

Even though we supported Jason financially during his studies, he did not want to accept help and worked hard to be able to support himself. He also needed to feel that he was contributing to his unit. It would not have mattered if it were something to do in the office or cleaning the floors. People like Jason need to be kept busy.

Even after this experience, Jason told me that the most help he got was from his chain of command and unit. His chain of command and some of his comrades are still in contact with my family and keep saying how they wish they could have done more to help Jason.

We have also been part of an inquest the coroner requested in Jason's death. The inquest was held in 2019, where many witnesses were called from hospitals, Carleton University, the Ministry of Health, CAF representative Dr. Jennifer Purdy and many others.

After the inquest, the jury accepted 37 recommendations. I have the Canadian Armed Forces' response to the items addressed to them. It was provided to the committee.

After Jason's passing, I was introduced to a program within the Canadian Armed Forces transition group, called HOPE, Helping Our Peers by providing Empathy. HOPE was there for my husband and me during one of the most difficult times of our lives after our loss. What made the difference was not just the support but the compassion. Speaking with someone who had lived a similar experience gave us comfort and reminded us that we were not alone.

Because of the impact it had on us, I became a volunteer for two years and later a program coordinator for three years. In those roles, I witnessed first-hand how HOPE provides bereaved military families with something invaluable: understanding, connection and the strength to begin healing. For survivors, HOPE is not just a program, it is a lifeline.

In my current role as a transition trainer with the Canadian Armed Forces transition unit, I have the privilege of walking alongside members as they prepare for life after service. Sadly, some of the people we support are carrying very heavy burdens, including mental health challenges such as PTSD. Their courage in the face of these obstacles is a constant reminder of the strength within our military community.

What makes a difference, though, is the people I work with. The staff in our unit are compassionate and dedicated and truly care about every member who comes through our doors. Their leadership has been a source of strength. They lead with humanity, vision and heart. They always ensure that we have the guidance, encouragement, support and resources we need. They stand beside us and, because of that, we can stand beside those we serve.

● (0850)

Having said that, in both the Canadian Armed Forces and the civilian world, we still have a long way to go before we are where we should be. There is much work ahead of us, but it is meaningful work. It is work that we must continue together.

Thank you for listening and for getting to know our Jason so that you can picture him as a real person and not as a number or statistic. We hope this study will help people understand how serious mental illness is, and will help produce not only recommendations but also positive and actual action so that this tragedy will not happen to other people and families. Let this be our Jason's legacy. He just wanted to make this world a better place, one where people are kind and love each other, one where we pay attention to one another and one where we help those who are in need even if only by taking the time to listen and to talk to them.

Tomorrow is Jason's birthday. He would turn 30 years old, but he's forever 20 years young. We will visit his memorial tree and plaque at Beechwood Cemetery and bring 20 red and 10 white roses. The red roses represent the birthdays Jason celebrated with us on earth. The white roses represent the birthdays since he left us.

I would like to finish with a poem:

> I miss Your laugh, the sound so dear
> The way You joked, Your constant cheer!
> If I could have just one more day
> I'd beg You darling, please, please stay!
> I'd wish You back but not in pain
> I'd wish the rainbow not the rain.

As Jason would say, "Whatever forever".

Thank you.

The Chair: Thank you very much, Mrs. Simon, for sharing Jason with us this morning.

Mr. Field, you have five minutes.

Brad Field (President, Homes For Heroes Foundation): First of all, I want to apologize for my sniffles and coughing. Every time I come to Ottawa, my allergies kick in.

Thank you, ladies, for sharing your very deeply personal stories.

Thank you for the opportunity to speak with you today. My name is Brad Field. I have the privilege of serving as president of the Homes For Heroes Foundation. Our mission is simple but urgent. It's to support the men and women who have served our country by ensuring that they have safe, stable housing and access to the resources they need in order to live with dignity and hope.

This past week in Halifax, I had the honour of spending time with one of our trusted advisers, retired general Walt Natynczyk. Knowing that I'd be speaking before you here today, we discussed the state of our veteran community, the struggles many face silently each day and the devastating reality that far too many are losing hope. During one of our conversations, Walt shared a moment that has stayed with me. He recalled crossing paths with a young Canadian soldier in Afghanistan. As they spoke, the young soldier asked a question that cuts to the very core of why we're here today: Does anyone know I'm here, and does anybody care?

That question is haunting. Sadly, it is also not unique. Too many veterans return home asking the same thing.

Do we see them? Do we care? At Homes For Heroes, we do. We believe no veteran should feel invisible in the country they served. We believe safe housing, mental health support and a community of care can be the difference between despair and recovery, between a crisis and a second chance.

Veterans do not need our pity. They need our commitment. They need systems that don't just react to a crisis but work to prevent it. They need housing, access to mental health care, job training and a connection to a community that reminds them every day that their service mattered and that they still matter.

This is not an unsolvable crisis, but it requires leadership, collaboration and sustained investment. Government, non-profits and communities must come together to build a safety net that no veteran can fall through. As a nation, we have a moral obligation to ensure that every veteran knows that they are seen, they are valued and they are never alone. Our heroes answered the call to serve. It's now our duty to answer theirs with urgency, with compassion and with resolve.

Thank you.

● (0855)

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

For individuals who are here for the first time, what we'll do is go along to each member, who will ask questions for about six minutes in round one. If you're in the middle of a sentence, I'll let you finish it, and then I may have to interrupt.

I urge my colleagues to be direct with their questions so they can hear more from the people here in front of us.

Mr. Tolmie, you have six minutes.

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

Thank you, witnesses, for opening your hearts and sharing your testimony. Normally, when we come in, we have a line of questioning, but sometimes when we hear testimony, we have to change tack because we hear more about your personal stories.

Ms. Elms, I would like to start with you. You mentioned something in your testimony about your husband saying, “I won't be deployable. I might as well be dead.” Could you please share a bit more about that?

Sherri Elms: That was a direct quote. The whole quote is, “Sherri, you can't say the S-word, because if you say the S-word to the army, I will be undeployable and then I may as well be dead.” These are the conversations you have with someone who's teetering on the edge.

The psychiatrist wanted to see me because he was.... It was probably five years before he died. He kept us from the system.

● (0900)

Fraser Tolmie: One of the things we have seen was mentioned by Ms. Simon in her comments about one of her son's comrades saying, “Jason always had my back.” One of the things we hear about in the military is that comrades are supposed to have training and be able to recognize some of the challenges.

This is probably prior to your time, Ms. Elms. What I'm saying is that when you're in the military, as I was before I became a veteran, you go through training to recognize.... I think that when your husband was dealing with this, it was prior to the training that is given.

We have blind spots. You were dealing with someone who had mental health issues. How was it recognizable? How did you come to recognize that? Did you recognize that, or was it too late?

Sherri Elms: I am a pharmacist by profession, so I'm not unfamiliar with health care. I knew.

Brad was a super soldier. Someone said to me that he was the type of guy you put behind glass with a hammer that says, “Break in case of war”. He won an Ironman competition. Jaws dropped when he died by suicide: If it can happen to Elms, it can happen to anybody.

