



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

45th PARLIAMENT, 1st SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 009

Tuesday, October 28, 2025

Chair: Marie-France Lalonde



Standing Committee on Veterans Affairs

Tuesday, October 28, 2025

• (1540)

[*Translation*]

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

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

The committee is meeting for its study on suicide prevention among veterans.

[*English*]

Before we welcome our witnesses, for people who are viewing, I would like to provide a warning. We will be discussing experiences related to suicide and grief. This may be triggering to viewers with similar experiences.

If you feel distressed or need help, please advise our clerk. For all witnesses and members of Parliament, it is important to recognize that these are difficult discussions. Also, for our witnesses, if you do not feel comfortable at any point, please let us know. We can pause our meeting for you.

I would like to make a few comments for the benefit of the witnesses and the members, particularly those who are attending virtually.

Please wait until I recognize you by name before speaking. For those on Zoom, click on the microphone icon to activate your mic, and please mute your microphone when you are not speaking.

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

[*Translation*]

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

I would now like to welcome the witnesses.

In person, we have retired corporal Christine Gauthier, whom I welcome and thank for her military service.

[*English*]

Also here today is Kelsie Sheren, mental resilience expert. Welcome.

[*Translation*]

You will each have five minutes for your presentation, after which we will have a period of questions for you by the members of the committee.

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

Christine Gauthier (Corporal (Retired), As an Individual): Thank you, Madam Chair.

I would like to begin by saying that this is my second appearance before your committee. I came here in December 2022. So I would save time if I didn't have to appear again. I don't know if you want me to go over all my service records, but I served for 10 years, from 1988 to 1998. Since then, I have been totally and permanently incapacitated, according to what has been stated. That said, I would really like to take the time I have today to talk about what is happening in the present. I don't want to be someone who keeps going back to the past. I want to move forward, and I'd like to be given the opportunity to do so.

The last time I testified before this committee, I brought two suitcases like this one. This time, I brought just one, but it's not because the situation has improved. It's because I only brought the files from the past three years that have not been resolved yet.

Those who know my story know that it took five years after I received approval to have a platform lift installed in my home for that to be done, and it's not over yet. Veterans Affairs Canada, or VAC, has not yet reimbursed me for the amounts I paid the contractor in full. The file I have here with me covers only the last year of the lift saga.

VAC's processing times are extremely long. I have to keep going back to VAC and all the subcontractors they hire, such as Blue Cross and Lifemark. I can't even tell you how much of a burden that is. This task is difficult both for us, who have to take it on, and for all those involved. There are people involved who are making an effort to help us, but their hands are tied.

Last week, we had a multidisciplinary meeting with seven people from the health care community. I am appearing before you today knowing that, next week, I will have to decide whether I want to be treated with ketamine or electroshock therapy. I'm told that I have too much resistance and that I should be put in an electric chair. That's the conversation I had last week. I will have to respond next week, otherwise my file will be closed at the psychiatry department at Ste. Anne's Hospital.

I came here and asked for help from the outset. We're not getting the help. Every time you think you're going to help us or you tell us you're going to help us, you end up throwing another shovelful of dirt over us, burying us even deeper.

I would now like to talk about access to information.

• (1545)

[English]

Mr. Richards asked me when we came last time to ask at the archives to get my file. I have not yet received anything from them. I did it with Joël at the time. That's where it stands.

I have looked at everybody here around the table. Nobody from the last time is still here. None of this is happening.

I wrote a letter to the former minister, Ginette Petitpas Taylor, when she came into office. I never got an answer, and I understand I will not, since she is not representing the ministry anymore.

I'm sorry. I have to read from French and English and then translate.

I have here the file of all of my disabilities, which I mentioned the last time, too, that have not yet been treated, since 1998. They keep sending some of them back, saying that they don't have the correct medical term, but I'm not the one who gives the medical terms. It has all been taken back. I brought just the ones from last year.

Again, I'm here. I'm just going to make a plea to you from the heart, because I don't know what to say anymore that I haven't already said. I just want to live. I just want to be able to do my daily life activities, which I can no longer do. This wait of five years for the elevator caused so many injuries that I'm waiting now for six surgeries in both arms—the two elbows, shoulders and wrists.

Last year...after a year of waiting on this, I was told just last week that they see the risks and the benefits might not be too good from the surgeries because I'm getting older—and all of you as well—by the minute, and even more so with all of this stuff to handle.

I found a ball at the dollar store to help me relieve some of the pressure from lying on the elbow. When I say that I'm trying my damndest to find the minimal equipment and support needed to get through things....

I am inviting you all to come and see first hand what the beauty in all of this is. You can visualize all of it, if you want to give yourself the chance to do so.

I'd like to take the time to answer any questions. You have my contact.... Any time you want to meet me, I will be there. This matter does not affect just me. My spouse is with me. We have been together for 30 years. He's a veteran as well, going through the exact same thing.

I'm sorry. I didn't want to be emotional, but I'm exasperated, tired and about to blow up. I don't know what else to tell you.

I would like to answer any questions that you may have.

• (1550)

[Translation]

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

At this point, here's what we're going to do.

[English]

We will go to Mrs. Sheren for five minutes, and then we'll start the rounds of questions, if that's okay with you.

[Translation]

Thank you very much.

[English]

Mrs. Sheren, you have five minutes please.

Kelsie Sheren (Mental Resilience Expert, As an Individual): Hi, MPs.

I don't know if you know who I am, but hopefully by the end of this you won't forget. I know it's easy to forget who we are, so let's see if this one sticks.

I served my country at the age of 18. I went to war on behalf of you, a war that I now know, and so many of us know, was built on lies. I buried friends under the same flag hanging in this room, and I've watched the same flag burned outside these walls while you all stand silent, calling it freedom when we all know it's terrorism.

Here's the truth: Canada doesn't count veteran suicides. You never have. If you don't count us, then you don't have to admit that you failed us. Every single day since Afghanistan, another Canadian veteran dies by suicide—sometimes two, sometimes more, but you wouldn't know that—and the Government of Canada still refuses to track it, publish it or face it. You hide behind one outdated study from 2016, and that is not enough. It's cowardice.

We came home to neglect, bureaucracy and betrayal, and when veterans reach out for help, this government sends investigators, not healers. We're followed, watched, drugged and not treated, and when that doesn't work, our system offers us death.

I helped break the story on my show when Veterans Affairs began offering MAID to this lovely lady right here. You said that it stopped. Here's a fun fact: It hasn't. You're still offering MAID, still issuing now NDAs and payouts to shut us up. I know this to be a fact because everyone comes to me privately. Over 20 veterans have confirmed they've been offered MAID. I have the proof, and I have proof of more. Offering death to the people you sent to war is moral rot, and this government is full of it. It's betrayal of the highest order.

Offering MAID to people with PTSD is absolutely insane. Research shows that 46% of those with PTSD have suicidal thoughts alone, and 19% attempt suicide without even being offered.... It's much easier if you just dangle a carrot, now, isn't it?

See, you don't really need to offer them a needle, a paralytic or a drug that fills your lungs as you drown to death in your own fluid. You can just, you know, offer them help. Instead, you threaten our benefits if we speak out. I know this because you send PIs to follow me around, and you threaten me in emails. Your own MP and your own Prime Minister have done it. I know this because I also have it in writing.

Your silence with us is just bureaucracy and fear. Your Minister of Veterans Affairs.... Oof. She's a figurehead with zero credibility who blocks veterans online for telling the truth. I also know this because she called for a photo op with me. When I said no, she began blocking my posts on social media for my calling her out for her hypocritical continued behaviour. Weak leaders like Jill McKnight breed case managers who think they can get away with anything, including offering death to us. One of the reasons I say this so confidently is that I just did a press conference this morning on MAID and the expansion that you guys are all wanting to roll out.

At the same time—which is really fun—Senator Pamela Wallin of Saskatchewan is facilitating a backdoor, closed meeting of MPs and senators with Canada's government-funded pro-death cult, Dying With Dignity, tonight—and you can all join—lobbying our government to continue to expand death as a solution for the disabled, the homeless, the mentally ill and our veterans. The senator who says that she cares about veterans' lives built a political platform off of us, and today she is lobbying in another room to kill us.

You don't fix a broken system by euthanizing people. While you fund death and continue to expand in 2027, you deny life-saving treatments. There's, I don't know, psychedelic-assisted therapy—let's take that—for which there's a proven peer-reviewed study and treatment to treat PTSD and depression. Other nations across the globe not only study it but also successfully use it, and Canada continues to bury it in red tape. I know this because I am the only person in Canadian history to legally receive medical psilocybin outside of a clinical trial. Before I was approved, Health Canada offered me electroshock therapy—and I am so sorry they offered that to you; don't you dare.

There are other solutions, people, so think about that. This government would rather electrocute the brain of somebody who has a traumatic brain injury into absolutely nothing instead of offering me a plant.

One of the reasons I'm alive, and the only reason I'm alive, is that Apex Labs fought through the extensively difficult special access program. It's not because of this government; it actually did everything it could to stop me. Every treatment that has helped me has come from outside of Canada, except for Dr. Greg Passey in Vancouver, and was paid for by Americans like the Heroic Hearts Project, Defenders of Freedom and private donors, not this government.

While you hand out opioids in vending machines acting like you're helping, we're begging for actual solutions that you refuse to provide.

• (1555)

This is what betrayal looks like. You spend \$32 billion a year on indigenous and veteran programs, yet the money never reaches the people who need it. It dies in committees like this: paperwork and photo ops. Meanwhile, half a billion dollars goes to foreign wars while the soldiers who fought this one can't get basic care.

