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Chair: Marie-France Lalonde



Standing Committee on Veterans Affairs

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• (0815)

[*Translation*]

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

Welcome to meeting number 17 of the House of Commons Standing Committee on Veterans Affairs.

The committee is meeting as part of its study on suicide prevention among veterans.

[*English*]

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

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

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

[*Translation*]

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

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. Please mute your mic when you are not speaking.

[*English*]

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*]

A reminder that all comments by members and witnesses should be addressed through the chair.

[*English*]

I will now introduce our witnesses: as an individual, Mr. James Grant, emergency medical responder; and from the Centre for Addiction and Mental Health, Dr. Allison Crawford, psychiatrist and chief medical officer for 988, the suicide crisis helpline, who is joining us through video conference. From the Veteran Hunters Canada, we have Mr. Todd Hisey, chief executive officer and

founder; and from the Dallaire Institute for Children, Peace and Security, Dr. Shelly Whitman, executive director, and Kathryn Reeves.

Each witness and each organization represented at this meeting will be given five minutes for delivering their opening remarks. Once all witnesses have spoken, we will proceed to a round of questions with the members of the committee.

Mr. James Grant, the floor is yours for five minutes.

James Grant (Emergency Medical Responder, As an Individual): Good morning. Thank you for inviting me.

I served just three years in the Canadian Army and was given a 3B medical release for a serious injury sustained while on course. The incident report was written up and became the basis of what I consider to be a life sentence of “delay, deny and hope you will die”. The premise of this is founded upon the impact of the new veterans charter from 2005, which created two classes of veterans, and in how VAC has chosen to implement the charter, with very little oversight or accountability, resulting in repeated human rights violations.

This horrible mistreatment we face from Veterans Affairs, which is sometimes malicious in nature, is by far the single greatest preventable factor in undermining the mental health of veterans who have been medically released. Of my own mental health struggles, 90% are caused by the Veterans Affairs Canada system and its consistent human rights violations that the charter seems to facilitate. There's a total lack of accountability when Veterans Affairs staff make asinine decisions that greatly complicate our lives and violate our rights.

I believe the Veterans Affairs system is broken and needs immediate effort to change its internal culture to do better to support those veterans whose mental health issues have taken them to consider suicide as a method of resolving that pain. For me, the two greatest factors in preventing my own suicidality are the fact that I'm a single parent of a 17-year-old and that I have a dog. He is not a service dog, due to some bureaucratic technicalities, but he nevertheless upholds that position as my honorary service dog.

This serious issue of therapy dog versus service dog is one of the many examples of the intransigence demonstrated by Veterans Affairs. This has caused serious consequences that I have to live with but that Veterans Affairs doesn't have to live with. My dog is now too old to be trained as a service animal. VAC is completely apathetic about its own problem, which it has caused by these delays.

Please explain to me why my rights as a veteran are subject to the political whims of whoever happens to be in government versus what the spirit of the applicable legislation compels government to do for those who have served this country honourably. Make no mistake: Veterans are the most marginalized people in our society. We are the only people who can have our rights trampled on, and have had our rights trampled on, repeatedly, with no political consequences. We are a G7 country, yet to us, it appears the government is more concerned about providing aid to third world countries than helping those who served this country in conflict zones, experiencing death and destruction and returning home changed, hurt and seeking assistance, only to receive Veterans Affairs' methodology of delay, deny and hope you will die.

When we believe Canadian people could not care less about our veterans.... The government and the ministry of veterans affairs have no respect for our rights, making us feel forgotten and defeated. We're not defeated by our enemies. We're defeated by our own government, which authorized those deployments. This manifests itself in an increased desire to end that pain. The easiest way to end that pain is, for an increasing number, through suicide.

Lieutenant-Colonel John McCrae wrote this message in his poem *In Flanders Fields*: "If ye break faith with us who die". It's a message VAC routinely tramples on by its own policies and approach to dealing with veterans. It is a broken faith between Canada and its warriors, both past and present. The final line includes, "We shall not sleep". This shows that the government serves as a major disgrace to the memory of the 118,000 Canadians who paid the ultimate sacrifice for our country.

Thank you.

● (0820)

The Chair: Thank you very much, Mr. Grant. Thank you for your service, sir, and your courage in being here this morning.

I would now like to invite Dr. Allison Crawford, who's joining us by video conference, to go ahead, please, for five minutes.

Allison Crawford (Psychiatrist and Chief Medical Officer, 988 Suicide Crisis Helpline, Centre for Addiction and Mental Health): Thank you very much.

Thank you for the invitation to appear as an expert witness in your study of suicide prevention amongst veterans.