I knew, though. Our home life was awful. He was mean; he had a temper and he was erratic. He would jump out of the car on the 401 and say, “I'm not going anywhere with you guys,” with the kids in the van, and purport to walk home to Kingston.

He was a super soldier. He lied, and he was very good at it. There were three generals at the funeral. Their jaws were all on the floor. In the last week of his life, his friends said, “Watch out for Elms. He's going through a rough time.”

Fraser Tolmie: This is heartbreaking to hear.

You said you had difficulties trying to get care. You were being shut out intentionally. This is a problem for us because we believe that if you're part of a family unit, you're also serving.

How was it that you were being shut out? Did you find out later that you weren't allowed to go to the same counsellor?

Sherri Elms: On the psychiatrist issue, he told me about it at the time. His reasoning at that time was, “I wouldn't subject you to that humiliation,” because to him, it was a humiliation.

I told his commanding officer, and I told his family doctor. Because I work with family doctors in Kingston, I had a direct import to her. She said that they couldn't pull him in until they put me in an interval house or made me safe.

I was the shunned wife at that point. He had left in July. He died in November.

I'm competent. I'm eloquent. I can work the health care system.

He was so good. He was a super soldier. Nobody listened.

He would be 62 now if he were still alive. He died at 51. There was a band of soldiers of that age who were lost to multiple deployments— Afghanistan, Somalia, Rwanda, the former Yugoslavia...the churn. You tamp down your humanity, and if you don't get it back, it's never coming back.

Fraser Tolmie: I'm sorry; I'm going to run out of time, and I do have more questions.

Ms. Simon, I just want to say thank you for sharing your son's story and humanizing this for us. From what I've heard from the testimonies today, these are real people who seem like they're so full of life. To lose those lives, it's just touching.

Thank you.

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

We'll go to Mrs. Hirtle for six minutes.

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

Good morning, and thank you all for being here today and for sharing your stories with us. I know it's not easy.

Ms. Simon, I feel like I know Jason. He sounded like a great kid.

I'm wondering if we can switch gears a bit, Ms. Simon. Can you give us information about your role as a transition trainer? What are the things that you do to help veterans?

● (0905)

Margit Simon: We have different events and programs.

In my role, we provide career transition workshops, where we prepare the members for employment after release, including self-assessment, job search, résumé writing and interview techniques. It's very helpful because some of the members haven't written a résumé since forever, if at all. Interviews are totally different from what they're used to. It's a very helpful tool for them.

We also have the My Transition Seminar. Our partners who are part of the release process are there to talk to the members in a seminar setting. We provide all of the contact information for them. It's a one-stop shop kind of thing.

Alana Hirtle: That's great. Thank you.

Earlier this week we heard from the Veterans Transition Network about the work that they do. They expressed concern on a range of issues and told us how they would like to be able to do more work to support veterans.

I don't know if you're familiar with them. I expect you are.

Margit Simon: Yes.

Alana Hirtle: Can you help us understand how an organization like yours and an organization like VTN may differ, and how you're alike and if what you do complements each other?

Margit Simon: Yes. They're the main level, and then there are branches. We are part of one of the branches.

The whole program was another branch from the transition group.

Alana Hirtle: Okay, that's great.

We've heard a great deal recently, and today of course, about the importance of support, both formal and informal, that comes from personal networks but also from other veterans going through similar challenges. Of course, that familiarity can promote support and paths forward. In your experience, how can those who are not directly related or not directly familiar with the realities of life in the armed forces, or life after the armed forces, support friends and neighbours when they perhaps don't have that first-hand experience?

Margit Simon: That's a very good question. It's a different life, for sure. It's not something that many people understand in the civilian world.

I would just say to listen without judgment. When you get some information, do the research. If you know that your neighbour friend is struggling and is in the military, you can reach out to the military if you see that there's something wrong. You can get as much information as possible and reach out. That would be the most important thing—

Alana Hirtle: Yes.

Margit Simon: We are not professionals. We are able to listen and listen well and to recognize their pain and suffering, but we cannot fix it. That is why it's important to reach out to the right resources. Let's say my neighbour is part of the military. I probably would know where, so I could reach out. The public can reach out to the bases as well.

Alana Hirtle: That was one of my questions. How do you know where the right place is?

Margit Simon: It's through research.

Alana Hirtle: Yes, it is that, isn't it?

Margit Simon: Yes, it is.

In Jason's case, he wouldn't have told you, “Oh, this is my chain of command. Go talk to him.” He wouldn't have done that, but he would have told you where he was. He was with the 30th.

Alana Hirtle: Right.

Margit Simon: We also have many different groups. We have transition advisers, who are there to guide the member who's being released. We have the release section. We have service coordinators if it is a medical release. Everybody has their own area of expertise.

Again, our building is a one-stop shop for releasing members. Whether it's a general or a medical release, we are there for them.

● (0910)

Alana Hirtle: I'm sure Jason would be really proud of the work you do.

Margit Simon: Ah, he better be.

Alana Hirtle: I'm sure he is.

In that vein of not being familiar, how important is knowing the right vocabulary, the right terminology, so that they understand that you can relate?

Margit Simon: Yes, they have a different language, for sure. I'm struggling as a civilian to understand this. Sometimes I ask if they can please speak in English so that I understand. Yes, it can be a challenge, but once you get to know them, it's okay.

Alana Hirtle: It's building trust, isn't it?

Margit Simon: That is very important.

Alana Hirtle: Thank you so much.

Margit Simon: Thank you.

The Chair: Thank you very much.

[*Translation*]

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

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

I would like to thank the witnesses: What you are doing, revisiting trauma, is never easy. I commend your courage.

My question for you will be a very simple one because I want to give you space to speak. We have a new prime minister and a new minister. You are being listened to, you are heard, you are seen. I would like to give you each a moment to tell us if there is anything specific you would like to discuss. I know what you are going to say in your testimony. I want to give you this opportunity so that we can also include it in our report, so that we can have a bit of hope in our lives.

[*English*]

Brad Field: Thank you so much.

Although there have been great successes and changes in the Canadian Armed Forces, and the formation of the transition centres has been fantastic, there is lots of work to be done.

Culturally we have to change within the Canadian Armed Forces. We obviously heard stories this morning of not being listened to and not being acknowledged.

We find quite often at Homes For Heroes that we're seeing, when we have our veteran residents come in, who have been on the streets sometimes upwards of 10 to 15 years, living rough, living at risk every day, that as simple a thing as navigating Veterans Affairs is insurmountable.

I beg to say that as much as we can make cultural changes within the Canadian Armed Forces, we could look at changing how we operate Veterans Affairs. Just so we're clear, Veterans Affairs caseworkers, the staff, are fantastic. When you can get through to them, they're fantastic, so I'm not taking away from the hard work that's done every single day. But I beg to say, if you have some free time, or an hour or two, try navigating Veterans Affairs website. Make the assumption that you're a veteran looking to get benefits. I'll bet you a million dollars that you'd give up in two minutes.