Let's be radically honest here, shall we? This room—this hearing—is theatre, and every single one of you know it, because somewhere in this country—this country that used to look and act, smell, talk and walk like Canada—a veteran won't make it to morning. A family will lose their loved one; a child will grow up without a parent, and the void they will leave will never, ever be filled.

It won't be because they were weak and not because they didn't try every single minute of their life just to keep breathing. It will be because this country that sent them to war and keeps sending kids to war built on lies refuses to bring them all the way home, and it will be your fault. The blood will be on your hands, not mine this time. I will tell anybody who asks if they want to join, "Don't: They will leave you to die and step over your body to hand an immigrant your benefits, the ones you fought your whole career for."

Veterans aren't asking for pity. We're demanding accountability. Count every death. Publish the data. Stop offering MAID as a policy. Have we lost our damn minds? Fund the treatments that work. Train actual case managers who speak English and know what we are going through. Stop selling our care to insurance companies like Manulife, because you did that too.

You call us heroes when it's convenient, and you call us terrorists when we speak up. That's not leadership. It's shame. We were trained to fight for this country and now we're forced to fight against it just to stay alive after serving it.

Yes, I live with PTSD, a traumatic brain injury, a major depressive disorder, hearing loss and treatment-resistant depression, but I'm still here, and I will spend the rest of my life exposing this government's failures until no veteran or person in this country sees MAID as a way out—ever. If you ignore us after today, every suicide that follows will belong to you, because what you refuse to confront, you choose to allow.

Fund the real solutions. Stop choosing drugs and death over healing and humanity.

We have a saying in the military: We never leave anyone ever behind. It's time this government starts living by that.

Thank you.

The Chair: Thank you very much, both of you.

[*Translation*]

Again, I want to thank you on the committee's behalf for your service to Canada.

[*English*]

We will be starting in a minute because our third guest was able to join. I will suspend for a few minutes so we can do the check with the volume and everything.

If you'll excuse us, we'll suspend for a few minutes.

• (1555) _____ (Pause) _____

• (1600)

[*Translation*]

The Chair: I call the meeting back to order.

[*English*]

We have Mr. Shaun Fynes, retired chief security officer for the Government of British Columbia, by video conference.

Mr. Fynes, Thank you very much for joining us. You have five minutes. If you could start, then we'll proceed with the questions.

Shaun Fynes (Retired Chief Security Officer for the Government of British Columbia, As an Individual): Thank you very much, and my profound apologies: The computer gremlins were smarter than I was today.

I would like to offer my sincere thanks, Madam Chair and members, for the work of your committee and for the invitation to appear today as a witness. My testimony arises from the suicide death of our son, Corporal Stuart Langridge, and of his struggles with inadequate medical care related to post-traumatic stress disorder.

When I met my late wife, Sheila, Stuart was six and, as he grew, we developed a true father-son bond. His biological father is deceased. At about 10, Stuart visited a military display at the Pacific National Exhibition. He came home with a Polaroid taken inside an armoured vehicle, and he was wearing a helmet and a huge grin. From that moment on, he knew he wanted to be a soldier. He joined army cadets at 12 and then at 17 became a reservist with the British Columbia Regiment. On three occasions he volunteered and stood with his rifle as part of the honour guard for Remembrance Day.

At 20, Stuart transitioned into the regular force and was posted to Edmonton with the Lord Strathcona's Horse. He fought wildfires. He deployed to Bosnia and Afghanistan. He was featured in an episode of the military documentary series *Truth, Duty, Valour*. He earned a position as a gunner with one of four tank crews sent to compete against American troops.

In Afghanistan, he served as a recon soldier and spent most of his time outside the wire, in the mountains, doing over-watch for the troops. He earned a commander's coin, and was described as having provided solid service. A model soldier, his last performance appraisal recommended promotion ahead of his peers.

Under medical care and on a supposed suicide watch, he hanged himself in a barrack room at CFB Edmonton. Stuart's death was indescribably crushing, especially as a seemingly preventable loss. We had braced for bad news during deployments, but thought he was safely home. I delivered his eulogy on his 29th birthday.

A year before, Stuart was training for promotion when he admitted in a survey that he suffered with chest pains. That triggered his immediate return to Edmonton, and he began treatment by the base medical unit. Stuart was prescribed cocktails of medication, but his condition only worsened. He attempted suicide five times. Suffering night terrors and sweats, he began to self-medicate with alcohol and marijuana. It is a remarkable twist of irony that marijuana is now a recognized treatment. Finally, in desperation, Stuart self-admitted to a psychiatric hospital. It was a relief when he took himself to professional help, but we understand now that, by so doing, he bypassed base medical, usurping their role.

As his 30-day commitment came to an end, Stuart asked to go directly from there into a treatment program, but was instead ordered back to base. A counsellor phoned Sheila and assured her that Stuart was under a watch 24-7, and was being kept safe. He was required to live in the defaulters room, leave the door open and report every two hours. It was an ad hoc version of defaulters discipline, and it shamed and humiliated him. Surprisingly, it is documented that those restrictions were in order for Stuart to "earn" further treatment.

When Stuart died, the decision had already been made that he would not be granted that treatment program. We believe that Stuart learned of this, and it precipitated his death the next day. His note to his family contained an apology that he couldn't take the pain any more. Access to medical treatment should not have needed to be earned. It was the right of any soldier.

A board of inquiry conducted at the base opined that Stuart could not have acquired PTSD patrolling in Afghanistan. The psychologist who had administered Stuart's testing wasn't called as a witness. He had tentatively diagnosed PTSD and recommended a meds review. The doctor's contract then ended, and I could not find any indication in Stuart's medical records that the follow-up was ever done. Testing was also conducted at the psychiatric hospital, and it too had pointed to PTSD. Stuart's care set a very low bar against which to measure efficacy of treatment. Our measure is that our son is dead.

At the time, the Canadian Armed Forces publicly denied that suicide was a problem. The culture was typified by the admonition of, "Suck it up, Buttercup", and victims of PTSD were referred to as "malingerers", "fakers" and "losers".

- (1605)

After we went public with our concerns, Stuart was posthumously awarded the Sacrifice Medal, and his death was attributed to his service to Canada.

In the years that followed, Sheila and I were held close by the veteran community. On its recommendation, Sheila received the Queen Elizabeth II's Diamond Jubilee Medal, and we were both inducted into the Order of St. George.

PTSD is a very real injury, as evidenced now through brain scan technology. Informal discipline was no substitute for actual medical care. It is a comfort that since Stuart died, a complete paradigm shift has taken place in the recognition and treatment of PTSD. Our veterans, through the power of their peer network and by your work, have moved the needle. Every veteran has served, but of some we asked too much.

Stigma around PTSD was an impediment to treatment for many. It often precluded or delayed seeking help. The sheer number of victims, however, has brought the problem to the fore and marshalled resources and expertise. One form of stigma remains unaddressed. We differentiate fallen soldiers by physical versus mental injury. If they died overseas, even by suicide, they are honoured as fallen soldiers. In contrast, if they brought the war home and died later by suicide, they are discarded. Their names are not to be found on any granite memorials.

When Sheila was first asked to lay the Silver Cross Mothers wreath in Victoria, a public affairs officer told a journalist she didn't deserve that honour, and they maligned our family. The journalist also reported being admonished that if he didn't stop writing about Langridge, he would never have another interview with the chief of the defence staff. It was a surprise to learn that, because we had spoken out, the army was actively conducting a backroom smear campaign.

Since Afghanistan, much has been done regarding operational stress injury, but I believe we should take the next step. All our fallen wore the same uniform and took the same risks. They should be remembered with honour. By osmosis, that two-tier system stigmatizes PTSD victims who die back home in Canada.

I realize this concern is out of scope for the committee, but I hope you will shine light on the disparity and open and lead discussion on that topic.

The morning after the phone notification that Stuart was dead, I held Sheila as she cried. I told her, "Some good has to come from this, otherwise Stuart died for nothing." I sincerely hope our speaking out has helped other victims who followed.

I recently read a fact sheet from the Australian defence force on the topic of veteran suicide. The numbers there are also disturbing. To paraphrase, every statistic represents a life once lived in service to this nation. They deserve more than remembrance. They deserve a system that works.

Thank you very sincerely for your support of our veterans.

- (1610)

The Chair: Mr. Fynes, on my behalf, but also all members of Parliament here and all Canadians, my profound condolences on your loss. Thank you for your service, sir, to Canada.

We will begin a round of questions. Each member of this committee will have six minutes.

I would like to invite Mr. Richards for six minutes, please.

Blake Richards (Airdrie—Cochrane, CPC): Thank you to all three of you.

All three of you told us some things today that probably make everyone here feel uncomfortable. I don't have to go back over them. It's for that very reason we have to pay more attention than ever. The kinds of things we're hearing here today are completely unacceptable, and we have to do something about it.

There's a lot to cover in a short period of time. I don't even know where to start. What I would like to do is start with you, if I may call you Kelsie.

Kelsie, you made some allegations that would be pretty shocking to most people in this room. They weren't so much to me, because I have heard from and of veterans who also have been offered MAID in the last couple of years, not to the extent that you have, clearly. You said you've personally spoken to or know of 20 veterans who have been offered medical assistance in dying by Veterans Affairs.

Did I hear that right?