I'm the chief medical officer for the 988 Suicide Crisis Helpline, the national crisis line for anyone in Canada who's thinking of suicide or worried about someone they know. The 988 helpline is funded by the Government of Canada and administered by CAMH. Calls and texts are answered by trained responders based at nearly 40 crisis line partners across the country. The service is available 365 days a year, 24-7, by phone or text in English and French.

The 988 helpline provides easy access to life-saving support for anyone experiencing a suicide-related crisis, no matter where they are in Canada. Since its launch two years ago, in November 2023, 988 responders have spent over 18.5 million minutes answering calls and texts in which they assess for suicide risk, listen with compassion and help the person on the other end of the line find ways to cope and keep themselves safe.

To ensure that anyone who needs help knows where to call, we've also been promoting 988 across Canada, and awareness of the service continues to grow.

In addition to the federal government and partners who deliver the service, we've worked closely with provincial and territorial governments on 988 since before the launch. We've also engaged and collaborated with people from a number of priority populations to inform the development and delivery of the service, including how we train responders.

Anyone who calls 988 can access specialized support. For those under 18 years of age or for first nations, Inuit and Métis, they have the option to select specialized service that will connect them with one of our partners who support suicide prevention in those populations.

Our work on 988 is aligned with the federal framework for suicide prevention. What I want to do is just briefly outline how 988 might relate to the mental health and suicide prevention needs of veterans.

First, although we don't have a formal integration with Veterans Affairs, since 988 launched in November 2023, we've documented 345 calls and texts from veterans. That's likely a significant underestimate, since callers and texters are free to share as much or as little of their personal identification as they wish.

The second thing I want to touch upon is what we can learn from 988 and veterans crisis line services in the United States. In the U.S., the Veterans Crisis Line is the dedicated support for veterans. That has been connected to the 988 Suicide and Crisis Lifeline, which is the U.S. version of 988, since 2022. Veterans can dial a special 988-1 veteran extension to specifically reach out to the veterans crisis line for help. That service provides mental health and suicide prevention support to veterans and their families and can connect the caller with local resources, including specific supports and health benefits for veterans.

The veterans crisis line in the U.S. has had about 3.8 million interactions—calls, texts and chats—from 2021 to 2024. That's about 2,600 interactions each day. That volume has increased each year, with a 30% growth over the last three years. It's the integration with the 988 service that's responsible for a large proportion of that growth.

More than 1,000 crisis responders are required to meet that need in the United States. Responders are trained in crisis intervention and military culture, with unique needs identified for female veterans and culturally diverse veterans. Evaluation of the service has demonstrated an impact on engaging veterans in mental health services, on increasing uptake of means safety precautions and on reducing distress.

In conclusion, given the suicide prevention and crisis needs of veterans, 988 presents an opportunity for strengthening suicide prevention supports for veterans. We know that veterans are already accessing the 988 service. We've also identified training needs for 988 responders to provide support that is affirming of military cultures. Work undertaken in the U.S. in partnership between 988 and the U.S. veterans crisis line, I think, demonstrates the real potential of collaboration here in Canada.

Thank you.

• (0825)

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

We will now invite, from The Veteran Hunters Canada, Mr. Todd Hisey, chief executive officer and founder.

Todd Hisey (Chief Executive Officer and Founder, The Veteran Hunters Canada Ltd.): Good morning. My sincere thanks to the members of the Standing Committee on Veterans Affairs for inviting me to speak today.

Suicide prevention is at the crux of what The Veteran Hunters was designed to do. In order to tell the story of The Veteran Hunters, I must first take you on my mental health journey.

I'm a graduate of the Royal Military College and served as an infantry officer with the Princess Patricia's Canadian Light Infantry from 1991 to 2001 and then again from 2007 to 2013. I have deployed three times overseas, to Bosnia, Kosovo and Russia.

My post-traumatic stress injury from my Kosovo tour in 1999 was diagnosed in 2001 by a Canadian Armed Forces medical officer as part of my voluntary release process, but it was kept hidden from me for 15 years, as this portion of my medical records was redacted.

It was also while awaiting my voluntary release that I contemplated suicide. I continued to feel alone, unappreciated for my 10 years of service and multiple deployments, my skill set underutilized. I was disconnected, abandoned and betrayed by my fellow officers and the chain of command. I barely received a mention at morning coffee on my last day of service in 2001.

Over the next five years, while trying to work as a civilian and as a reservist, I was passionately frustrated and continued to feel alone, abandoned and betrayed by my co-workers. In those five years, I worked for five different oil and gas companies.

An unfortunate side effect from my going untreated for 11 years is that my three children all have generational trauma.

Thankfully, God had other plans for me. In 2007, I returned to full-time service with the Canadian Army and served again in various roles until my voluntary release in 2013.