I can tell a very quick story of a veteran living on the streets in Edmonton, 10 years living at risk, fight or flight every single day, who found his way to Homes For Heroes. Within two weeks our caseworkers, because they're experts—and you really have to be an expert to navigate Veterans Affairs—found out that he had in excess of a quarter of a million dollars in cash payout waiting for him and it had been sitting there since he had left, for over 10 years. He had a full military pension waiting for him, upwards of.... He had been living on the streets at risk for 10 years.

He now owns two homes. One he is renovating for himself, and for one he is a landlord. Here is a perfect example that they don't know, and they need to understand that they have access to benefits and support, but navigating the Veterans Affairs website is ridiculous. I think we have to revamp that.

I would say the one cautionary insight I have is that although the caseworkers at Veterans Affairs are fantastic, they read from a textbook more often than not instead of listening from their heart, so that could change. That's not taking away from the good work they do every day.

Thank you.

● (0915)

[*Translation*]

Marie-Hélène Gaudreau: Ms. Elms, I don’t have much speaking time left, but I would really like to hear what you have to say.

[*English*]

Sherri Elms: I will be very quick.

I will stand here as a representative of families, which is kind of on the side but it's not on the side.

I will echo Brad's comments about navigating the Veterans Affairs website and, although the caseworkers are wonderful, as survivors our needs are different and their legislation around our benefits is different. Often it's subtleties that caseworkers who aren't dedicated to survivors don't get. We're told that our earnings loss benefit will be cut off when they don't get cut off, so there are those types of things.

There's also the churn, because as our kids age and go past 18 and then go out of the system and go back into the system for school, and then go out and then go back into the system, getting benefits switched around is onerous. You need to be an expert.

My husband is not here because of his service, and I shouldn't have to be an expert to navigate getting care.

[*Translation*]

Marie-Hélène Gaudreau: I have 30 seconds left, Ms. Simon. In a few words, what message would you like to convey?

[*English*]

Margit Simon: We must continue openly talking about suicide. Talking about it is not going to make anybody suicidal; it's not contagious, but it's really important. Also, it would be important to accurately document the cause of death in the military, because our son's death was documented as unknown and I had to fight to change it. We should not be hiding it. It's something that is there. Not talking about it is not going to make it go away.

There's addressing the stigma and mockery. Some people still call others who go see therapists on base as doing the walk of shame. People who make comments like that or joke or make fun of people should not just be put in a course to take the course and get a check mark, but maybe make them do volunteer work in this capacity. These are the ones.

I actually have a quick question. Female veterans are two times more likely and male veterans are 1.4 times more likely to die by suicide or attempt suicide than the general population. For younger male veterans, after release in the first two years they attempt suicide, while with female veterans it takes much longer.

Is there any study being done on these statistics? What resources are dedicated to further studying these statistics and investment in programs to tailor to prevention and resources in this case?

The Chair: Ms. Simon, I apologize, but we're going to have to move on.

Just because of the situation for panel number two, we will go to another round right now, and we'll adjust accordingly. We have one person online and our other in-person witness is a little bit delayed. We'll continue, if that's all right with our panellists, because it is past 9:15. I want to make sure that you are available to stay and comfortable to stay.

We will go to Mr. Richards for five minutes.

Blake Richards (Airdrie—Cochrane, CPC): First of all, thank you, in particular to Sherri and Margit, for your courage in coming and sharing your personal tragedies with us today, because that's the only way we're going to learn how things can be better.

Thank you, Mr. Field, as well for the work that you do to serve the veterans who slip through the cracks. I hope I'll get a chance to ask you a little bit more about that.

I want to start with you, Sherri. I have two questions for you.

You mentioned in your opening remarks that in order to get benefits from VAC for supports that you needed for mental health and therapy and that kind of stuff, you had to switch therapists. This is the kind of thing I hear far too often. I think it goes back to what Brad was saying about the folks at Veterans Affairs having to work from a textbook rather than from their hearts. I really think, if you want my perspective, we need to see more of a client-focused rather than a process-focused situation at Veterans Affairs and the ability to work with the providers who work for you or your family.

I want to get your perspective on that, because you mentioned that you had to switch therapists in order to get that benefit. What difference would it have made for you had you been able to stick with who you were working with? How important is it for someone to be able to have that continuity with someone instead of having to change service providers just to be able to fit into a box?

● (0920)

Sherri Elms: I didn't change, so I paid.

Blake Richards: You weren't able to so you had to pay.

Sherri Elms: In the direct aftermath of his death, I stayed with Peter. This was the social worker my daughter had been going to for four years and me for probably four months. This is the man who sat in my home for two days after Brad died just in case we needed him. I was not leaving him to go to virtual care through the CFMAP.

In health care, funding never follows the patient. It's not just mental health. The funding needs to follow the patient in health care, full stop.

Blake Richards: The bottom line is let you work with the providers you need to work with in order to get the help you need, and do not prescribe that there is a process that has to be followed.

Sherri Elms: I'm going to call the 1-888 number, and I'm going to get 10 sessions with this wonderful counsellor, I'm sure, on the other side of the phone, but it's not mine. It's not Peter.

Blake Richards: I appreciate that.

I'll ask you this as well. Often this is the kind of thing we hear. It's not that the services are all there that are needed for the serving member or for the veteran, but it seems like for the families it's even less accessible.

What would your recommendations be to us to make sure families have the support they need, whether it be while the member is serving, while the veteran is with us, or for surviving family members? What's your recommendation in terms of what can be done?

Sherri Elms: There are so many ways to slice and dice the situation. I'll use my situation. My husband died a service-related death, as determined by DND and Veterans Affairs Canada. I get an income replacement benefit, and I had an education benefit all in my own right passed to me. I should have been locked into the Veterans Affairs system for mental health services. The psychologist I see now bills Veterans Affairs for her retired veterans services. She should be able to bill for me, period.

Blake Richards: Thank you.

Mr. Field, when it comes to homeless veterans, obviously this is an area you know well. I think these things are tied together often, unfortunately. It starts with the fact that Veterans Affairs doesn't even seem to be able to tell us how many homeless veterans there are. In your organization, is there any kind of help for those veterans who sort of slip through the cracks at Veterans Affairs? I wonder if you could tell us why you think so many homeless veterans seem to slip through the cracks.

Brad Field: I'll just recognize, too, the data Veterans Affairs is using around homeless veterans. I believe it's 2,000 to 2,500 homeless veterans in Canada, dealing from a 2021 door-to-door census. Typically, you don't find homeless veterans living in a house when you're doing a door-to-door census.

However, that being said—

Blake Richards: What you're saying is that you think it's vastly under-reported.

Brad Field: Yes. We have an updated report from McGill University. It's a study that was done back in 2023, which says that it's 10,000 plus. Veterans don't self-identify. They don't stay in shelters. They live in vehicles or couch surf, or they live in their own encampments.

