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• (1105)

[*Translation*]

The Chair (Marie-France Lalonde (Orléans, Lib.)): Welcome to meeting number 30 of the House of Commons Standing Committee on Veterans Affairs.

Pursuant to Standing Orders 108(2) and the motion adopted by the committee on November 25, 2025, the committee is meeting to study the monitoring of the rehabilitation services contract awarded to Partners in Canadian Veterans Rehabilitation Services, or PCVRS.

[*English*]

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

I would like to make a few comments for the benefits of the witnesses and the members.

[*Translation*]

Please wait until I recognize you by name before speaking. If you are participating by video conference, click on the microphone icon to speak. Please mute yourself when you are not speaking.

[*English*]

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

[*Translation*]

I would now like to welcome the witnesses.

We have, as an individual, Pascale Marier-Deschênes, assistant professor, Université Laval, who is joining us by video conference.

[*English*]

As an individual, we have Mr. Michael Parsons, registered psychiatric nurse. From CRUX Psychology, we have Dr. Simon Sherry, by video conference.

[*Translation*]

Each witness will have five minutes for their opening remarks. Afterwards, we will have a round of questions with committee members.

[*English*]

Those who are online, I'm very rigid on the five minutes. I will do my very best not to interrupt you, so please try to stay within that guideline. We would appreciate it. Thank you very much.

We will start with Dr. Simon Sherry for five minutes.

Dr. Simon Sherry (CRUX Psychology): Thank you.

Canada is operating in an increasingly unstable global environment. As we strengthen our armed forces, it's equally important to strengthen our care of those who have already served. Supporting current and former military members is not only a moral responsibility but also essential to sustaining a capable and resilient defence system.

My name is Dr. Simon Sherry. I'm a clinical psychologist and a professor at Dalhousie University. I'm also the chief psychologist at CRUX Psychology, a psychology practice focused on evidence-based assessment and treatment. CRUX is one of the largest service providers in the PCVRS network. We deliver psychological assessment and treatment to veterans across Atlantic Canada, working closely with PCVRS.

To give the committee a sense of scale, I'll briefly summarize our activities with PCVRS. Since 2024, PCVRS has booked 283 therapy clients with CRUX. That averages out to about 4.35 new therapy clients per week. We've also served PCVRS by conducting roughly 160 assessments since 2024.

I want to point out why PCVRS leans heavily on our team. In Atlantic Canada, demand for psychological services far exceeds supply. Many veterans face multimonth wait-lists—which can stretch into seasons, not just weeks—and these delays are problematic. Problems don't just remain static. They worsen. Symptoms can fester and grow on wait-lists. For these individuals, time is not a neutral variable. Time is a risk factor, so we built CRUX to try to address that. We pride ourselves on providing timely and accessible services—typically within a week—to PCVRS clients.

We commonly work with PCVRS. I want to acknowledge some of the excellent service they provide. For instance, I meet regularly with Brittany Blacklock. She really helps our team provide efficient services. I've also drawn upon the support of Dr. Sylvie Bourgeois, the clinical lead at PCVRS. She can provide very timely and expert assistance. It's appreciated.

What really stands out for us is how the rehabilitation services specialists—you might call them case managers—deeply care about the veterans they serve. I'll highlight what I think are a few strengths of PCVRS. One would be that they provide timely care. They do a good job of connecting veterans to services. The other thing I've noticed is that the case managers can be quite proactive. They will reach out. They will drive action. This is a supportive work environment where a sense of collaboration is strong. PCVRS has also shown some flexibility in that they seem to be able to adapt some of their processes to the clinical realities we face in providing care, and that responsiveness to feedback is important.

PCVRS is also big and bureaucratic, which comes with some pros and cons. On the pro side, that larger bureaucracy allows for digital portals and structured workflows that a lot of third party providers can't offer. Clearly, there are challenges in working with PCVRS as well. For instance, they're bureaucratically intense, so reporting expectations are high and timelines can be tight. I think this is ultimately good because it helps with accountability and continuity of care, which benefit the veterans we serve.

I also want to acknowledge that some veterans have expressed frustration with both PCVRS and CRUX at times. Their experiences really matter. We should listen and have their experiences inform ongoing improvements.

If you're going to evaluate any sort of rehabilitation program, including PCVRS, I also think it's essential to understand the scientific limits of treatment response. Veterans who enter rehabilitation often have chronic, complex problems with multiple comorbidities—PTSD, depression, pain, addiction and personality disorders—intertwined in these presentations. It can create treatment-resistant forms of illness. Sometimes veterans present, also, with complex medical discharge histories, following years of complicated interactions with medical professionals.

If you think of a relatively uncomplicated case of PTSD, you could expect moderate improvement, but when you add chronicity, comorbidities and functional impairment, as is often seen in military populations, those treatment response rates certainly don't improve. I think we have to evaluate PCVRS and our efforts at CRUX in relation to the current limits of psychological science and acknowledge that we're often seeing difficult cases in difficult circumstances.