I entered treatment for my post-traumatic stress injury in 2012, but it was not until 2016 that my medical records were unredacted and I was given a retroactive medical release. From 2012 to 2018, I proceeded to complete six years of treatment and a Master of Science degree, and was eventually placed on DEC because of the severity of my PTSD.

While in treatment, I did not have another veteran to walk with me through my journey. I had my wife, my parents, my church, my psychologist, but no veteran whom I could call my brother. I sought solace in nature and began to hunt again, taking up bow hunting, as I found it reinforced the grounding and mindfulness techniques I was learning at the OSI clinic. Being outdoors and hunting helped me immensely, as I began to use the same skills I had learned to hunt another human, but now I was hunting a far superior animal, elk.

I once again felt that I had purpose and meaning. It didn't matter whether I harvested an animal; it was all about the experience outdoors. The scientific term for what I was feeling is urgent biophilia, the innate instinct for humans to seek out nature in times of crisis.

It was upon being placed on DEC in 2018 and at the suggestion of the OSI clinicians that I volunteer my time that my wife Patricia and I decided to start The Veteran Hunters to help other veterans through their mental health journey. The name The Veteran Hunters has a dual meaning, as we are actively hunting for veterans, to connect them with their brothers and sisters.

The Veteran Hunters Canada Limited is a non-profit, all-volunteer organization comprised of hosts who are retired Canadian Armed Forces veterans and first responders, who themselves have gone through their own mental health journeys. Our goal is to serve our fellow veterans, military members, first responders and spouses by providing peer support and therapy and building community through hunting and fishing. We are the only organization of our kind in Canada, not only for the means of therapy we use, but also for the fact that all of our participants are led by a peer—either a veteran or a first responder who has experienced similar trauma and has been on the same mental health journey.

Since 2019 we have put over 435 participants in the field, with volunteers today in seven provinces, as well as a ladies-specific program that includes spouses. We receive no government funding for our four outdoor programs, nor for our 12-week, faith-based re-boot trauma recovery program for veterans, first responders and their families.

We are also resourced with chaplains who are church pastors and support us and our members as they need to. Our chaplains are better resourced and more responsive to the needs of veterans than VAC. Additionally, we assist veterans in navigating Veterans Affairs, ensuring they have awareness of the benefits available to them and encouraging them to persevere through the process.

● (0830)

Unfortunately, I am expertly skilled to assist veterans in finding their way through Veterans Affairs. I spent an initial six years in treatment while simultaneously completing a Master of Science as part of my rehabilitation and retraining program. I have attended three hearings for physical injuries and endured 15 years before being treated for my post-traumatic stress. I have undergone an extensive, multi-year DND administrative review and ministerial for a change of release from the Canadian Armed Forces to a medical release. Most recently, I've had five years of trying to get my DEC pay rates corrected, as I was being underpaid. This required ministerial intervention and resulted in two more years of additional therapy.

How many Canadians do you know who could endure this much, especially when it takes, on average, eight years before a veteran is ready to acknowledge that they need help? Without a community supporting them, no one could. Building community, as we at The Veteran Hunters are, is one solution to suicide prevention in veterans and first responders.

In Matthew 22:37-39, Jesus said:

“You shall love the Lord your God with all your heart and with all your soul and with all your mind.” This is the first and greatest commandment. And the second is like it: “You shall love your neighbour as yourself.”

Our focus is clear: Follow the commandment set forth in these verses and build community by loving our brothers and sisters. When we build community, veterans and first responders feel loved, appreciated and cared for. They have purpose and meaning again, and they will not feel the loneliness and be plagued by evil thoughts to commit suicide.

Sebastian Junger, war correspondent and author of *Tribe*, remarked in “Why veterans miss war” that Afghanistan veterans didn't miss combat; they missed being part of something bigger. It's knowing you matter and mattering to the brothers around you.

That's what we provide at The Veteran Hunters. We connect, empower and love.

If you are serious about suicide prevention, you need to immediately change the culture in VAC. It's a culture that, over the last few years, has far too often promoted MAID to veterans who are simply asking for help. In September of this year, someone associated with our organization was offered MAID by their case manager. This is unacceptable.

Additionally, rapid advancement of claim processing using AI needs to be implemented. Lastly, VAC needs to provide more support to veterans food banks and the services they offer.

In closing, the willingness with which our young people are likely to serve in any war, no matter how justified, is directly propor-

tional to how they perceive that the veterans of earlier wars were treated and appreciated by their nation.

Thank you.

● (0835)

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

On behalf of all of us, thank you for your service and for everything that you're doing in helping our veterans community.