Kelsie Sheren: We have 20 with written proof. We have more who have come forward with audio recordings. We have case managers from Veterans Affairs who are admitting it to me. We also have other individuals who are too afraid to come forward because Veterans Affairs has threatened their benefits. I know this because they've done it to me, so I believe them.

We also have other individuals who have been offered NDAs and payouts if they were to take it.

Blake Richards: I've heard some of these same things. It's often the case that people are afraid to speak up because they rely on Veterans Affairs. Even when they can't get all the help they need, there may be some thing they're receiving and they're afraid of the loss of that. I understand that, and that's a problem as well, obviously.

Is there anything you can provide this committee with to substantiate some of these things? Obviously, I believe you, but is there something we can do to substantiate them? Is there something you could provide to this committee that would be helpful for us to be able to take action, or is it something where people are afraid to have it be public?

Kelsie Sheren: People are not just afraid for it to be public. They're afraid for their families and for their careers. For those that are in the pro-death cult where they come out and speak, they don't want to be killed by MAID. They believe they should have access to proper health care, which every Canadian deserves the right to. They said they would speak out only if they went to America, and then they would speak with me if I went to America and interviewed them privately.

Blake Richards: I understand. It's in line with some of the things we've heard from Mr. Fynes as well, where his family was targeted. That's what happens, unfortunately.

Before I move to another related topic, Christine, you had the courage to come out and share the experience you had with being offered, by a couple of different individuals at Veterans Affairs, medical assistance in dying when you were actually seeking help with living. I'm sure you're known publicly by other veterans because of that. Have you heard from other veterans about them being offered MAID?

Would you agree with what Kelsie is telling us, which is that there are many more out there?

Christine Gauthier: Unfortunately, with my condition, I haven't been out of my house in five years, to be frank. I'm not a person who likes computers, so I'm not on social.... It takes me four hours to get out of bed. By the time I've done that, trying to go and just wash myself, get to the food and prepare....

Blake Richards: I understand

I would encourage anyone who hasn't heard your story to go back and review your previous testimony about what you went through and what you're continuing to go through with Veterans Affairs. That's what I wanted to touch on—

Christine Gauthier: I'm sorry. I'm going to cut you off for a second.

I can be living proof in front of you that, because I have spoken up.... Don't tell me that I'm not targeted. How can you explain that?

It's been five years since I asked for a wheelchair. I might be getting it next week. My spouse.... It's sad that I'm going to say this here today and hopefully—maybe we'll have proof of it again. He has the chair I was supposed to get five years ago. He got it in three months. How would you even explain that? He's not full time in the chair. He needs it for long distances, but he got it in three months. How is it possible?

Do not claim that we're not targeted and we're not pushed to silence, because I have all the paperwork, if you want to take the time to go through it.

• (1615)

Blake Richards: It's understood. It's sad to hear.

It comes to the topic I want to address. There isn't a lot of time, but I want to give each of you and Mr. Fynes as well, the opportunity, if we can.

We've heard from many witnesses in this study about sanctuary trauma. Christine, you'd probably be as familiar as anyone with that.

Tell us a little bit about the very fact of having to fight with the people who are supposed to be there to help you. What does that do to a veteran and their family?

[Translation]

The Chair: Ms. Gauthier, you have 15 seconds left for an answer.

Christine Gauthier: I'm sorry, but I didn't understand the question about trauma.

[English]

Blake Richards: What does it do to a veteran and their family when they have to fight with the very organization that's supposed to be there to help them?

Christine Gauthier: The sad thing is, Mr. Richards, we have the first-hand person. People are there and they do try to provide the care.

Both my spouse and I are veterans. We've been holding on to each other and dragging each other down non-stop through all of this. All of these people are all super exhausted with having to redo all of the work non-stop. We're isolated. I couldn't press more.

[Translation]

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

That concludes this round.

[English]

Blake Richards: I would like to have given the other two an opportunity to respond as well. Maybe they'll have another chance.

The Chair: Yes. Perhaps they can do so in the next round of questions.

Thank you very much, Mr. Richards.

I will now pass the floor to Mr. Casey for six minutes.

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

Thank you, witnesses, for your testimony and for your service.

The purpose of this study is to examine suicide among veterans and to try to collect evidence in order to make recommendations to prevent further instances of suicide among veterans. A fair bit of the testimony we heard, or some of the testimony, related to medical assistance in dying. That's not directly an aspect of this study, but some of the things that were said in the opening statements are indeed extremely serious and extremely troubling, so I'd like to address that first. I hope I will be able to spend most of my six minutes on the actual subject matter of the study.

What we know, what has been proven and what has been substantiated is that there was one employee at Veterans Affairs who acted inappropriately in dealing with clients and clients' files and dealing with veterans and veterans' files with respect to medical assistance in dying. At the time that came to light, Minister MacAulay was before this committee. He profoundly apologized. He pleaded that if anyone else had any information about any case, they should please bring it forward and it would be fully investigated.

I'm here today to repeat that plea. I can assure you that counselling medical assistance in dying is not within the mandate of Veterans Affairs. It is not within the mandate of case managers. It is not within the mandate of any of the teams involved. If there is substantiation for the things that have been said today, we owe it to veterans, we owe it to the employees of Veterans Affairs and we owe it to the veterans community to bring that forward, to have it investigated and to have it dealt with. It is my plea that on the information that has been referenced here today, we want to investigate it. We want to attempt to substantiate it, if it can be substantiated. Please—please—bring that forward so that this can be done.

Veterans Affairs policies were updated and those changes took effect on August 23, 2022, directly as a result of the one employee I referred to. The veterans service team, case managers, veterans service agents and veterans service team managers do not have the mandate to discuss, provide advice or suggest to veterans anything related to medical assistance in dying. The service is not within the Veterans Affairs Canada scope of work. When a veteran is seeking advice or help with medical assistance in dying, or brings it up in conversation, Veterans Affairs Canada employees are to refer them back to their treating physician or care practitioner, as this is not within Veterans Affairs Canada's mandated scope of work.

We, and I think all Canadians, realize that medical assistance in dying is something that is deeply personal. It is something that is deeply personal to everyone who is considering that option and their loved ones, and ultimately with their physician—

• (1620)

Kelsie Sheren: I'm sorry. Is there a question?

Sean Casey: I have been afforded six minutes. I can use the six minutes as I wish.

That is something I wanted to have clearly on the record.

Blake Richards: Madam Chair, on a point of order, although Mr. Casey is correct, I certainly hope he will give the witnesses an opportunity to respond, because they clearly want to.

The Chair: Mr. Richards, I'm chairing this committee. You have your own chance to ask questions. I would ask you to please let Mr. Casey use his six minutes, just the way you sometimes use your six minutes and no one has interrupted you.

Thank you very much, Mr. Richards.

Mr. Casey, I would invite you to continue. You have a minute and 20 seconds left.

Sean Casey: I find it somewhat ironic, after the exchange at the last meeting, that Mr. Richards would think it appropriate for any member of the committee to advise any other member as to how they should use their time.

You have done it every time the minister has been on the stand, Mr. Richards, and we both know that.

Kelsie Sheren: I'm just wondering why the veterans who are involved in this study aren't being given time to address the statements—

The Chair: Mr. Casey, you have a minute left.

Sean Casey: Thank you.

Mr. Fynes, I'd like to start with you.

First of all, please accept my profound condolences on the loss of your son, and thank you for sharing this. You can feel the pain.

You indicated, I think, at the outset that your son committed suicide after a decision was made with respect to access to medical treatment, and then you indicated that it was a problem that access to medical treatment had to be earned.

Can you explain exactly what you were referring to there?

Shaun Fynes: I'm very happy to. Thank you for your condolences.

They designated me to have access to all of his personal information, so I gained access to his military and medical records and to interviews conducted by the military police with his chain of command.

It said in interviews that the decision had already been made that he would not be granted that further treatment at a program in Ontario. It was also mentioned, although it was not directly connected, that the cost would have been \$50,000.

I think it was the RSM—I'm going back to about 17 years ago. In an interview, he and the adjutant were told that Stuart was on these restrictions in order to show what he was capable of and to earn further treatment. It was unequivocal.

• (1625)

The Chair: Mr. Fynes, thank you very much.

I am sorry I have to interrupt you.

[*Translation*]

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

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

One person here can try to be a bit hopeful.

I'll go back to what was said at the outset. Everything is transitory when it comes to elected officials, as everything starts over after a general election. I'm new to the committee, but I still ensure the continuity of what was put in place by the member of my party who preceded me on this committee, Luc Desilets.

That said, I think it's important to remember one thing. When we're elected, we want to do a good job. We want to make our mark, but, above all, we want to get re-elected. So we have choices to make and actions to take. However, depending on where we are, it is obvious that parliamentary sparring very often takes precedence over an elected official's values. That's a reality. It is said that our democracy has its weaknesses. In that respect, you are victims of democracy's weakness, of the fact that the person that was elected is not front and centre. Why? Sometimes I wonder.

In life, when a person cherishes someone, be it their friends or children, they value them. However, valuing someone means providing them with care, supporting them, but also understanding them. The best things I've ever done in my life happened when I dared to observe things first-hand and go and see what was really going on. No, I won't go into the field per se, but curiosity is needed. We also have to want to try to understand everyone's reality.

With all that comes the need to make certain requests, to provide certain things and to face reality. We have to accept reality, even when we see such incredible flaws. I have spoken with veterans in my riding, and they've told me that there were potentially 22 suicides a day. I found that astounding. Those may be the numbers from 10 years ago.