- (1110)

No provider, whether that's CRUX or PCVRS, can outperform the underlying science or what you might see in clinical trials, where complex cases are often excluded. For these reasons, we need to realistically evaluate PCVRS's performance against benchmarks that are grounded in scientific evidence and consider what's realistically achievable.

In closing, I support rigorous, evidence-based oversight of all rehabilitation programs, including PCVRS. From our vantage point, CRUX works and PCVRS works. Veterans are being connected to timely, evidence-based care in a way that was less possible under previous models—

The Chair: Thank you.

Dr. Simon Sherry: Most importantly, I think we have to be committed to continuous improvement.

The Chair: Thank you very much, Dr. Sherry. I'm sorry. As I said, I have the time beside me.

[*Translation*]

Ms. Marier-Deschênes, you have the floor for five minutes.

Pascale Marier-Deschênes (Assistant Professor, Université Laval, As an Individual): Thank you, Madam Chair.

I am a professor at Université Laval and a researcher at the Centre interdisciplinaire de recherche en réadaptation et en l'intégration sociale, or CIRRS. I did my initial training in social work, but I now teach at the Faculty of Medicine. Most of my pedagogical and research projects involve veterans living with chronic pain, so that's really what I want to focus on today. I also work closely with health care professionals and veterans' family members.

My goal with the veterans I work with is to develop a set of on-line resources to better support anyone working with veterans to manage their chronic pain, starting with the veterans themselves, their loved ones, future health and social services professionals, so our students at Université Laval, as well as current professionals. I work more specifically to develop training and adapt a chronic pain self-management program to the military culture.

In that context, I work with veterans and health care professionals listening closely to their experiences to better understand the services that are available. The main thing my partners sometimes tell me is that PCVRS rehabilitation professionals lack knowledge related to the management of certain health problems characterized by chronic pain.

This can sometimes lead to an intensity of services being maintained although it may not be suited to best practices in cases of fibromyalgia, for example, exacerbating problems rather than promoting rehabilitation. Managing the chronic pain of someone with fibromyalgia by constantly pushing them over their limit in order to keep with a fixed framework, such as two hours of rehabilitation three times a week with a professional, is likely to lead to an increase in pain and associated symptoms, such as fatigue.

People have told me they've had to take time to recover from the rehabilitation program itself because it made their situation worse. Let me give you an example. A man had to start using a cane during his rehabilitation — I focus more on the physical aspect of rehabilitation than the psychological aspect — because his rehabilitation program was so intense, it ended up exacerbating his issues. Things returned to the previous normal level a month and a half after he finished his rehabilitation.

Another veteran whose pain was well managed and stable through self-management before rehab services began had to stop rehab altogether after seven weeks. She was unable to continue, even though she'd said several times it was too much. This suggests the government is imposing a one-size-fits-all service model, which is not unlike the armed forces model designed for men.

People also told me they'd already had follow-ups or had appointments scheduled when they started the rehabilitation program but it wasn't necessarily taken into consideration. This leads to a very high level of service intensity.

Also, and I think it's been widely reported, I was told wait times were long, up to a year, before the first rehabilitation services appointment. These delays are directly related to the fact that services must be provided by a PCVRS network provider.

Another issue is where the assessments and treatments are being done. Since claimants aren't necessarily evenly distributed across the country, the distance they have to travel to be assessed or treated by providers located far from major centres not only causes frustrations, but it can also lead them to abandon the rehabilitation program. Therefore, the remote location of chronic pain management providers may explain the decrease in people attending their appointments, specifically among this clientele.

If someone lives in Quebec City or Sainte-Catherine-de-la-Jacques-Cartier, for example, and has to go to Lévis to be assessed, the drive alone may end up increasing their perceived pain and make them arrive at their appointment less willing to do the prescribed rehabilitation exercises.

• (1115)

If those trips happen three times a week, that obviously creates challenges. People have told me the loss of services that were previously more accessible nearby is a big problem.

Finally, I was told veterans who had been assessed, who were receiving services from the Operational Stress Injury Clinic, or OSIC, in Quebec City, and who had to be reassessed—

The Chair: Ms. Marier-Deschênes, I have to interrupt. I'm so sorry, but you can't see me when I wave at you.

You'll have a chance to finish your remarks when answering questions from committee members. I'm so sorry to have to cut you off.

[English]

For five minutes, we have Mr. Parsons.

Michael Parsons (Registered Psychiatric Nurse, As an Individual): Thank you.

My name is Michael Parsons. I'm a registered psychiatric nurse in Alberta. I took on a position with PCVRS as an RSS last year. Prior to that, I had positions with Correctional Service Canada, Alberta Health Services, Recovery Alberta and the Department of National Defence as a mental health nurse.

During my time working for PCVRS, I witnessed a few issues coming across that convinced me to resign. A lot of the issues that I was presented with while working through PCVRS breached my code and principles of ethics under my College of Registered Psychiatric Nurses of Alberta training.

I'm also a veteran of the Canadian Armed Forces. I served 15 years. I decided not to wear my medals today because of some of the stuff I witnessed while working for PCVRS. A lot of the time, a lot of veterans were questioned about the integrity of their service and what they were saying. I chose not to wear my medals today because of that, so you can take me a bit seriously when I discuss some of the issues I came across while working for PCVRS.