I would like now to turn over the floor for five minutes to Dr. Shelly Whitman and Kathryn Reeves from the Dallaire Institute for Children, Peace and Security.

Shelly Whitman (Executive Director, Dallaire Institute for Children, Peace and Security): Good morning. Thank you very much for this opportunity to speak to all of you today. I want to especially thank my co-panellists for their service as well. Also, I'd like to thank MP Wagantall for the opportunity to be here today.

Canada's veterans are experiencing high levels of psychological distress and suicide risk. A major contributor is moral injury. This remains insufficiently understood or addressed within CAF and VAC systems. Moral injury is not limited to institutional betrayal. It is also an operational risk, especially during deployments where CAF personnel encounter children in armed conflict.

Our organization was founded by Lieutenant-General (Retired) Roméo Dallaire, former UN force commander of the assistance mission for Rwanda from 1993 to 1994.

He confronted the unthinkable—children recruited and used to commit atrocities. General Dallaire suffered moral and operational stress injuries that led to his own personal challenges with suicide ideation. The Dallaire Institute is a result of his lifelong commitment to destigmatize mental health disorders among veterans and end the recruitment and use of children worldwide.

Our organization adopts a dual-lens approach to this mandate by prioritizing the protection of children while also understanding the significant operational impacts upon defence and security sector actors.

Moral injury emerges when personnel face events that violate deeply held beliefs about what is right and wrong, identity and duty. Encounters with children create a profound moral conflict that persists long after deployment. Moral injury is distinct from PTSD, but the two are interconnected. It often presents as guilt, shame, existential distress, loss of trust and social withdrawal. Persistent moral injury without support is strongly associated with increased suicide risk.

While our research focuses on moral injury stemming from encounters with children, the findings we hope to share today are important for the wider prevalence of moral injury among service members and veterans and for the wider prevention of suicide.

The impacts of moral injury often extend to family members, who report noticing moral injury-related changes as soon as their loved ones return home. This often leaves family members carrying additional burdens and becoming responsible for organizing the care and support of the veterans. This includes the children of those veterans.

Children of morally injured veterans have shared statements such as, “The longer he was home, the more sick he became.” They have expressed a deep lack of support for themselves and a desire to have support from Veterans Affairs Canada for themselves as well.

Veterans across trades report receiving no meaningful training on how to interact with children in armed conflict—no scenarios, no doctrine, no guidance on rules of engagement or cultural context. CAF members consistently described entering operations blind to the complexity of child involvement in conflict, leading to preventable psychological harm.

Encounters with children occur in every type of deployment, not only in combat. From engineers to medics, MPs and padres, all describe significant exposure, and this is despite Canada's being a co-collaborator in 2017 of the Vancouver principles on peacekeeping and the prevention of the recruitment and use of child soldiers. Our inconsistency domestically to ensure that we practise what we preach globally is a challenge. Veterans are frequently unaware of the supports made available to them after release, especially in cases of moral injury, which are often less understood or recognized.

Moral injury is not simply an individual veteran's problem. It is a systemic issue. Veterans participating in our research articulated thoughts such as, “I'm not broken. I was part of a system that failed to protect me.” As other witnesses have discussed, a whole-of-system approach is needed for both moral injury support and suicide prevention. If active service members are unaware of moral injury as an operational risk of their deployment, the knowledge and support gap often carries over to life after service.

Suicide prevention is a complex endeavour that requires sustained collaboration between CAF, DND and VAC to ensure support across veterans' and their families' lives during and after service. We also reiterate other witnesses' calls for meaningful peer-to-peer support to occur.

● (0840)

Research funding is not an optional issue. There are significant research gaps in tracking exposure to children in armed conflict,

moral injury diagnosis and treatment, long-term mental health impacts on families, and effective training and policy models. Therefore, VAC-funded research is an essential avenue to fill these gaps and must be sustained. However, the important piece is that effective knowledge mobilization is the key to real and sustained change.

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

On this, we will open the floor for questions. Each of the members will have six minutes. Unfortunately, if they pass that time, I will have to interrupt, so I just want to prepare our witnesses and our members of Parliament.

Mr. Richards, go ahead for six minutes, please.

Blake Richards (Airdrie—Cochrane, CPC): Thanks.

To our veterans with us today, thank you for your service.

I'll start with you, Mr. Hisey. You mentioned that someone involved in your program was offered, by a caseworker at Veterans Affairs, MAID in September of this year.

Todd Hisey: That is correct. It was in September of this year.

Blake Richards: The government claims that it put a stop to this about three years ago, and that there were only four veterans it occurred to. Do you believe that? I mean, clearly, there was one in September of this year, so it can't be accurate, can it?