That being said, they're slipping through the cracks, because we don't recognize...and because we have a VAC website or a VAC system that isn't conducive to helping our veterans. However, we have an opportunity here. These discussions are why we're here. We're looking to make changes.

Again, I don't believe anybody who's involved in VAC, who is at this table or who is in the current or past governments, is doing it with malice. It's through a lack of knowledge and willingness to change, and through bureaucracy.

Again, we work in four-year election cycles. I just met with the new Minister of Veterans Affairs. She's a wonderful lady, but she's going to spend the first year or two getting up to speed, and then an election will happen, and here we go again. Then there's a new veterans affairs minister.

Again, we need to recognize that we need to make changes and make them long term, regardless of who's in power. Regardless of what political party is at the helm, these changes need to be put in place and kept in place so that we can bank on them going forward.

Thank you very much.

● (0925)

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

The last five minutes go to Madam Auguste, after which we'll say our goodbyes to all of you.

[*Translation*]

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

I would like to start by thanking Ms. Elms and Ms. Simon for their very touching testimony. I would also like to thank them for being here today.

I would also like to thank you, Mr. Field, you and your team. The work you do is so important. The Homes for Heroes Foundation does more than just provide homes, it also provides one-on-one counselling, group therapy sessions and programs administered by Veterans Affairs Canada. Could you tell us a little bit about the assistance you provide to veterans?

[*English*]

Brad Field: Thank you so much.

We believe in our program. That's why we describe the program as more than just homes. We always say that the four walls and the roof are the easy part of the equation. Again, providing someone with safe, secure stable housing is a start, but really it's the program at the end of the day whether it's mental health addiction issues, PTSD, job training, life skills.

A lot of our veterans have gone from a two-parent household, having graduated high school straight into serving in the military. They have served their country for two, three, four, 10, 15 years. They've never cooked or cleaned a house on their own. It could be they're 30 or 40 years of age when they've come out of the military, and they have never washed their own clothes or prepared a meal on their own. It's stuff like that and financial literacy and job training, as I said. We have programs that are set up with national partners where they will take our veterans and train them to work in their field. It's very supportive that way.

I'm going to take this opportunity to digress and go on a little tangent. I'll be very quick. I think Veterans Affairs has to look at their current cannabis policy related to veterans. We have an epidemic of cannabis use within the veteran population, which the taxpayers, VAC, is funding. Last year, $250 million was spent supplying cannabis to our veterans. I'm not taking away that there are some veterans who do need cannabis use for their PTSD, trauma, and so forth, but what we're doing is we're turning a bunch of our veterans into potheads, who are unproductive. In some cases, they are drug dealers, because the quantity that we're allowing our veterans to use is way more than they need, if they even need it at all. They now sell that cannabis, which taxpayers have funded, on the black market to earn an extra living.

They say in 2025 we will be north of $300 million and by 2028 we'll be at $500 million that VAC is paying for cannabis for our veterans. I think we should also take a look at that, because it's not solving anything at this point.

[*Translation*]

Tatiana Auguste: Thank you very much.

I understand that you work with Housing, Infrastructure and Communities Canada, which administers programs for unhoused veterans on behalf of Veterans Affairs Canada. I would like to know what can be done to reduce red tape and speed up the implementation and completion of projects for veterans.

[*English*]

Brad Field: Navigating any government website is difficult at the best of times. Getting good people working within VAC within infrastructure.... CMHC has been a wonderful component of our builds and so forth across many villages. Again, I think we should concentrate our efforts not just on building affordable housing in general let alone for veterans, but we have to consider taking a stronger stance on programming, because at the end of the day, without the support of programming, all you're supplying is a roof and four walls.

I think we can expedite the process by creating more of a streamlined process. I would strongly suggest that in some cases there should be a concierge type of service. Rather than jumping from department to department, or person to person, assign one person to that case file. Whether it's Veterans Affairs or it's Homes For Heroes applying for funding, we should assign a single person to that concierge type of service, because what we end up doing now is we end up renavigating, re-teaching the caseworker or the file handler. In that particular case it's not a very efficient way of doing business as far as I'm concerned, but a concierge type of service would be advantageous for everybody.

● (0930)

[*Translation*]

Tatiana Auguste: Thank you very much.

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

[*English*]

This will conclude our first hour with all of you. On behalf of all of us, I would like to say thank you for joining us.

Mr. Field, thank you.

Ms. Elms, I feel a little bit more connected with your former husband, Brad.

Ms. Simon, thank you for sharing the story of your son, Jason.

On this we will conclude.

[*Translation*]

Thank you again for being here this morning.

We'll suspend for a couple of minutes.

● (930)

_____(Pause)_____

● (935)

The Chair: We'll resume the meeting. We are now entering the second hour of the meeting.

[*English*]

I will introduce our second panel.

By video conference, we have Ashley Thompson, appearing as an individual.

[*Translation*]

We also have with us Ms. Le Scelleur, retired captain and vice-chair of the Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans.

Welcome. You will each have five minutes to present testimony, after which the members will ask you questions. If you have any difficulty and need a break, please let me know. We are in no hurry; we are here to listen to you. Thank you.

[*English*]

I would like to invite Mrs. Thompson to begin her opening remarks.

Ashley Thompson (As an Individual): Thank you, Madam Chair.

Good morning. My name is Ashley Thompson, and I am a serving member of the Canadian Armed Forces, as well as the widow of a veteran who died by suicide on September 27, 2022.

My late spouse served this country with honour and pride. He deployed four times throughout his career and spent more time away from the home than with our family. Together, we have five children who looked up to their dad as a hero, a man who was always willing to put the needs of others and his jobs before his own.

But the battles he fought overseas and abroad were not the only ones he faced. The invisible wounds he carried—the trauma, the operational stress and the lasting pain of a sexual assault he endured while serving—changed him. Over time, those wounds deepened, and the weight of them became too heavy to bear. He was scared to speak up about his mental health because he feared losing his job, his identity and the pride that he took in being a soldier. He would cringe every time anyone would mention help. As his mental health declined, so did the sense of purpose and belonging that had once defined him.

There were no warning signs, and opportunities for help came too late. A board of inquiry was completed after his death, yet crucial information is still missing, including one of his deployments and all the records of remedial measures he faced during his downward spiral. Despite all of this, Veterans Affairs Canada continues to classify his death as non-service-related.

I can tell you without hesitation that he was not this man before he joined the forces. His struggles, his pain and ultimately his death were direct consequences of his service. The morning he took his life, he left for work in uniform and spent his morning at work. His captain and the warrant officer reported during the BOI that he was not himself. Michael stated that he was stressed with me being away for a course and having the five children. He told the warrant officer he had a mental health meeting at 13:30. He returned home for that meeting, and at 12:25 he took his life in our home, in uniform, with our personal weapon and with me on FaceTime.

He used CFMAP, the Canadian Armed Forces member assistance program, to keep it anonymous so that the Canadian Armed Forces would not find out and he could keep his job and deployment status, as that was his life as a soldier: to deploy and to serve his country. This approach has halted the documentation process required by Veterans Affairs Canada to determine whether the death was service-related, so no information has been properly recorded or reported.