Do you have current statistics on the number of suicides per day?
[English]

Kelsie Sheren: According to the American studies—because this is something I focus my entire existence on—it's 44 per day. We did a TED talk on it. TED banned it.

Canada doesn't count them. Neither does the U.K. or Australia. The only numbers we have to go on are the American numbers because they care enough to count their suicides. It's a minimum of 22 and up to 44 per day.

[Translation]

Marie-Hélène Gaudreau: It's unbelievable.

Right now, we're stuck in a system. The federal budget will be tabled soon, on November 4, and we're interested in knowing what's going to happen. The government wants to increase funding for national defence, but the majority of people are suffering.

In your case, you were encouraged to serve in the forces with the promise that not only would you receive gratitude, but also lifelong support. However, that is not what is happening. What happens when your military service is over? There are stories like the ones you're describing. You become victims because at some point it was decided that, once their military service was completed, these people would be brought back into their own system.

I will never be in power, as my interests are focused on the people of Quebec, even though they serve all Canadians, of course.

That said, one thing frustrates me a great deal. I realize that a lot of energy is being put into gaining people's sympathy when it comes to services that do not even come under the federal government's jurisdiction, such as medication and health care. However, when people get to the point where they need those things, there's a gap in the continuity of services, whereas, technically, that absolutely shouldn't be the case. A five-year processing time doesn't make any sense. It is not right that we have to go on *Lagacé le matin*, the radio program on 98.5 in Montreal, to explain where things stand so that, all of a sudden, things get moving.

Therefore, I am speaking from the heart. Please know that we are all decent people, but that we are stuck in a system and that we are unfortunately victims of powerlessness.

I'll close on that, but I'll come back to it later, as I want to hear your comments on what I've just said.

The situation is embarrassing.

• (1630)

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

We will now move on to the five-minute round of questions.

[English]

Mr. Tolmie, you have five minutes, please.

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

I'm going to give our witnesses an opportunity to respond to Mr. Casey's comments made earlier on, because I disagree with them.

I want to make a comment about my colleague from the Bloc. She says that you're victims of democracy. I disagree. I think you're victims of a lack of respect for those who are willing to sacrifice for democracy.

I have four questions. I'm going to ask them, and you can then have your time to answer them.

First of all, do you think it's appropriate to be offered MAID?

Kelsie Sheren: I think it's one of the most disgusting, despicable things that anybody could offer any human being who's going through anything in their life at any point.

Fraser Tolmie: Okay. I was going to ask all four, but I'm okay with rapid fire.

If people came forward about being offered MAID, as was suggested by Mr. Casey, from the testimonies that I've heard from Mr. Fynes, Ms. Gauthier and you, Ms. Sheren, do you feel that you would be safe? Do you feel that you wouldn't be targeted?

Kelsie Sheren: This week I had a stalker arrested by the RCMP because I opposed MAID publicly.

I don't travel without security. I don't leave my home very often. The RCMP follow me around frequently. When I go to America, I have JTF 2 members with me. I have Navy SEALs with me all the time.

Why? Because people like Sean Casey, is it? I have audio recordings. I don't have one; I have multiple. Different sexes.... I know we don't judge what is a woman in Canada.... There are multiple men and women offering it. I have case managers who have blown the whistle to me privately.

I am one of the most trusted people in North America around this, so forgive me when you tell me that there's been one. I don't believe you, mainly because I have an entire vault. Multiple people, including me—because I've learned this from Candace Owens—have those copies as well.

Fraser Tolmie: Okay.

Ms. Gauthier, this question is going to be related to you.

I'm disappointed. I remember in 2023 the comments about the suitcase—unfortunately, the screenshot here right now isn't that—but it's a carry-on suitcase that's overflowing with files that have not been dealt with.

Has your caseworker been dealing with you in person? I want to know, when they offered you MAID, did they do it by phone? Did they do it by email? Did they actually sit in front of you?

Christine Gauthier: He told me to make a routine call. I told him—again, I will repeat it—“I really can't deal with this anymore. What's going on? Why is it not being resolved?” He said, “If you really can't deal with it anymore, you know, you have the right to die.”

Take it as you want. Did he tell me, “I'm writing a prescription”? No.

To answer your question, if you want a paper trail of it, Mr. Casey, when we asked for the documents, I reported it to the doctors who were treating me at Sainte-Anne.

There is one letter in here from the psychiatrist when he wrote that I had spoken to him about that case manager, and his name is in it. If the doctor doesn't write the comment of a discussion, it's not me not writing it. I denounced it. I declared it.

Then the other doctor taking care of me called VAC saying that I did not want him to call me anymore. If we can get our hands on these documents that we've asked for, from the date that he had the interdiction to contact me, you're going to have the date it happened.

• (1635)

Fraser Tolmie: Thank you.

I only have a minute left.

Ms. Sheren, you said that you have records of people that have come forward. Has it been the same? Has it been emails? Has it been phone calls, things that people can't trace? Do you think there

should be consequences for those who offer MAID and shouldn't be offering MAID?

Kelsie Sheren: They should be put in prison for murder. They're counselling suicide. They're offering a carrot to individuals. Forty-six per cent of them we now know were already thinking of killing themselves. I went through a decade and a half of wanting to kill myself because of 11 different drugs; I was told I would never work again and would never be a productive part of society. I was broken. I was damaged, and I felt it would be easier if I died.

Forgive me when the Liberals have a hard time understanding that people come to somebody and actually trust them more than they trust their Veterans Affairs case manager. You change our case manager every other week. The new guy I have, I can't even pronounce his name.

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

We will now go to Mr. Clark for five minutes.

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

Thank you to our witnesses for being here today. Thank you for your service as well.

Mr. Fynes, I want to touch on something you talked about earlier when you were being questioned by Mr. Casey about the care that Stuart was denied towards the end of his life.

Was any explanation ever given as to why that decision was made, or were you left in the dark on that?

Shaun Fynes: In terms of the broader picture, the army and the base medical were focusing on the symptoms of Stuart's PTSD, i.e., he was drinking himself to sleep and drinking half a pot of coffee the next morning to get going again. They focused on the fact that he had developed a problem with alcohol and marijuana.

Not long before his death, he failed a drug test that showed cocaine, but the medical records show that when Stuart was being admitted, he admitted he had tried cocaine three times but didn't like it. I suspect that when he was under those restrictions, he couldn't get to alcohol and he couldn't self-medicate, so he may have accessed cocaine. That was not the underlying issue. The underlying issue was his PTSD, but he was written off as a loser.

In my honest opinion, looking back with 17 years of hindsight, they made the decision that Stuart wasn't going to get any further treatment. I think the restrictions they placed him under were simply setting him up to fail so that they could then fire him and get rid of him. They had no interest in helping him at that point. I'm sorry; I truly believe that.

Braedon Clark: I appreciate that, Mr. Fynes.

In your opening statement, you mentioned a paradigm shift that you had seen. I want to touch on that.

As Mr. Casey said earlier, I think all the members of the committee, regardless of party, are doing this study because we think it's very important. We want to make sure veterans in our country get the support they need and that we reduce the incidence of suicide among veterans in this country, which has been constant for 50 years. That's unacceptable to us as a committee, and that's why we're doing this study, among other things.

Mr. Fynes, can you elaborate on the point you made earlier about what you see as a paradigm shift? What should we be doing as parliamentarians, as a committee to make sure that both veterans and their families have access to the support they need and make sure we can reduce those incidents? That is the point of this study.

Shaun Fynes: I'm sorry. That's a difficult question.

I think everyone in your room knows, intuitively or first hand, that our system is not perfect. We still fail. We still have human frailty. However, it's absolutely night and day when comparing the treatment of victims of PTSD 17 years ago to now because back then they just ignored and denied that there was even a problem.

There's much more to be done, as the Australians said, for our veterans. In my personal experience, we have been befriended. We've been supported, and we've been helped by the veteran community. Most of them wear their hearts on their sleeves. They are absolutely the finest of people, and they will always have my respect and my love. They just deserve so much more.

I'm not familiar enough now with the system to get into the intricacies of which parts of it need to be changed, enhanced or improved. However, I would underscore that some years ago, the American military funded research in the universities in California. One of the findings, when they did brain scans on victims of PTSD, was that typically the brain had shrunk 10%, and the hippocampus, which controls impulse control and all that stuff, had atrophied. Of course, military members were getting into trouble for impulsive behaviours. It was part of their injury. It was a discipline issue, and it wasn't going to be cured or shouldn't have been addressed as a discipline issue.

I'm sorry. I completely support what your witnesses are saying and the efforts they're making, and all of the others who have come forward to help move the needle on this. I thank the committee and everyone else who has done anything to support our veteran community. They are absolutely deserving. It's not a gift to them. It's not something we throw to them as a charity. They have absolutely earned every medical assistance and every other help possible.

I thank you for the question.

• (1640)

Braedon Clark: Thank you, Mr. Fynes. I appreciate it.

[*Translation*]

The Chair: Ms. Gaudreau, you have the last turn with these witnesses. You have two and a half minutes. Then we'll go to the next witness panel.

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

I'd like to go back to what I said about the system.

The system is broken, so that's where we need to start. If not, how can we act? Regardless of what we do, we are powerless, as I said earlier. We are not unsympathetic, but we are powerless in an apparatus that is too big, where priorities vary widely and where there is a lack of money, care and services. We're told that they're doing the best they can and that improvements have been made, but that's not enough. When you cherish someone and value them, you'll take care of them and work hard to help them get well.