Todd Hisey: In addition to this one, I'm aware of probably six other veterans across the country who have been offered MAID. One I'm aware of, in Newfoundland, accepted MAID on the condition that he receive \$300,000 for his family on his passing. Another one of my participants attended that funeral. We keep notes and record all our conversations with VAC, because we have to protect ourselves.

Blake Richards: These people weren't seeking or interested in MAID: They were interested in...help to live their lives.

Todd Hisey: Exactly. One participant in our program who came forward to me—who told me about the event in September—was just calling to have a discussion with her case manager about ongoing treatment. Now it's at the point where that person does not trust Veterans Affairs and is seeking assistance through our chaplain's program within our own organization.

Blake Richards: Well, it's...I'll just use the word "sad" that this is occurring. I hope that, through what's been heard here today and other witnesses to this, the government will finally admit that this hasn't been put to a stop, get an independent investigation going, and get it solved and stopped once and for all. Thank you for highlighting that.

Mr. Grant, you mentioned some technicalities that you had in terms of being able to have your trauma dog, or therapy dog—whatever you want to call it—considered a service dog. Is it government bureaucracy that's a challenge? What's the technicality?

James Grant: The issue was more that I sought out the BC SP-CA to adopt my dog, and then I went to Veterans Affairs and asked about the types of assistance, how...and the logistics behind that.

At the time, I had not yet been diagnosed with PTSD, so that was an obvious barrier. Then, once that did happen, only two years later...the delays, the denials. By the time the conversation turned into, "Yes, we can possibly do this," well, now my dog is in the latter stage of its life, so what's the point?

• (0845)

Blake Richards: I get it. This really does come down to the delays and denials that we often hear about from veterans. I'm sorry to hear that. It should be a lot easier to get the help, services and supports you need.

To turn to Dr. Crawford, I think it was you who said that 345 veterans have utilized your service since 988 began. I assume there's a need for more veteran-specific resources, but I also am well aware that there are many of what I'll call "peer support" types of programs out there. Boots on the Ground is an example of that.

We often hear from veterans that the need to have someone who understands what they're dealing with... We can teach someone cultural competencies to an extent, but, obviously, if they can work with someone who's been through what they've been through, it's the best way we can do it.

What are your thoughts on that? Do you think that better partnerships with organizations that are already doing these things in terms of peer support, ensuring that the resources are there, people who have actually dealt with the same things that those who are calling have dealt with...?

Allison Crawford: I do, absolutely. I think we need multiple sources of support. Probably most importantly, we need collaboration and integration across those resources.

We know that 988 is listed on the veterans mental health portion of the Government of Canada website in a large yellow box, and we know that some veterans are being directed there. When they call or text 988, they have the option of providing information. We know that 345 people have offered information, but probably many other people have called and have not offered that.

Around peer support, we've also done pilot work. We worked a lot with Public Safety personnel, people who did not include military or veterans, and we have quite successfully collaborated with Boots on the Ground and other partners that offer peer support, so I think there are ways that services can be joined together to provide a full range of supports.

Blake Richards: Would encouraging more of that be a good recommendation from this committee?

Allison Crawford: Definitely encouraging more collaboration would be good, and also individual choice. Different people, for various reasons, may want a peer provider, while others may not, so I think choice is also important, but it's also being able to access that at a single source so that people aren't bumping around websites or having to go to multiple areas for support.

Blake Richards: Yes, that's great. I appreciate that.

I don't have much time left, but I'll give as much as I can to the two of you who mentioned the need for more supports for families, Mr. Hisey and Dr. Whitman.

Really briefly, can you give us your thoughts on that and what's needed there?

I'm sorry. I wish there was more time.

The Chair: You have 10 seconds, sir.

Todd Hisey: Yes, I can speak especially with regard to generational trauma.

I was diagnosed with moral injuries and went undiagnosed for a number of years, and my children have aspects of post-traumatic stress as a result of that, so yes.

The Chair: Thank you very much, Mr. Hisey and Mr. Richards.

There'll be another round of questions. That's the good news.

Go ahead, Mr. Casey, for six minutes.

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

I want to start with Mr. Hisey.

I expect that you're aware that counselling medical assistance in dying is not, has never been and never will be a practice or a policy of the Government of Canada.

You have indicated that you know of six people who have been offered medical assistance in dying. The Government of Canada wants to investigate that and make sure that, to the extent that these instances are substantiated, they are dealt with, because they are completely contrary to government policy. If there is anything you can do, sir, to urge the sources of this information to come forward to anyone on this committee, to the minister's office or to the ombud's office, please do. We want to know. We want to investigate it. We want to get to the bottom of it. If it is an indicator of a more systemic problem than what we know about, we want to deal with it.