As a current member of the Canadian Armed Forces, I have been fortunate enough to receive mental health support through the CAF system, but I as his widow and my children have received no meaningful support from Veterans Affairs Canada. More than three years after his death, I am still waiting for a decision, still waiting for acknowledgement and still waiting for help.

This is not just my story. It is the story of many families who have lost someone they love to the battle that continued long after deployment. We cannot ask our members to give everything to their country and then abandon them—or their families—when the cost of that service becomes too great to bear alone.

I am here today to speak for my spouse, for our children and for every family who has been left behind. We owe it to them to ensure that no else is left fighting for acknowledgement, for support and for their dignity after giving their all in service to Canada.

Thank you.

● (0940)

The Chair: Mrs. Thompson, I am very sorry for your loss. Thank you for your courage in being with us this morning.

[*Translation*]

You have the floor for five minutes, Ms. Le Scelleur.

Hélène Le Scelleur (Captain (Retired), Vice-Chair, Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans): Honourable chair and members of the committee, I would like to start by thanking you for giving me the opportunity to speak today.

I would like to begin this testimony by echoing the discussions held here on Thursday, October 2. Several presenters emphasized how complex suicide is and how difficult it is to pinpoint a single cause. This uncertainty makes prevention all the more difficult.

However, I would like to present a hypothesis: What if we are still not approaching the issue from the right angle?

We know that psychological suffering is often central to the act itself, but this suffering does not happen on its own: It is created from a variety of overlapping personal, social and institutional realities that eventually, day after day, become unbearable.

The first thing that comes to mind is chronic pain, which is an invisible, persistent and often misunderstood form of suffering. According to the "2024 Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2023)," physical health problems are among the top three work and life stressors associated with suicide. Even back in 2014, a Canadian study identified physical health as a contributing factor to suicidal ideation.

This reality cannot be separated from mental health: it plays a critical role. In this regard, I would have liked Dr. Ramesh Zacharias, president and CEO of the Chronic Pain Centre of Excellence for Canadian Veterans, to be here today. This topic is one of our national research priorities because it is directly linked to suicide prevention among veterans.

Beyond physical pain, another even more silent form of suffering exists, and that is moral injury and institutional betrayal. Minister Richards alluded to this last Thursday when he mentioned the concept of sanctuary trauma. What I'm referring to is the pain caused when an institution to which someone has devoted their loyalty, identity and integrity becomes the source of harm.

The most recent Canadian research, notably that of Nazarov and his colleagues in 2023, shows that moral injury and institutional betrayal are major determinants of psychological distress and suicide risk among veterans. However, listening to last week's testimonies, I noticed that responsibility is still too often placed on the person who is suffering, on veterans and their families, rather than being shared by the institutions that are supposed to look after their well-being.

I was left feeling betrayed after my own transition out of the military. I had served with conviction and worn the uniform with pride. I was injured in action during my mission in Afghanistan. Yet, upon my return to civilian life, I felt that the organization that had shaped me was turning its back on me. This moral injury brought me to the brink of suicide. I have testified before you about this previously, and I say it again today: The feeling of abandonment or institutional betrayal can be as devastating as the trauma from war.

The institutions that are supposed to protect military personnel, RCMP members and veterans sometimes unwittingly become the very source of their distress. Although trauma-informed approaches are seen as essential, they are still slow to be implemented. Too often, veterans in distress are threatened with losing their benefits if they do not comply with dehumanizing administrative requirements. These repeated and institutionalized microaggressions fuel the moral suffering that should actually be lessened.

Allow me to illustrate this institutional betrayal with a concrete and deeply shocking example. My silhouette, my rank and my name were used on two permanent memorials where I am presented, alongside 11 other living individuals, as having made the ultimate sacrifice. These monuments were funded by Veterans Affairs Canada, and there is evidence to prove this. Imagine how it feels to see your own name engraved on a stone and presented as that of someone who died in combat. Imagine what that does to the psyche of an already fragile veteran and to that of their loved ones.

This situation, which is as unbelievable as it is unacceptable, has been going on for over a year. Despite our repeated efforts, there has been no support, no apology and no acknowledgement of the harm caused. The only solution proposed has been to remove the monuments, which would erase the memory of true heroes whose names deserve to be there. Some individuals affected by this situation have sunk into such deep distress that they have considered suicide as a way out.

I'll ask you a simple question: How would you feel if, for more than two years, your name appeared on a monument as being deceased, while your comrades who died in battle were not even listed? It's shameful, but it's also a betrayal on the part of the institution. It's a moral injury that haunts us every day.

● (0945)

When an organization claims to be responsible for the well-being of veterans and their families, it cannot remain silent in the face of such injustices. It must be held accountable and act responsibly and compassionately, in a truly trauma-informed way.

Suicide prevention is not limited to mental health. It begins with recognition, remedy and respect for human dignity. If we truly want to prevent suicide among veterans, we must acknowledge that physical and psychological suffering, moral injury, and institutional betrayal are very closely related. Until we address these root causes, we will continue to lose lives that could have been saved.

Thank you.

The Chair: Thank you very much, Ms. Le Scelleur.

[*English*]

Thank you as well, Mrs. Thompson, for being here this morning.

Again, thank you for your service.

[*Translation*]

We'll now go to our next speaker.

[*English*]

We'll go to Mrs. Wagantall for six minutes.

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

Ms. Thompson, thank you so much for your bravery in being here today on behalf of yourself and your children. I hope my questions don't harm you. If they do, please just let me know.

We recently did a study on sexual assault of women in the military. You mention here that part of the invisible trauma your husband experienced was due to sexual assault.

Without knowing the details, do you feel that, potentially, all of this lack of reporting and lack of information might be related to that incident?

● (0950)

Ashley Thompson: I can't speak for certainty because I found out about the sexual assault after death. He was never forthcoming about what happened within our relationship. I found the paperwork after the fact, mixed in with his certificates of his service in the military.

Cathay Wagantall: The military was aware of this and it was during service.

Ashley Thompson: Yes.

Cathay Wagantall: Okay. Perhaps we need another study.

On the fact that there was no information available, you mentioned information just now that you were able to find. How is it that the military could not assist in any way in providing you with the information needed for a proper report?

Ashley Thompson: To be honest with you, the military never asked for any information throughout the BOI process.

I have his shadow file, which has all his remedial measures. The harassment he was going through within his one unit here in Trenton.... The CO and the chief were removed [*Technical difficulty—Editor*]—

The Chair: Mrs. Thompson, we seem to be having technical difficulties.

I will stop our clock and ask our technical support to reach out to Mrs. Thompson.

I will suspend for a few minutes until we solve this problem.

● (0950)

(Pause)

● (0950)

The Chair: Mrs. Thompson, you are back with us.

I'm sorry about those technical difficulties.

Ashley Thompson: Zoom keeps kicking me out.

The Chair: We will continue, if that's okay with you.