I'd like to hear your opinion.

Christine Gauthier: You're right, Ms. Gaudreau, the system is fixable.

Since the government decided to nationalize the services and bring in subcontractors like Lifemark and Blue Cross, all the money has been going to those subcontractors, who are double-checking information. In fact, they're not even checking; they're just rejecting applications at the first stage, at the second stage, and then at the third stage, non-stop. It's a wheel that keeps spinning. Nothing is resolved, either at the outset or at the end. It just goes in circles between Blue Cross, Lifemark and probably Brookfield.

However, it's easy to catch up. I have been a veteran since 1998. At the time, the department had regional offices. The officers who were contacting us had already met with us and they knew the categories. They had the power to act. Today, Veterans Affairs Canada officers want to act, but they no longer have the ability and power to do so, since everything is outsourced.

[*English*]

Kelsie Sheren: I know we're very short for time, but it's very simple. I did the study on emerging treatments for veterans and first responders two years ago. You said that you were going to give us funding for psychedelic-assisted research. You said that we had the proof. You said that we had the evidence. Give us that.

The next step you need to take is to stop Manulife. Stop it. Stop it completely, across the board. You need to stop giving us case managers who don't speak English. I'm not exaggerating, and I'm not kidding. We will not answer the phone to them. They are triggering as hell. You need to stop over-prescribing pharmaceutical drugs. Ketamine does not work in the long term.

I'm going fast because we don't have time.

You need to start looking at things like physical fitness, actual community, diet and exercise. Stop doing SSRIs. They are damaging. Fitness is two times more effective than SSRIs. Stop giving us a drug for the morning and the night. Stop telling us we're liars. Stop telling us it's not happening, because we can prove it. Also, stop telling us that we have to stop praying a certain way when we have our Remembrance Day ceremonies.

These things in our community matter, but our community is broken when you tell us we can't say things out loud. We actually have true solutions. You're not hearing us.

Don't tell me you don't have money. You just gave \$189 million to Black-owned businesses. You gave \$500 million to Ukraine. You gave another \$100 million somewhere else, and you're hiding more taxes through our Prime Minister. I'm telling you there is money.

We want to help ourselves. Our own charities do it. My business helps do it. It fills the gaps that you haven't. We have the solutions. You're tying our hands, putting bricks on our feet, throwing us in the ocean and saying, "We don't have the solution." Those are lies. Those are excuses. We have the solutions.

• (1645)

The Chair: Thank you very much.

[*Translation*]

I'd like to thank all the witnesses who were with us today.

[*English*]

Thank you for your service.

We will be suspending in order to go to our next panel.

• (1645)

(Pause)

• (1650)

[*Translation*]

The Chair: Please take your seats.

[*English*]

We are resuming the meeting.

We do have a second hour, hopefully, or as much as we can, out of respect for our other witnesses.

Mr. Clark.

• (1655)

Braedon Clark: Thank you, Madam Chair.

This is a quick request or perhaps a point of order for the committee.

I know that we had a bit of time getting through the first panel and into the second panel. Out of respect to both the witnesses and the committee, I would ask for unanimous consent to extend the meeting by 15 minutes. We would adjourn at 5:45.

Is that good?

Some hon. members: Agreed.

The Chair: There is unanimous consent.

Thank you, Mr. Clark.

Before we introduce our second group of witnesses, for the people who are viewing this, I would like to provide a warning. We will be discussing experiences related to suicide and grief. This may be triggering to viewers with similar experiences. That goes for all the witnesses and for members of Parliament. It is important to recognize that these are difficult discussions.

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

I would now like to introduce our next set of witnesses.

We have Mr. Kenneth Bennett, warrant officer, retired, appearing as an individual.

Welcome.

We have Mr. Brendan Hynes, who is also appearing as an individual.

Thank you very much, sir, for being here. Thank you for your service.

From the United Federation of Canadian Veterans, we have Mrs. Diane Rose, peer support advocate.

Each of you will have five minutes. At the end of the 15 minutes, we'll open the floor for our members of Parliament. It was unanimously approved that we will be extending our committee meeting by 15 minutes. I hope you are available. Members of Parliament can be available, but you are our witnesses today, so I want to make sure that you are available to extend the time by 15 minutes.

Thank you very much for that.

Mr. Bennett, let's start with you for five minutes, please.

Kenneth Bennett (Warrant Officer (Retired), As an Individual): Do you want me to do an introduction of myself?

• (1700)

The Chair: Yes, please.

Kenneth Bennett: I spent almost 28 years in the service. I started off in the army. I did most of my career in the air force, but spent a little bit of time, 30 months, attached to ships, taking care of Sea King helicopters, so I had a glimpse into all three elements of the Canadian Armed Forces. I'm the father of two, a grandfather of six and a great-grandfather of one.

I was triggered when I read the email requesting volunteers to come and testify about suicide among veterans and serving members. I was triggered, because I am one, and I never told my story—not to my psychiatrist after I was diagnosed with PTSD, not to my family. My wife is my support person. She stayed out in the hall because she didn't want to hear me speak about this.

Several of the people who worked with me and were under me during my career—far too many—have committed suicide, or attempted it. I played sports a lot in my early career, and guys who were fantastic athletes and had families, who had seen or experienced too much, committed suicide. I didn't understand it, and I still don't, even though it was me.

I didn't make an attempt, but I knew how I was going to do it. I had considered it. I'm so grateful for my indigenous ways that helped heal me, for the support of my community. I can't say family—although they knew all about my PTSD, they didn't know about the suicide.

I've watched as the people I worked with and knew throughout my career have become addicted to different drugs as a solution. I believe that maybe if they took a soldier off fentanyl and put them on marijuana...but lots of those soldiers were never marijuana users, and now they're addicted or they have to do it all day long. It didn't fix the problem; it dumbed it down, maybe. That's only how I feel, personally. It's hard, but I think we deserve more help and more information as we're serving, as we go through so many of the tragic things that we experience, which we're not prepared for. The stigma is, "Well, he's taken out of the game—or she—because they're a weakened warrior or don't have the heart to continue." There was no understanding among our peers or those we worked for.

I feel that there's a certain prejudice to it all, and I believe that only through conversation can we come to a better solution. We may not stop it, but we can slow it down. If we can save one, maybe we can save 100, but we have to get outside this box of throwing money and drugs at the situation, because the numbers are going up, especially in the first nations or indigenous communities.

Thank you.

The Chair: Thank you very much, Mr. Bennett, for sharing.

Mr. Hynes, you have five minutes.

Brendan Hynes (As an Individual): I'll be moving quickly because I have a big mouth and not a lot of time.

I'm going to throw some numbers at you.

One hundred and fifty-eight Canadian soldiers were killed in Afghanistan. Active service member suicide rates equalled that in nine years.

Of course, we don't know about veteran suicides because there are no reliable numbers in Canada. However, the estimate is that there are one-and-a-half to two times the number of veteran suicides compared to civilian suicides, despite military members having screening, financial stability, employment, medical care, a strong peer group, mental health services and lower addiction rates than civilians, which are all predisposing factors for mental health crisis and suicide. Don't tell me there's not a crisis.

Zero is the number of veteran and military hospitals in Canada. There's not one. We have clinics—good old 10 to 3—and that's it.

Zero is also the number of brain scans I had from any veterans' service provider, despite being released from the military for traumatic brain injury. Thank God for organizations like Project Trauma Support and Concussion Legacy Foundation Canada. How many members are being treated for PTSI, post-traumatic stress injury—it's not a disorder; it's an injury—but are never investigated for TBI? We've been briefing this since 2009.

Two to three months was the wait time for a VAC settlement in 2006. One and a half years is the wait time now, despite better technology, more studies, more departments and more employees.

Once is the number of times I presented to military emergency mental health care because I was suicidal. Incidentally, they were closed, but they had a nice sign requesting that I go home and call a certain number that they had posted. That's not bloody useful.

Zero is the number of proven supplements and nootropics prescribed to veterans with TBI or PTSD. There's not one. Ironically, 90 is how many grams of weed per month a veteran is eligible for with no questions asked, despite its proven impact on nervous system dysfunction. For psychedelic treatment coupled with counselling, which is proven to be of benefit for those suffering both TBI or PTSD, good luck. You're on your own. You're better off to be sponsored by an American charity, as some of our SOF members were, and flown to the U.S.

Seven is how many agencies veterans have had to wade through for health coverage, rehabilitation or education. It's a debacle. It should all be under VAC. Stop shuffling things around under different shells of money.

Three is the number of agencies veterans must deal with regarding their pay. Again, it doesn't take "rocket appliances".... It should be one agency.

Sixty-four is the percentage of my pay that I receive. Ninety is the percentage of my pay that the government claims I receive.

My name is Brendan Hynes. I served our country for five years as a reservist and 26 as a full-time member. I was an IEDD operator and a breacher instructor with both the combat engineers and special operations. My exposure to blast-induced overpressure resulted in my medical release due to traumatic brain injury, though VAC labelled that as CTE, which, oddly, is impossible to diagnose in the living.

Despite a litany of smaller injuries, my brain injury was the worst. It changed my life and tried to steal my life from me. My balance was so bad that I had to sit in the shower. I couldn't stand with my eyes closed without falling over. I've had headaches daily for several years and often wake up feeling hungover without having consumed a single drop of alcohol. If I push myself too hard or I'm not mindful of my sleep, diet and life routines, I become symptomatic again.