• (0850)

Todd Hisey: I would be happy to, and other veterans would be happy to, such as the gentleman by the name of Mark Meincke, who's done some serious independent investigative journalism on this topic.

In fact, there's one veteran out there who's no longer allowed to talk about this, because he sued the government and has received compensation and signed an NDA.

I think there are members of your government and the public service who are well aware that this is happening, and you need to be talking to them. It's not necessarily a political party issue; this is a Public Service of Canada issue. Members of your public service, who are Canadians, are trying to push harm on other Canadians.

I'd be more than happy to co-operate with anybody on these investigations, but I'll tell you that Mr. Meincke is probably one of the most knowledgeable veterans in this country on this topic, and he has done a number of podcasts on it.

Sean Casey: Thank you.

Dr. Crawford, I want to pick up where Mr. Richards left off.

I really think your testimony with respect to the practices in the United States and the opportunity for collaboration is something we should pursue.

One of the things you identified in your opening statement was around training needs. I guess there are two parts to my question: What can we do in terms of the training needs, and what would be your advice to this committee in terms of learning from and adopting best practices from the United States experience?

Allison Crawford: Thank you.

There are two things.

In the U.S., because they collaborate with Veterans Affairs, when veterans dial 988 and extension 1, they get a specialized responder. Sometimes that may be peers. That may be people who've had training in what we call "cultural safety" or the ability to know the values, preferences and needs of unique populations—in this case, veterans. That integration allows this in the United States.

In Canada, anyone who calls or texts 988 can get any responder. The technology allows people to be routed as close to home as possible. The training we would need to provide in this case, unless we had a specialized service, is to just ensure that responders feel equipped to appreciate and understand the beliefs, values and needs of the person they're talking to. We know that this is possible because, again, we've done some work with public safety personnel and taken steps so that responders do their best to identify when someone is calling from one of those professions or backgrounds.

We provide training through 988 about what some of those needs and preferences might be, and some of the unique issues or themes that may come up in trying to provide compassionate responses and, really, ways to listen. I think that training is twofold: specialized for veterans and then general training for any responder who may interact with a veteran.

Sean Casey: We had some fascinating testimony from some experts in Australia earlier in this study. They provided a laundry list,

basically, of upstream issues, if you will, before people get to 988. Can you offer some insight in your experience or the experience of those answering the phone, with respect to where the potential wins are in terms of upstream solutions?

Allison Crawford: Yes. It is true that 988 is a crisis service. Ideally, there needs to be a continuum of mental health resources and responses, not just waiting until someone is in a crisis, but we do know that if you are in a crisis and you contact a service like 988, that support can in fact be life-saving. My knowledge and focus are really on that crisis point, but we need a full range.

• (0855)

The Chair: Mrs. Crawford, we will come back to you. We'll have another round.

For our witnesses, Madame Gaudreau will address you in French, and I would strongly encourage each of you to have your earpiece and to make sure you have a volume that is high enough so that Ms. Gaudreau is not in a position where she cannot have a conversation with you. Just make sure that it's at a certain level.

[*Translation*]

Ms. Gaudreau, the floor is yours for six minutes.

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): I'd like to thank the witnesses for taking the time to be with us today.

Madam Chair, this is our last meeting before we can submit the report's recommendations.

Mr. Grant, you asked what people have to do in order to receive services, is that correct?

James Grant: Yes.

Marie-Hélène Gaudreau: That isn't my question, though. I wanted to make sure that you had asked that question, and now I'm going to answer you.

The answer is that you have to do what you're doing right now, that is, be here, provide us with recommendations and information. This is the first step. The second step will be when we have the report, when we have compiled all the recommendations, and we send it to the appropriate people. The third step is to make sure that this report is not shelved. How are we going to do that?

You said earlier that 118,000 Canadians have died in service. What saddens me most is that you're here because you're crying out for help, but to get all the help you deserve, you have to make some noise and take action. There's something positive because, to be heard, you need synergy, you need collegiality, and you're brothers in arms. I'm sure that all my colleagues would agree, because it's all important. It's like we have an elephant and have to eat it one bite at a time.

It's your turn, because you have been neglected for too long. Once we have all the information for the entire country regarding the Canadian Armed Forces community and the people in the RCMP, if you're ready, we will go all the way and assert your rights so that there is no reason to cut the budget and limit your services.

I hear you, I see you, and I know that there are also veterans who have received excellent service. But every person who slips through the cracks of the system is one person too many, and that's what we want to work on. I hope that answered your question a little bit.

Ms. Crawford, you talked about 2,600 interactions per day. I'm happy to hear that. My colleague also mentioned that it was listed on the website. Are people saying that they didn't know they could reach out to 9881? Or is it systematic, and is the information getting out there?