Ashley Thompson: I'm sorry. Can you repeat the question?

Cathay Wagantall: I was basically asking about how you had that information, yet the armed forces didn't seem to have it. You were talking about a shadow file.

Ashley Thompson: Yes, he kept his personal file with him because he deployed so often and was tasked out so often. Everything that would have been on his personal file he had at home. Every initial counselling, recorded warning or paperwork that had anything to do with the military—his MPRR or his military record—was all in this folder.

Cathay Wagantall: Can you explain to me why that wouldn't be considered enough information for the military to respond to or to have accepted as evidence?

● (0955)

Ashley Thompson: They never asked. When I said I had it, they said they pulled his personal file from the OR.

Cathay Wagantall: Okay, thank you.

You also mentioned the fact that you've gotten assistance through CAF because you're serving, but as a widow, you and your children do not get any support from Veterans Affairs. The ombud was here, and she talked about this very issue. Family members, when the member serves, can get assistance if that member is willing to have them get that assistance, but regardless, if that individual who is serving passes away, all of that support is immediately cut off from the family.

I can't think of a time when you would need those kinds of supports more than after having lost that individual under whatever circumstances were taking place in their service. Can you speak to that at all?

Ashley Thompson: For me personally.... For my children, I reached out to Children's Mental Health. The children still have benefits through me because I am still serving, but again, that is through Canada Life, which is completely different from any type of VAC benefits. They—

Cathay Wagantall: All right. We're VAC, so let's talk about the potential through VAC.

Ashley Thompson: Okay. They haven't received any through that.

My children and I have gone through therapy without assistance from [*Technical difficulty—Editor*]. I have claimed all of their therapy through my own benefits with the CAF. I don't qualify for VAC benefits for the children because his death was deemed non service related.

Cathay Wagantall: I can't get my head around that. I don't know how you get up in the morning and carry on, quite honestly, when you hear those types of things.

The duty of care and the responsibility of VAC for those family services aren't in place because of the legislation that controls what can and cannot be offered. I know that you did have assistance because of the fact that you do serve, but for others who are spouses and have children and who wouldn't have that opportunity, I would like to hear whether or not you feel that legislation needs to be changed by government so that VAC can provide the care that families who serve along with their members should receive.

Ashley Thompson: Zoom doesn't like me. I apologize.

Cathay Wagantall: That's okay. Were you able to hear my question?

Ashley Thompson: No, I wasn't.

Cathay Wagantall: I'm just wondering if the fact that legislation is needed to change the rules around the fact that VAC doesn't have the ability to provide services to spouses and children after that individual has passed away. Should that be changed? I know you're getting it through CAF, but for those who are not serving and are spouses and children who are owed that duty of care, do you feel that should change?

Ashley Thompson: I 100% agree that needs to change. Even if a family member is not a serving member, the families fight with the soldiers. They are part of the reason that soldier is where they are. They deserve to have the benefits to be able to care after the veteran has passed away, whether by suicide or in combat. They deserve to have the supports. They supported their member in fighting for this country, and they need to have the supports. It should definitely be changed.

Cathay Wagantall: Thank you.

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

We'll now ask Mr. Casey to go ahead for six minutes.

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

I'm going to continue on with Ms. Wagantall's line of questions, Ms. Thompson, but let me first say thank you for being with us and for sharing your deeply personal story. I cannot imagine how difficult that must be. Thank you for your service.

I believe I understood you to say in your opening statement that you are presently a serving member. Is that correct?

Ashley Thompson: Yes, sir.

Sean Casey: Okay.

You are receiving some benefits by virtue of being a currently serving member. For the benefit of the committee, can you lay out for us what those benefits are?

● (1000)

The Chair: Mrs. Thompson, you were frozen on our screen. Did you hear the questions from Mr. Casey?

Ashley Thompson: No, Madam Chair, I didn't.

The Chair: I don't want to be disrespectful in any form, but maybe turning off your camera may help us.

Ashley Thompson: Okay.

The Chair: I have to apologize for even requesting that. Wait a second, and I'll ask Mr. Casey to ask his questions and then, as you answer, if you don't mind, I think that will help us with the connectivity this morning.

I sincerely apologize.

Ashley Thompson: Okay.

Sean Casey: Ms. Thompson, the two areas in which I want to focus my questioning are around the benefits you receive by virtue of being a serving member and what you are being denied by virtue of the determination that your husband's tragic death was unrelated to service.

Can we start with the benefits that you are currently receiving by virtue of being a serving member?

Ashley Thompson: I have received upwards of 50 sessions of therapy for myself due to the traumatic event that happened. Any type of relaxation or anything that would help me is covered through the CAF. I was also fortunate to attend Wounded Warriors' program for surviving families. That was a week in Kingston, which the CAF allowed me to go to out of work.

Anything to do with mental health with my career, I'm very open and honest about, because I have been through a traumatic experience where I'm not scared to lose my job. The stigma isn't there for me within the CAF. That's because I experienced my spouse's decline with his mental health with no support and being fearful of what the actions were going to do for his job and his personal life. For me, I watched that happen, so I don't have that stigma. I will speak out that I was struggling, and I continue to struggle.

VAC, for my side, has been there. This was the easy process, My VAC. His Veterans Affairs is completely different. For the forces, they are completely supportive of me, but my children don't get anything.

Sean Casey: Am I to understand correctly that the reason for the complete disengagement by Veterans Affairs Canada is that there has been a determination that your husband's tragic death was not related to service? Is that right?

Ashley Thompson: Yes, sir. DND has ruled that, yes, he was on duty, but his death was not service related.

Sean Casey: Can you tell us a bit about the process that landed at that result? You say there was a board of inquiry.

Ashley Thompson: Yes, automatically there was a board of inquiry and a criminal investigation when he passed. They had four suspects they had to rule out within the criminal investigation. Once the criminal investigation was done, DND did a board of inquiry as it was on DND property that it happened, and he was on active duty. They interviewed people from his first and second years of service, when he was the happy-go-lucky guy at work. He was always smiling and would give you the shirt off his back. That is what they testified to. They never testified in the BOI about his last five years in the forces. Everything was prior to that. All his deployments the last five years before he passed, none of that was in the BOI. [*Technical difficulty—Editor*] We are missing a deployment to Kuwait in 2021, and all of his remedial measures are not in there.

The board of inquiry deemed it non service related, because they said his deployments were uneventful. To be honest with you, I don't know what that means. They just gave me a summary of it. It did not include interviews with whoever they had interviewed. I sat in for five of those interviews, which were all speaking to Michael's personal life, not to his service. Then, at the end, I was handed a brief summary of the BOI, which I have, and Veterans Affairs requested that. It took about six months for the Canadian Armed Forces to release it to VAC. Then I got the decision letter that it was a non-service-related death.

● (1005)

Sean Casey: Wow.

Okay. Thank you. There's so much more I want to ask you, but I do want to pose a question to Captain Le Scelleur.

How much time do I have, Madam Chair?

The Chair: You have less than a minute.