The worst is the effect on my mental health. I spent years stuck in neutral. There was little that caused emotion in me and when it did, it was generally frustration or anger. My panic response was heightened. I barely slept and when I did, it was fitful. I occasionally acted recklessly to see if I could feel something. I rarely could. I was failing at both work and home. I had panic attacks.

In 2019, I took my little girls Christmas shopping. I forced myself through time at a busy mall until finally escaping to our car on the journey home. All day I'd thought about what I felt I had to do.

As we drove home, my girls sang Christmas carols in the back seat. In the front, I had tears streaming down my face. I thought of how I'd failed them and how much I'd miss them. I had a plan to end my life and to do it so there would be no horror for my family. I planned to leave directions with 911 for a body recovery.

• (1705)

To those of you who have not experienced this, it's lunacy, absolute insanity—and I agree, it was—but at that time of pain and panic, it was the only way to stop being hurt and confused. I thought and hoped it would be like a deep sleep.

To members of this committee, I thank you for your time. You've seen a lot of anger and frustration from veterans. It's warranted, every goddamn bit of it. We have met, shared, briefed and advocated for brain injury mitigation, for mental health care and a streamlined and coherent system. What have you given us? You have applied bullshit bureaucratic band-aids, nothing of substance, no improvement and no ease of navigating the system.

Your military and veterans face a degree of abandonment that causes more loss of life and more mental health issues than any trauma they ever faced overseas. It's not what we see and do; it's the lack of assistance in recovery, the lack of reliability and a cohesive plan for treatment.

We keep trying to apply a rote methodology of injury assessment, emotion, pain and abandonment. You cannot apply a unit of measure to these things. We require guidelines and, for a refreshing change, some common bloody sense and maybe some compassion, some facilities, some clear answers and a clear path.

We were sent to fight on your behalf and wound up having to come home and fight with the very people who sent us there in the first place. It's about accountability and responsibility.

Get a number that members can call when they're in need, where somebody will answer and be able to respond to questions about pay and health care, not one to suggest MAID or to pass off vets to yet another bureaucracy.

We cannot end this by only looking at VAC; however, if you, the people who are elected to be servants of your nation, decide to be biased towards action and leadership rather than simply closing the books on yet another long-winded, myopic committee meeting with sunshiny platitudes, then we can start a change, but we've seen enough of that.

It's not shocking that we lose so many along the way, because few fights are ever won alone, so please, please, not for me, but for those who come after me, those who served with me and those we've lost along the way, for once, become our allies.

While I eagerly await your questions, I have some for you. I wonder what the logic has been in the application of things like Manulife and PCVRS to this system rather than it being coordinated by Veterans Affairs.

It is the government that sent us into harm's way. It is their duty to look after those who went. "Here I am; send me", was what we said, so please explain to me how we gave a non-competitive contract to the Loblaw family to set up PCVRS to lay over thousands and thousands of more sheets of administrative miasma for veterans to wade through.

God bless our veterans, our fallen and their families. I was blessed to be able to stand on the shoulders of heroes.

Thank you.

• (1710)

The Chair: Thank you, Mr. Hynes.

Next is Ms. Rose for five minutes.

Diane Hill Rose (Peer Support Advocate, United Federation of Canadian Veterans): It's hard to speak after that.

Good afternoon, Madam Chair and members of the committee. My name is Diane Rose. I'm the director of military sexual trauma for the United Federation of Canadian Veterans. I am the founder of Canadian Survivors of MST, a peer support and advocacy group active for more than 15 years. Together, our networks represent the voice of over 8,000 veterans and many more organizations. The federation stands shoulder to shoulder with all veterans in need. It exists to give voice to those silenced or left behind.

Most of what we do is quiet, unseen work, helping veterans to survive another day, but not every veteran does survive another day. We already know the statistics. Women veterans are at higher risk of suicide than male veterans or civilian women. Male veterans are at higher risk than civilian men. However, instead of offering you more numbers, I'll speak from lived experience.

Too often, we only learn of another loss when we see a familiar name in the obituaries. Less than a month ago, a veteran was found dead in the woods a short distance from a base where she had once worked. She had loved her job until she was raped by a fellow member. The trauma that followed and the way she was treated by the military afterward forced her into taking a medical release. When she left the military, she didn't have stable housing, family supports or a VAC case manager. A year and a half later, she died alone. She was only 35. I was the one who identified her body.

I've heard government-funded researchers say that you can't just walk down the street and find a woman veteran who's experienced homelessness, yet that's exactly what we do. One of our members saw her sitting outside of the Tim Hortons. Instead of walking by, I stopped and sat down. I talked to her and gave her my business card. When the police found her body, that card was still in her pocket. She didn't die because she was weak. She died because she had been made invisible by a system not built with her in mind.

When veterans reach out for help, they're far too often told, "Here's a 1-800 number you can call," but if you're at the end of your rope, you don't need a number that puts you on hold. You need a real human being: "Stay on the line. I am coming."

Federation members do that type of work every day as volunteers, driving for hours, using our own money and answering late-night messages from people who don't think they can make it until morning. We don't do it for awards or grants. We do it because we're taught that you don't leave people behind.

From the front lines, we see too many support programs that are still designed by civilians or senior male officers and assume that all veterans in crisis are men, but more and more of us are not men. Women in junior ranks still routinely face gaslighting and tone-deaf

policies when we speak our truth. The institutional silencing makes us invisible, and invisibility kills. Suicide prevention isn't just about mental health. It's about trust, transition and belonging. Veterans need trauma- and violence-informed, gender-responsive care, not more forms, backlogs and wait-lists.

The federation's message to the committee today is simple: We can do better, and we must. Many solutions already exist from your own reports. "Invisible no more. The experiences of Canadian women veterans" was tabled on June 12, 2024. We ask the government to implement its 42 recommendations, especially those on homelessness, MST and gender-responsive health care.

When a veteran dies by suicide, it's not because one system failed but because every system failed. RCMP, DND, CAF, VAC and community supports all must share in the responsibility for these failures. One day, I hope VAC will have evolved into a system centred on the veteran and not the bureaucrat. Maybe then we can all stop reading so many obituaries for people who should still be alive with us today.

I have several additional recommendations that I would be pleased to share during questions. Thank you for listening, and thank you for taking this issue seriously.

• (1715)

I have a list of the top 10 recommendations.

Very quickly, one is for VAC to push the list of consequential conditions. Veterans shouldn't have to guess what conditions are linked to their service. Transparency would relieve time, stress and lives.

Ungag and properly fund the Women Veterans Council. Let those women representing us actually talk to us. Trust can't grow in silence.

Make transition units mandatory for all releases. Suicide prevention starts before the release, not after the uniform comes off.

Train VAC to “speak veteran”. Military communication can sound blunt or emotional. Don't mistake my trauma for attitude.

Require mental health first aid, veteran edition, not what you're getting from these university students who don't know what they're talking about. Every VAC staff member should know how to respond safely when a veteran says they're not okay.

VAC should tell the truth about wait times. Count from the day a veteran applies, not when VAC finishes processing. Honesty builds trust.

Add MST to the transition process. Military sexual trauma must be a standard part of every transition review, not an afterthought.

Build women veteran health into policy. Women's bodies, pain and trauma responses are different. Health care must reflect that.

Create safe women-only recovery programs with qualified staff and national standards. Mixed-gender facilities have failed to protect women veterans. Safety must come first.

I have a lot to say on that.

Launch an independent review about the effectiveness of SM-SRC for veterans. At a minimum, the government needs to complete schedule “L” of the CAF-DND sexual misconduct class action and act on the recommendations of the “Invisible No More” report. The government agreed to both. Start implementing them before more veterans die waiting.

Thank you.

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

We will start our round of questions with six minutes for Mr. Richards.

Blake Richards: Thank you.

It was Ms. Rose who mentioned it here, but in the first panel someone—I think it was Ms. Gauthier—said the exact same thing: When you serve in the military, you leave no one behind.

The implication, of course, in the statement that was made in both cases was that our government has asked each and every one of you, and all of those like you who are veterans in this country, to go and serve our country. You did it willingly. You wanted to do it and you were proud to do it, but then the government didn't keep its part of the bargain. It's not there to serve you when you need it.

That saddens me, and then to hear the kinds of things we're hearing today saddened me even more.

I would like to start with you, Mr. Hynes.

You mentioned wait times. In 2006, it was about two to three months, and I think you said about one to two years—

Brendan Hynes: They're very easily one and a half to two years now. I've heard some veterans say that they have ongoing issues beyond that.

Part of the difficulty is that as you apply, there's no common sense written into it. For example, if I have had my hip shattered, they don't think ahead that I may have lower back issues or knee problems. If I have my lower leg blown off, they don't think that maybe I'll need a different kind of footwear.

It becomes a litany of going through the VAC application process for every follow-on condition that is a result of the original one. That in itself adds an incredible burden.

When I was told by the doctor that I was being recommended for medical release, I sought the advice of others who had gone through it. I said, “What am I going to do?”, and they said, “Don't worry. Your new full-time job is your medical release.” That's because of the amount of paperwork, the number of appointments, the number of phone calls.

I have to be very honest with you, sir: It really had an impact, especially for me. I can be an ass when I'm forced to be. I'm bull-headed. One of my psychologists once said that I had a physically unhealthy level of determination, which is great. That's what got me to where I was in my career, which I'm very, very proud of.

However, it also got me to the point that this system was so painful and so hard on my mental health that I walked away from it for almost a year.