• (0900)

[English]

Allison Crawford: That is a huge focus of 988 right now, and we have a communications plan. We work closely with the Public Health Agency of Canada, which has a communications team, and we have population-level ads that go to everybody via television and radio in your community.

We are increasingly doing more targeted ads. Another possibility is targeted ads for specific populations. For example, we know we need to attract more men to rely on a service and come forward for help. Another possibility may be more targeted advertising to say that 988 is relevant for veterans. The proviso to that is that we need to make sure that the service is specialized to meet those needs before we advertise it.

[Translation]

Marie-Hélène Gaudreau: In closing, the main promotional activity is advertising this service at all legions across Canada. I'm sure you're doing that, but for everyone listening to us, I hope no one is saying to themselves that they didn't know this service existed.

Thank you, Madam Chair.

[English]

The Chair: Thank you very much.

[Translation]

Thank you, Ms. Gaudreau.

[English]

For five minutes, we have Mr. Tolmie.

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

Mr. Grant, in your opening statement, you mentioned that human rights violations were being committed by the Government of Canada, by VAC. In the opening round with Mr. Casey, he addressed Mr. Hisey about the veterans you're aware of who have been offered MAID.

In this committee, we have done studies, numerous times, where the term sanctuary trauma comes up. Mr. Casey urged you to bring forward the names of people who are suffering from sanctuary trauma. Do you believe that veterans who have been offered MAID would actually trust this government and would come forward to testify?

Todd Hisey: Some will and some won't, because a number of us have already been targeted specifically by Veterans Affairs. I'll use myself as an example.

A case manager once contacted me and gave me very disheartening news that they were going to claw back \$180,000 in benefits from me. In discussing it with her, she actually told me that she was specifically told to target me on this fact. The emails between her and me were actually completely removed from my insecure inbox with Veterans Affairs.

This started basically a two-and-a-half-year struggle for me with Veterans Affairs around this whole \$180,000. Then the most recent past minister prior to the election got involved, and she sided with me, to my benefit in this case.

That's the reason some of these veterans won't come forward. They know they're going to be targeted. There have been witnesses here who have said that they've been followed and that they've been surveilled. That happens.

Fraser Tolmie: We have Veterans Affairs committing human rights violations. We have veterans being targeted and threatened with having their benefits taken away. Is my understanding clear?

Todd Hisey: That is correct.

Fraser Tolmie: Mr. Grant, I'd like for you to expand on that. Do you have any comments on that?

James Grant: My colleague here pretty much hit the nail on the head. I don't have a lot to say to expand on that, but in my experience and my opinion, with the new veterans charter creating two classes of veteran, that violates section 15 of the Charter of Rights and Freedoms.

Fraser Tolmie: I don't disagree with you.

In your testimony, you talked about generational trauma. You talked about your children. Mr. Grant, you talked about being a single father, and I can identify with that.

Could you please explain to me what that looks like and how your children are dealing with that? How have you been able to cope with that? Have they come to you, or did you have to, over time, recognize it? You're dealing with your own mental health issues, so how have you been able to actually deal with your children?

I'd like to go to Dr. Whitman after this question. I have just a minute.

• (0905)

Todd Hisey: In my case, with my three children, as I was going through my six years of trauma treatment, we were able to identify that they had certain aspects of my own post-traumatic stress symptoms. They themselves each had about three of my six symptoms, and they were different among each of my three children.

Fraser Tolmie: Ms. Whitman, can I get a bit of testimony from you with regard to generational trauma and how you deal with it?

Shelly Whitman: I think the issue we're trying to raise is that there are no supports for children in these instances. There have been efforts focused on spouses but not on the children specifically. It's unfortunate that we didn't have more time, because my colleague here is a survivor of that and is specializing in that in her Ph.D. research right now.

Fraser Tolmie: Thanks, Ms. Whitman.

Mr. Hisey, I just want to end off with this. You talked about your faith. Have you ever felt that you've been persecuted for your faith?

The Chair: Yes or no, sir.

Todd Hisey: No.

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

Mr. Clark, you have five minutes.

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

I want to direct my questions to Dr. Whitman and Ms. Reeves as well, so that's a good segue.

I'll start by saying quickly that I'm a Dal graduate myself and a Nova Scotia MP, so I'm very proud of the fact that the Dallaire Institute is headquartered at Dal and has done and continues to do amazing work in our province and across the world, really. Thank you for that.

Dr. Whitman, if you wanted to finish your thought, you were talking about generational trauma, and then, Ms. Reeves, if you wanted to touch on the work you're doing, that would be great.

Thank you.

Shelly Whitman: Thank you for the opportunity.