Sean Casey: Captain, thank you for your service, and thank you for your testimony.

Much of your testimony spoke to your professional life and experience, but I've had the opportunity to read your very impressive bio on the Veterans Affairs website. If you're comfortable doing so, could you talk a bit about your experience in terms of your service, your story and your travails with PTSD?

[*Translation*]

Hélène Le Scelleur: I would say that I have had a very good career filled with very interesting opportunities.

Of course, so many traumatic things happened in Afghanistan. The accident I had there left scars I wasn’t aware of at the time. When I returned from Afghanistan, no one understood or acknowledged what I had been through there. My condition was chalked up to me separating from my spouse, and my psychological distress was considered to have nothing to do with anything I had experienced in the past, including sexual misconduct in the Canadian Armed Forces. My experience was very much discounted, even ignored.

I would say I was treated well, because I was referred to professionals. I received services and medication, but the hardest thing I experienced in the Canadian Armed Forces was never properly acknowledged.

Sean Casey: I would like to thank you once again.

The Chair: Thank you very much.

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

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

I would like to continue in that same vein, Ms. Le Scelleur. I heard you mention a number of concepts in your opening remarks, including institutional betrayal and not feeling heard. The only thing I can say is that not only am I shocked, I am also ashamed. I don't want to say any more, because I would like to hear from you. Please tell us what happened.

Hélène Le Scelleur: I would say that institutions become a problem when they forget their primary mission, which is to protect, support and remedy when necessary. They cease to fulfill this role when procedure takes precedence over people, when there is more concern for administrative issues than compassion.

As I said earlier, responsibility is too often placed on the person who is suffering. Where does the institution's responsibility lie in these situations? There are a great many administrative hurdles, as Ms. Thompson mentioned in her testimony. There are threats to cut benefits and a failure to assess the real impact of policies. All of this leads to a breakdown in support, which becomes a moral injury.

What I have observed over the past several years is a lack of accountability and oversight with regard to practices. Programs are funded and partnerships are announced, but there is very little in the way of monitoring, impact assessment or even accountability to determine whether these initiatives are actually improving the lives of veterans. When there is no oversight, transparency or corrective mechanisms, trust is eroded, which relates directly to suicide. How can we hope to prevent suicide if the system itself is contributing to this suffering?

Women veterans, who are still too often overlooked in public policy, are doubly excluded. They face both a male-dominated military institutional culture and a lack of measures tailored to their specific physical, psychological and social health needs. Suicide prevention has to go beyond simply offering clinical services. It also requires institutional remedy: The institution must acknowledge wrongdoing, take accountability for its mistakes, assess the consequences and, above all, implement best practices. I don't think any best practices are in place.

On this topic, I would like to go back to the issue of the two permanent memorials that affect me and several other people. On December 2, 2024, two clear requests were made by Mr. Luc Desilets, a former vice-chair of this committee, to Mr. Steven Harris. First, he asked that the apology our group requested be issued. Second, he asked him to provide this committee with information about the decision-making process that led to this list of erroneous names that appears on these memorials being approved. My question here is simple: As of today, October 9, 2025, what is the status of these two requests?

This kind of mistake is not only embarrassing, it is deeply traumatic. This could all have been avoided had there been simple validation mechanisms in place and respect for those who truly made the ultimate sacrifice. Institutions become a problem when they fail in their role as guardians of collective well-being.

It is often said that if you are not part of the solution, you are part of the problem.

● (1010)

If an institution chooses not to actively engage in remediation, trauma prevention and ethical vigilance, it becomes an aggravating factor in suicide risk. The responsibility for bringing about change should not fall on vulnerable individuals; it must be assumed and championed by organizations that have a moral and societal duty to protect those they serve, including women veterans, which the system still too often overlooks.

Thank you.

Marie-Hélène Gaudreau: I'm very moved.

I have over a minute and a half left.

We're talking about women, and I would like to know more. There is a bill being studied that aims to replace the entire legal process when there are allegations or incidents of sexual assault. Our other witness just explained this to committee members.

What does this entail? Do you have any examples?

Hélène Le Scelleur: If I understand correctly, your question is about sexual misconduct. Is that correct?

Marie-Hélène Gaudreau: Yes.

Hélène Le Scelleur: For veterans, it's a little less visible, I would say, because we are not surrounded as much by people who are still in service.

What I've heard is that it's still not easy. The response has not yet lived up to what was requested. Many women still suffer in silence, which is something that should be raised.

Marie-Hélène Gaudreau: I have 30 seconds left, so later I will ask you whether you feel heard as a woman and as a veteran.

The Chair: Thank you very much.

[*English*]

We will now proceed with our second round.

Mr. Richards, you have five minutes.

Blake Richards: Thank you.

Thank you to both of you for being here.

Ashley, if I may, it was briefly touched on a couple of times—you mentioned it in your opening and I think in response to some questions—that you weren't able to get any help from Veterans Affairs for yourself or your children. Thankfully, you do have what you need through the CAF, but obviously, if someone wasn't in your position, they wouldn't be getting help either. Your children aren't able to get help through Veterans Affairs.

Can you tell me a little bit about your efforts to get help through Veterans Affairs, what that has looked like and what kind of communication you've had from them in terms of why they aren't helping you and your children?

Ashley Thompson: For sure.

I opened up My VAC probably three months after he passed. I was actually told by my DA from the military to do this. I put it through. I was automatically denied. They told me it was not service related. I did tell them that we were doing a BOI and that when it was complete, they could have the BOI. During that, no benefits would be given until there was a decision made.

The BOI was completed in February 2024. That was almost a year and a half after his passing. When I received that, I let them know that the lieutenant-colonel at the time told me that I was not allowed to give it to Veterans Affairs Canada. Veterans Affairs Canada had to request it. I let Veterans Affairs know that. They requested it, and again, it took months to get it from the CAF. During that time, I had communication with them on what benefits I could receive without a decision. They told me I could receive none.

The way they communicated to me was through My VAC, my personal VAC and not my spouse's. During that time, I'm still communicated to as a serving member. When his VAC talks to me, I am a serving member. They don't look at me as a spouse. I am approached by my rank and my last name. During this, I asked them to stop addressing me like that. At this time I am a spouse, and this has nothing to do with my own personal Veterans Affairs.

The unfavourable decision came out, and since then I have reached out to the board of appeals to have a court session, I guess. I'm not too sure how that's going to go. This has recently come up. To be honest with you, I just received an email this morning, which said that it is going to the court of appeals. Right now I have it so that the—

● (1015)

Blake Richards: Can I interrupt you for a second? I'm trying to understand something.

If I'm doing my math correctly, it's been about three years since your husband passed away. Is that correct?

Ashley Thompson: You are correct. We're just past it.

Blake Richards: You started this process three months after he passed. It's been almost three years of dealing with waiting for this, waiting for that, waiting for forms to go, being told no and then waiting for more forms.

Ashley Thompson: Yes.

Blake Richards: Now you're looking at doing an appeal. How long ago was that appeal filed? How long have you waited for that?