I'm not the most connected guy in the world. I do the advocacy that I can. I encourage staying in touch with your fellow veterans—

• (1720)

Blake Richards: Could I interrupt you?

You told us a story that took a lot of courage to tell us.

Brendan Hynes: Thank you.

Blake Richards: How much do you think what you just described contributed to that?

Brendan Hynes: Too much. I was lost. There was no support. It was, “Here, fill out this paper. Okay, now fill out these other 400 papers. We can't help you until you get disciplined.”

As I said, I went to the emergency mental health clinic here in Ottawa, which is over an hour from my house, and I got there and they were closed because of COVID. We didn't close the emergency centres. Were emergency centres at the hospitals closed? No, but they closed the emergency mental health centres. To me, mental health is part of health care. I thought that's what the mantra was. Apparently, I was mistaken.

Blake Richards: Could I speak for a minute?

Obviously, you were able to fight through it. You mentioned the spirit within you—

Brendan Hynes: It was through a miracle and through, quite honestly, the support and love from my family. Every couple of weeks, with the advocacy I do and the number of people I've worked with and taught throughout my career, I would say that an average of every 10 to 20 days I hear about another veteran suicide.

Blake Richards: That's what I was about to ask you. Do you believe there are people out there—I've heard stories as well—who are not able to fight through it, never get the help they need and, in some cases, end up dead as a result?

Brendan Hynes: Yes, 100%. I'll tell you one of the most shocking and horrific parts of this about one friend of mine from Canadian Special Operations Forces who sadly lost the battle with his demons.

They launched this big investigation, and then they said that in the case of this guy—handsome, good looking, smart, crazy fit, great career, amazing family, beautiful kids and all the rest—his mental health degradation and his eventual suicide had nothing to do with military service. Now what leg does the family have to stand on to fight that?

I'll tell you another sad part of this from my own family's experience. When the veteran dies, if there are outstanding Veterans Affairs claims and the spouse wants to see those through, they start back at zero because there is no access given to that veteran's Veterans Affairs files or their medical files because of confidentiality.

Again, it's not hard. I'll throw down the gauntlet right now. If you want to pay me \$100,000 a year, I'll run VAC, and I won't even ask for any performance bonuses.

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

Mrs. Hirtle, you may go ahead for six minutes.

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

Thank you all for being here this afternoon.

Ms. Hill Rose, could you tell me about the supports and therapies that you are using with veterans—I am new—and how they are helping individuals?

• (1725)

Diane Hill Rose: There are none, because they won't approve me.

Alana Hirtle: There are none?

Diane Hill Rose: I've been waiting 14 years for approval, and because I'm an advocate and because I tell the truth, I am one of the

people who has been attacked and followed by the little black car. My claims are denied constantly, to the point where I don't even know what to say anymore. Suicide—yes, I've had some of those attempts.

Alana Hirtle: I'm sorry to hear you're dealing with that.

Can you tell me, then, a bit about your organization and the work you can do?

Diane Hill Rose: Every day we deal with phone calls. I had a phone call this morning. It was a woman in British Columbia who hadn't slept at all. British Columbia is removing her opioid pain medication, and she doesn't know what she's going to do. She was fairly suicidal this morning when I spoke to her. I was able to contact a bunch of people out west and a couple of people in Ontario. We activate the team. We activate the other advocates. They are right there, and they are getting it done. They're making the phone calls and getting boots on the ground at that person's house right now. A lot of times we can have boots on the ground within two hours at the person's house. Telling them to call 911 is not an option.

In my case, I was gang-raped by five men while I was in the military. Do you know what it looks like when uniforms come running towards you? It's not pretty, believe me.

This is what we do. We help with forms. We talk to people. We advocate. I know that Blake has received several emails in the last couple of days from federation members saying, "Make sure this gets added. Make sure this gets added." We are passionate about what we do.

We have one of our women over here who's done extensive research on chemicals on military bases.

I'm blessed. I am so grateful to have these sisters who support me every day.

Alana Hirtle: That is fortunate. We women get things done, don't we?

Diane Hill Rose: We sure do.

Alana Hirtle: There's no offence to the men.

You mentioned that you were the voice of over 8,000 veterans, I believe, in the federation.

Diane Hill Rose: Yes.

Alana Hirtle: Are all of those veterans working within the organization, or is there a small group directing activities? How does the work get done? How do you mobilize these folks?

Diane Hill Rose: Most veterans in our group are silent because of the suffering. They can't talk. They don't want to talk. They're afraid to talk. Then you get a message in the middle of the night, "Hey, do you have a minute?" I always have a minute at 3 a.m., always. This is when we do our talking and our business. This is when we're helping. "Diane, I've heard you say this for so many years. I'm finally coming forward because I need help." It takes a long time.

I was at the CIMVHR forum last week on Monday. I didn't pay to get in. I got in there just by going up the elevator. Folks, act like you belong. I went through and I handed out about 70 of my business cards. SMSRC was there. Atlas was there. Veterans Affairs was there. They all had booths.

At nine o'clock the next morning, when I checked my email, I had nine emails, "I got your business card. I was raped in the military. I'm finally coming out. I need help. What do I do?" "I am here for you, sister. I am here. Listen, I am here. Talk to me."

Alana Hirtle: Thank you.

I spent the summer visiting all the Legions in my riding. I have 14. I heard a lot about gaps that have been identified in the continuity of care for military families.

How do organizations like yours, the Legion and any others best serve veterans or their families when they're facing these kinds of crises?

Diane Hill Rose: A lot of times it's just us doing the contact when they contact us to say, "We need help." I can get you to a psychologist within 24 hours. We have some excellent psychologists who work with us. They will do free services, because they know what we're doing. They know that, when they step out of the box, they are saving a life. They know that. They work with us all the time.

We work with service officers across Canada. There are some really good service officers in Canada who are really helping. We go to VETS Canada. VETS Canada helps right off the bat. Deb is always there. God bless her. It's three in the morning: "Deb, I got a homeless one." "Let's get it done", she says. Deb is not getting funded. None of us are getting funded.

To all these organizations that are getting all the funds, where are they at three in the morning when I need help? Their research—don't even go there. They got \$250,000 to research how to tie their boots. Come on; come on. When you look at their research, they spoke to six veterans, six. Couldn't they find more veterans to talk with to do their research? Come and see me. I know lots of veterans who would love to tell their story.

Stop. Just stop.

● (1730)

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

Before we continue, I was gently reminded, for our interpreters, that we come a little forward—not too close to the mic, but a little bit forward—so that, as the interpretation is happening, it is less difficult for them to hear so that they can translate into *français*.

[Translation]

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

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

I'd first like to say that I hear what you're telling us. I acknowledge your saying, among other things, that the anger you are experiencing is justified. As I said in the previous hour, when you appreciate and cherish someone, you take care of them.

Ms. Rose, you have shown that not only do you value your sisters and former colleagues, but you also take direct action. Thank you for that.

I say this knowingly, since, at the beginning of my career, I was a suicide prevention worker. I also worked with people struggling with addiction. I was one of those people who provided frontline services at the time. People need answers when they are ready to disclose what they are experiencing. It can be anywhere at any time.

However, what I'm hearing from you are problems related to subcontracting and the use of drugs. Psychotropic drugs are overused. It's like suffocating.

I would like to know all of your recommendations.

Mr. Bennett, do you want to add a few things that are crucial to changing the actions toward military members like you during and after their service?

[English]

Kenneth Bennett: From my perspective, this is a human problem. It isn't a first nations problem. It isn't a women's problem. It's not a male problem. It's a human problem. Quite often, the people who have something to say don't get asked to speak. Quite often, the people who are speaking don't have time for a response. As far as the methods of helping people go, each case is individual, but it seems like the fixes are for the masses.

I was at the centre for trauma in the Atlantic provinces. I spent seven weeks there because I didn't have drug and alcohol issues. Those that did stayed nine weeks. Nine weeks might help take a person in a better direction, but it's not enough for a follow-up. We did weekly online...with different groups, but that's online. To me, I'm not there. It's like a phone line when you're desperate. When I'm desperate, I'm not going to make a phone call. Most people don't. Some do, and maybe it does help some. However, I believe that for the majority a phone call to a stranger is the last thing they want to do.

I expressed earlier about drugs for those that become dependent on marijuana. Maybe for those individuals it is helping save their lives, but eventually... I don't think it's best for the long term. It's not a fix. The old adage is that you can't put lipstick on a pig.

● (1735)

[Translation]

Marie-Hélène Gaudreau: I don't know the French equivalent of that expression.

[English]

Kenneth Bennett: It might look pretty, but it's still a pig.

[Translation]

Voices: Oh, oh!

Marie-Hélène Gaudreau: Oh, okay.

You have to laugh, though, because you have to have a glimmer of hope.

Thank you very much for sharing your story, Mr. Bennett.

Mr. Hynes, I still have a bit of time. What do you think of your colleagues' recommendations?

[English]

Brendan Hynes: I think they're 100% right. I think we need to humanize it. I find it interesting that my friend here used the term "boots on the ground". All that the federal government seems to have funded is administrators. Where are the boots on the ground? Where's the bias in favour of action instead of administration? Maybe we have to put aside the paperwork and apply some common sense and humanity for a change.

I think what Kenneth said was brilliant. I agree 100%. I know that it's very rare for an individual who has suicidal ideation to move it rapidly towards action, or to present themselves seeking assistance. It's even more rare for them to do it twice. When we're just administering them and taking the odd phone call, that's exactly what we're asking them to do.