Yes, at the Dallaire Institute, we work around the globe, and we work with military and police to train them in how to interact with children in armed conflict. What we have found is that the interactions those particular service members have when they encounter children in armed conflict and then come back home have an impact on the next generation as well, yet there is hardly any research done on this particular issue or the supports for the children.

If you'll allow me, I'd like to give my colleague a moment to respond to that.

Kathryn Reeves (Dallaire Institute for Children, Peace and Security): Thank you for the opportunity to respond.

I reiterate that the encountering of children is uniquely morally injurious, and many children I've talked to through my research talk about how parents come home and can, in some ways, no longer parent; they come home and they can't hold their children or look

them in the eye because of the children they saw while deployed. This is often not addressed on any level. The veterans are not asked about these encounters, and the children have no opportunity to come forward.

My research has predominantly involved adult children who have slightly more agency to talk about their experiences, and what they tell me is that they are deeply disappointed in the way VAC offers support to families. Once they turn 18, they are largely forgotten about and not considered as a military-connected family member anymore.

For many of these children having to support their parent, their parent becomes the centre of their household and experiences, so it isn't until they are past 18 and able to go into their own homes or have new experiences outside of being a child that they are even ready to understand the way that having a parent who has been injured by service impacts them.

At that point, it is already too late. There is no support from VAC; there is no funding. They are left to civilian providers who have no training in military cultural competency and are also unwilling to ask these challenging questions.

Braedon Clark: Thank you for that.

It's a really important point that you raise. Over the course of this study, which we're wrapping up today from a witness standpoint, I think, and as we start to think about reports and recommendations and so on, the issues around families and spouses.... We've heard from spouses and children as well, and it's equally important in many ways to make sure they have support to help themselves and help veterans. Hopefully, we want it to be a virtuous circle rather than the other way around. Thank you for the work you're doing.

Dr. Whitman, in your opening statement, you talked about moral injury. If you could, tease out for me a bit more of the distinction between moral injury and PTSI or PTSD. Could you touch on that a bit?

Thank you.

• (0910)

Shelly Whitman: For sure.

PTSD is a fear-based trauma response, whereas moral injury stems from violating the core moral values that you may hold or experiencing profound betrayal. There's a difference here in how it presents and how to provide treatment. Part of a challenge we have is that PTSD is well recognized and diagnosed, therefore there are treatments that have been given, but they haven't been sufficient to address that moral degradation and those core values.

With this, what's important to recognize is that many veterans might have both PTSD and moral injury, but the distinction and the necessity to provide adequate supports and treatments is often not there, and we need more of that to occur.

A really good way to talk about this so people understand it is that PTSD is like someone saying, "I almost died," and with moral injury they're saying, "I wish I had died."

Thank you for that.

Braedon Clark: Thank you.

The Chair: Thank you.

Madame Gaudreau is next. Again, make sure you have the ear-piece.

[*Translation*]

Ms. Gaudreau, the floor is yours for two and a half minutes.

Marie-Hélène Gaudreau: Thank you, Madam Chair.

Ms. Whitman and Ms. Reeves, I'd really like you to send us the highlights of your research and especially the description.

Perhaps you have some recommendations to make. I'm a social psychologist, and I realize that there's some traceability. So as not to leave the children of veterans behind, for example, a specific time in their lives is chosen to check on how they're doing. The same applies to veterans. If you have such documentation, we'll obviously add it to our report, since we don't want to be reactive, but rather recognize what needs to be done to prevent any more suicides.

Thank you very much. I'll give you the minute I have left if you want to finish up.

[*English*]

Shelly Whitman: Kathryn, would you like to respond?

Kathryn Reeves: Thank you so much for the extra time.

I think the biggest desire among military-connected families is recognition from VAC that they also, in many ways, have served their country and deserve support for and awareness of the ways they have served.

We have seen this desire echoed in participants who are veterans themselves. Their families have been deeply impacted. They see this, and they are deeply wounded and additionally injured by the lack of help they can get their families.

Addressing this is something that needs to be a big concern for many people.

Shelly Whitman: Could I also add something?

I want to mention moral injury. There are preventative measures that can be taken, and that's why training, policy approaches and preparation beforehand could go a long way towards reducing the impact of this on the next generation as well.

I just wanted to highlight that.

[*Translation*]

Marie-Hélène Gaudreau: Thank you, Madam Chair.

[*English*]

The Chair: That's perfect.

[*Translation*]

Thank you very much.

[*English*]

This will conclude the rounds of questions.

To the witnesses, I want to say thank you very much for joining us today and, certainly, for participating and engaging on this very important subject.

I will now suspend so I can greet you properly. I want to wish you all a merry Christmas, happy new year and happy holidays.

Thank you very much.

[*Proceedings continue in camera*]

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