I'm just going to say it. Three years is absolutely ridiculous.

Ashley Thompson: Yes. You are not wrong.

Blake Richards: I'm trying to figure out how that could happen.

Ashley Thompson: It was honestly—

Blake Richards: You are in the appeal process now. How long have you been in that? Is there any hope? I guess that's the question.

Ashley Thompson: I've been waiting for my appeal for two months. I do not have a date for when I will appear.

I honestly hope that this time around, they get to hear the full story of what happened and have the full documentation and paperwork to assess his service, and they don't just go off what the military BOI deemed appropriate at the time.

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

[*Translation*]

Mr. Clark, you now have the floor for five minutes.

[*English*]

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

[*Translation*]

Ms. Le Scelleur, thank you for being here today.

[*English*]

I have a few questions about your work related to chronic pain, which Mr. Casey asked you about in an earlier round. Obviously, you have a tremendous amount of personal experience through your service, which we thank you for.

I'm curious. How does that play into your work now that you're dealing with the chronic pain centre? How much of an issue is chronic pain as it relates to the topic of suicide prevention, which is the nature of the study we're undertaking right now?

[*Translation*]

Hélène Le Scelleur: Many statistics were presented at the meeting on October 2. I didn’t want to revisit those statistics, but it’s well known that the suicide rate among women is on the rise, as the most recent statistics show.

As I said, it’s hard to pinpoint the causes because there are so many, which is why we should instead start by pulling together all these causes to look at these realities with a comprehensive lens and determine how to address them.

I am vice-chair of the Advisory Council for Veterans at the Chronic Pain Centre of Excellence for Canadian Veterans. Our role, as veterans who sit on this committee, is to provide information, opinions and advice regarding the research priorities process. We’re involved in the process from start to finish to identify issues not being addressed. Chronic pain has only recently been recognized as being more common in women than in men. This information only came to light less than 5 or 10 years ago.

Our role, as people who have lived through such experiences, is crucial in guiding the organization so that it can fund research projects that will have a real impact on veterans’ daily lives.

● (1020)

[*English*]

Braedon Clark: Thank you for that.

Chronic pain might be one of those issues that are, as you alluded to, under-reported and underappreciated as a barrier for veterans—and for serving members, I'm sure. In your experience, how does the issue of chronic pain contribute to any difficulties that veterans may have in the transition to civilian life, which we know is always a challenge for veterans?

How does adding on another layer of chronic pain, which can often be a lifetime issue, make that transition more difficult? How does your work try to smooth that out and make it easier for veterans to deal with?

[*Translation*]

Hélène Le Scelleur: Military culture, the way soldiers think, which is to always overcome obstacles, leads people to tolerate pain and push themselves beyond their limits.

Furthermore, I've noticed a trend: Chronic pain is rarely or very rarely diagnosed during military service. Pain during service is talked about. Chronic pain will occur during service but will often only be diagnosed once the person has left active duty.

It's something we see a lot. That's why the data the Canadian Armed Forces provided doesn't really show how common chronic pain actually is. There are figures, but they are low in relation to the veteran population because, as I just mentioned, chronic pain is often only diagnosed after completion of active duty.

That was true in my case, and it was the first time I had been diagnosed with this condition. However, because of the injury I sustained in Afghanistan when my vehicle was blown up, I developed chronic pain from that moment on because my sacrum was fractured and my entire spine was impacted. However, in all the years between 2007 and when I was discharged in 2016, I was only prescribed physical therapy to relieve my pain, without really going further and stating that it was chronic pain caused by an accident. That only happened later on.

[*English*]

Braedon Clark: Thank you for that.

We have heard from previous witnesses in other meetings about the stoic culture within the armed forces and about that sometimes being a bit of a double-edged sword. There are obviously wonderful things about that, but on the other hand, as you mentioned, sometimes it can lead to people thinking, "We're just going to soldier on"—no pun intended—which can sometimes exacerbate itself over time. They may get to a position that is more difficult than it otherwise could or should probably be.

How much...?

Oh, I'm out of time. Thank you, Madam Chair.

[*Translation*]

The Chair: I'm so sorry, Captain Le Scelleur, but Mr. Clark's time is up.

Next is Ms. Gaudreau for two and a half minutes.

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

Ms. Le Scelleur, I just want to come back to what you said in the previous round of questions, when you mentioned a request. What are you expecting in terms of a response? You want to know the status of the December 2, 2024 request. So, you want an answer, right?

Hélène Le Scelleur: Yes, definitely.

Marie-Hélène Gaudreau: Perfect.

Therefore, Madam Chair, we must commit to getting an answer. What about the issue of a public apology and an explanation of what led to this situation?

Captain Le Scelleur, you sit on Veterans Affairs Canada's Women Veterans Council. With everything we're hearing, I would like to know if the members of this council feel heard and respected. How is it going?

Hélène Le Scelleur: I was honoured to have been invited to sit on this council, which was supposed to advise the minister directly. So, at first glance, I would say yes, we are respected and taken seriously by the staff who support us administratively, but beyond that, it's a different story. At the government management level, we are neither respected nor adequately equipped, nor are we considered to be on par with what a ministerial advisory council should be.

For over a year, we have been fighting just to be able to fulfill our mandate. To date, we still have no allocated budget, no resources assigned to us and no access to the minister we are supposed to advise. Furthermore, we have no real voice to exert the influence for which the council was created. The mandate to advise the minister on issues affecting women veterans is still not accompanied by any means to do so. In fact, we exist only symbolically, unfortunately. The council seems like this great thing, with nice photos in publications.

So, when we talk about suicide prevention, we need to understand that isolation, feelings of worthlessness—much like what we are currently experiencing—and lack of recognition are major risk factors. Some council members have admitted experiencing mental health episodes, as their mental health is deteriorating.

The council's role should be to provide this vital link between women veterans and the system, but with no resources or decision-making power, we can't do anything. Our hands are tied. So it's very difficult for us to say that we have any value at this time. In my opinion, despite the title of the Standing Committee on Veterans Affairs' report, "Invisible no more," we remain deeply invisible to this day.

● (1025)

Marie-Hélène Gaudreau: Thank you very much.

Thank you, Madam Chair.

The Chair: Thank you very much.

That concludes the second round.

I would like to thank the witnesses once again for their service. I would also like to thank them for their candour and testimony this morning.

[*English*]

Mrs. Thompson, as a serving member, thank you for your service. I know this was difficult, but thank you for that courage.

[*Translation*]

Captain Le Scelleur, thank you as well for being with us this morning.

On this, our next meeting will be on Tuesday, October 21. We will have a briefing by the Minister of Veterans Affairs and the department.

I wish everyone a happy Thanksgiving weekend.

[*English*]

I know that some of you will be sharing some family time, but as we are hearing, for some of the people who are in front of us, there's still a lot of grief and sadness in our veterans community.

To all the veterans watching, on behalf of all of us, I want to say that we are here for you, and certainly we'll see you soon.

Thank you.