I don't understand how we can have billions of dollars being, for lack of a better term, pissed away left, right and centre, but we can't throw somebody in a car and have them respond to somebody's residence when it's a life-or-death situation.

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

Mr. Ruff, you have five minutes.

Alex Ruff (Bruce—Grey—Owen Sound, CPC): Thank you, Chair.

I'll just share this, because I know there are some new faces and maybe not all witnesses....

I'm coming from the same position as many of you are, with 25 years in the Canadian Armed Forces with the Royal Canadian Regiment as an infantry officer, two tours in Bosnia, two in Afghanistan and one in Iraq. I'm not going to thank you for your service. I know you're appreciated—and thank you. I am going to thank you for your advocacy and for speaking truth to power and for being here and sharing your stories.

With much of the testimony I've heard today, I'm not disappointed or shocked, as some of my colleagues have said. I'm pissed off, because it's frustrating that we have not cracked this yet.

I'm going to ask you a series of questions. They're all pretty straightforward with yes-or-no answers.

What I think has been consistent with all the testimony today is there are three things that need to be worked on. I'll just ask you to agree or disagree, and if you disagree, let me know why.

The first one is that the support within Veterans Affairs Canada is too bureaucratic for veterans.

Two, we're facing a lack of data or tracking associated with veterans right across this country, at all levels of government, I would argue.

Finally, we need to have a system, specifically when it comes to mental health support that's better tailored to veterans. As much as mental health crosses all spectrums of society—everybody's facing challenges—at the same time, it's not specific.

That's the first thing: Do you agree or disagree with those three messages?

The second question I want to ask has two parts. Do you believe that the Government of Canada and this country has a sacred obligation to care for veterans and their families throughout their lives by allowing them to maintain a quality of life that is worthy of the sacrifices that they have made for Canada? Do you agree with that statement? Is the Government of Canada currently living up to that commitment?

Finally, we've heard from your testimony here, which has been phenomenal.... There are more people than in this room who could testify. There are literally thousands of veterans across the country who could testify. Do you think it would be beneficial, as Mr. Hynes said, to humanize the study here, make people understand the impact of suicide and challenges that our veterans face by having more witnesses appear to share their stories?

Those are the three questions. I'll just go in order. If you need me to repeat any of them, I will.

We'll hear from Mr. Bennett first.

• (1740)

Kenneth Bennett: In answer to the first question, yes, yes and yes.

In answer to the second question, no.

Alex Ruff: You believe the government should have, and the country does have, that obligation, but you don't think the government is doing it currently.

Kenneth Bennett: Yes.

Alex Ruff: Got it.

Kenneth Bennett: What was the third thing?

Alex Ruff: Witnesses.

Kenneth Bennett: I'm sorry. It takes me a while. I have to think about things.

Maybe the solution is with us, with those who are suffering the most and who have watched others suffer. Maybe the solution is with us, who were so close to it and who lived it ourselves. We're still here to talk about it. Maybe we know a bit more of the story of those who were close to us and who did commit suicide. We spoke to their families. We knew them. We knew their hearts.

Alex Ruff: I think you're agreeing with what I said, Mr. Bennett. We should have more people sharing this who understand what you and others have gone through.

Kenneth Bennett: Absolutely. Thank you.

Alex Ruff: I have only about 45 seconds left, Mr. Hynes. Can I have your take on it?

Brendan Hynes: I agree with everything that's been said across the board. Not only has the government abdicated their responsibility, but there's also a severe lack of accountability. We've had, what, nine veterans affairs ministers in the last six years. It seems to have no gravitas and no importance, and I'll tell you why. The people of Canada haven't made it a hot-button issue. I call on the people of Canada to rise up against these megalomaniac demagogues right now and tell them what's important.

Furthermore, I encourage veterans and first responders to run for office. We need fewer of these bankers and dilettantes and more people like Mr. Ruff, who've gotten their hands dirty and callused doing the bidding of their government.

The Chair: Thank you very much.

Mrs. Rose, I apologize. As I've said, I have the bad role here, but I want to make sure that everyone gets to ask their questions, and I'm sure Madam Gaudreau will have some. Out of respect, I can give you 15 or 20 seconds to answer the questions of Mr. Ruff.

Diane Hill Rose: I agree with these two fine gentlemen beside me here.

I want you to know that right now we are rewriting Bill C-11 on justice for the military. We are rewriting it as veterans, because whoever has written it doesn't know what they're doing. We're rewriting it for you. We're getting the job done, and we will present it to you. We will present it to you.

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

• (1745)

Sean Casey: Thank you, Madam Chair.

Mr. Bennett, I'd like you to tell us a bit about the eagle staff, your role in it and its significance. Is there any symbolism we can take away from that experience that would be relevant to either this study or the work we're doing? I'd like you to talk a bit more about that. I'd like to have it on the record, please.

Kenneth Bennett: Do you mean the Canadian Armed Forces eagle staff?

Sean Casey: That's correct.

Kenneth Bennett: I didn't know you knew about that.

I was one of the creators of that eagle staff. It represents all indigenous peoples who serve and the families and the communities they serve from. It has become a symbol that has been used many places in the world, not just in this country.

I was also one of the original keepers and carriers of that eagle staff. It brings a lot of pride, no different from any other group or any other nationality that has the opportunity that wasn't afforded to us before. I believe the eagle staff was unveiled somewhere around 1999 or 2000. Before that, the country wasn't ready for it and the CAF wasn't ready for it. Since then, it's taken on an importance and

a pride not just within the indigenous population in the service, but also with everyone, I believe.

I am so proud of that. I believe those types of freedoms and opportunities to show your pride, not just in what you've become but also in who you are, are so healthy for many peoples everywhere.

Thank you.

Sean Casey: Thank you.

I'll cede my time to Mr. Clark.

Braedon Clark: Thank you, Madam Chair.

Thank you, Mr. Bennett, for explaining that work you did. It's much appreciated.

We are into perhaps meeting six or seven—I'm not sure—of this study. One thing that has stuck with me ever since it was mentioned earlier was that the suicide rate among veterans has essentially been the same for the last 50 years, since 1975. That's what we were told earlier.

Obviously, the world has changed a lot since that time—technology, communications and on and on—and yet this is an issue that persists. Similar to some of the questions that Mr. Ruff may have asked, if there was one thing—and I know it's hard to choose one thing—from your testimony today that you would leave with us as we start to think about putting our report together and making recommendations to government, what would it be? What would be the one thing you would want us to put into practice to turn the tide on that issue and start to move it in the right direction?

I will put that question to Mr. Bennett, and then Mr. Hynes and then Ms. Rose.

Kenneth Bennett: Choosing one thing is really hard when things are just.... In my mind, there are probably 10 right now.

One that might be a greater catch would be to bring back veterans hospitals. I'll be retired for 14 and a half years next month, and I still can't get a family doctor.

Braedon Clark: Yes, we heard that as well at previous meetings.

Kenneth Bennett: If there were veterans hospitals, it would take care of a lot of the homeless, and it would take care of a lot of the people who are having mental issues, PTSD and physical issues. Normally, you'll find the mental and the physical go hand-in-hand.

Braedon Clark: Thank you, sir.

I'll go to Mr. Hynes now.

Brendan Hynes: I'll echo everything Mr. Bennett said, and I'll remind him of something he said earlier, which was to apply some humanity to it. To his suggestion about opening up veterans clinics or veterans hospitals, even if we needed to work with private providers, as well, that would be great—whatever needs doing to get the job done.

Taking his suggestion would put some humanity back in the system.

Braedon Clark: Thank you.

Ms. Rose, I'll go to you now.

Diane Hill Rose: I fully agree. Believe us. Quit treating us like liars.

We need a place to go that's safe. We can't go to these rehab centres where we're going to be raped again. I have four women on my lines who were raped within the past year at a rehab centre. We need a safe place to go where we're listened to and where we're believed.

My brothers here....

• (1750)

Braedon Clark: Thank you all very much.

[*Translation*]

The Chair: I will now give the floor to Ms. Gaudreau for two and a half minutes, and then the meeting will end. We're a little over time. I hope everyone is okay with that.

Marie-Hélène Gaudreau: Thank you, Madam Chair.

Ms. Rose, I really appreciate everything that women go through when it comes to sexual assault and violence. We're looking for data, so I'm asking you the following question. Are you aware of the stigma and abuse issues faced by the LGBTQ2+ community? Could you take a few moments to tell us about that, please?

[*English*]

Diane Hill Rose: We can't come up with real numbers and real statistics.

When somebody calls me at three o'clock in the morning from CFB Petawawa and says a woman just got raped in the field and they need help, they're not going to the chain of command and they're not going to the medical system or anywhere else.

I got this call. I had to drive this woman all the way to the Royal in Ottawa to get help.

The word is, "Don't tell anybody." They say, "I don't want to go through what you went through," and I tell them, "Don't report."

I hear this all the time. "If I had just been raped, I would have been fine," but it was everything that came after that. It was the systemic stuff that we had to put up with that caused the issues—sanctuary trauma and moral trauma.

When I keep saying, "Stop doing this," I don't know....

I know women who were kicked out of the military because they played baseball. "You must be a lesbian, and we will rape you straight."

I hear this all the time. I hear it today. I wasn't okay with it 20 years ago. Why am I still hearing this today?

[*Translation*]

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

I thank all the witnesses for their testimony.

Our next meeting will be on Thursday, October 30, to continue our study on suicide prevention among veterans.

The meeting is adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>