The first issue that I came across while working with PCVRS was actually during the training. What I noticed was that, even at a director or management level, they were not familiar with a lot of the transitional services that VAC, SISIP or even the Department of National Defence offers during release or medical release. This took up a lot of time. There were a lot of frustrating moments trying to discuss this, especially around SISIP, to the point that I had one of the directors ask me, "Can we purchase SISIP and take over its services, because it's an inconvenience to us?" There were a lot of disagreements and a lot of not being familiar with the services provided.

The second portion, which one of the other witnesses already mentioned, is that they do not follow best practices, especially around approval for treatments. There were a few treatments for clients, including things like ECT or TMS, that were recommended by some of the assessing psychologists or psychiatrists. A lot of the responses to these treatments, or other alternative treatments that the prescribing physician or the psychiatrist would offer, were “Our network does not offer that. Lifemark and PCVRS do not offer that treatment, so we cannot provide that treatment.” Meanwhile, the prescribing doctor, physician or psychiatrist would get frustrated because this patient needed this treatment and PCVRS would not supply it. This was really frustrating in a lot of instances, because some of the veterans needed help right away and, as a lot of the other witnesses mentioned, it would take some time.

Also during my training, I would get the managers to give me lists and charts of clients who were difficult. They would deem them difficult to deal with and they wanted me to review their charts. A lot of the time, they weren't being difficult. They were just wondering why they weren't getting their treatments or the services they were provided in the past.

While doing the training, I also experienced working with a lot of the other interdisciplinary professions that I worked beside. They weren't familiar with mental health or the mental health continuum of care. Again, a lot of the time, they didn't understand best practices.

• (1120)

Here's a direct patient incident: I had a client, a young female, who had been diagnosed with PTSD and had also experienced a sexual assault during her service. I reviewed her chart with the manager and the director and saw in her assessments from the OSI clinic that she was dealing with agoraphobia. She didn't want to leave her house. It was really difficult for her to come in to even talk to a psychologist without experiencing severe anxiety or some thoughts of self-harm.

This was frustrating, because it breached my principles of practice as a psychiatric nurse for non-maleficence. I didn't want to cause any harm. I advised my manager and the director that this was harmful and that I could not complete some of these assessments and continue working for PCVRS—

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

As I said to all of you, I am the gatekeeper, and I apologize for interrupting any of your presentations. I am sure that the members of Parliament will ask you questions as we go forward.

We will start our first round of questions.

For six minutes, we have Mrs. Wagantall.

Cathay Wagantall (Yorkton—Melville, CPC): Thank you very much, Chair. I appreciate that.

I appreciate the testimony we're hearing today and I am grateful for each of you being here. This is obviously a large organization with a lot of moving parts, and there are a lot of different perspectives. It's important that we hear them all, and I want to thank you.

I will start, first of all, with Mr. Parsons. What I'm hearing is disconcerting, and I can tell that it's uncomfortable for you as well. I hope you're able to answer my questions without a lot of duress.

You spoke specifically about concerns around the fact that what was being requested of you breached your code of ethics. That pretty well hits right at home. I'm sure it was difficult to have to make the decision that you did. Do you want to elaborate a bit more on that?

• (1125)

Michael Parsons: Sure. I apologize. Yes, it hit a chord. It always hits a chord.

My biggest issue with PCVRS and working for them, on that point of breaching my code of ethics, is that I have worked for a few organizations, which I just mentioned, including Correctional Service Canada. They have service standards. AHS has service standards. At PCVRS, during all of my training, there was no mention of service standards, accreditation or keeping that accreditation.

I also witnessed that there was no oversight. There was nobody to voice my concerns to, other than the director or the manager directly in charge of my services—that was frustrating—whereas working for other government organizations or agencies, especially in a public service sense.... At AHS, if I had an issue, I'd go to the patient advocate's office or the mental health advocate's office. I didn't have that option. Even as a veteran, post-working for PCVRS, I was told to go and talk to my ombudsman or an MD.

Cathay Wagantall: Thank you very much for sharing that.

We have heard a few things. One was that when an individual went in for this assessment, it was being shared extensively within the organization without them seeing what their assessment had been and what the expectations were. Within your field, is that a normal thing to do?

This individual pushed until he saw it, but he found out it had already been shared. There were things in there that.... Because he was so concerned that he wouldn't qualify for his IRB, which was a bit of a threat, he really shared, and he was quite discouraged by the fact that information about family members and whatnot was out there.

What was your experience in that regard?

Michael Parsons: I never dealt with that individual directly.

Cathay Wagantall: No. I'm asking about how that assessment process is done.

Michael Parsons: It depends on who did the assessment. That was another thing I witnessed. With the young lady I made reference to, the assessment was originally done by an OSI clinic. It was well written. I read the assessment. Probably for this gentleman, as well, if I were to read his assessment.... Even if it was done correctly, better than I've ever seen before, working for AHS.... I worked at the Centennial Centre. We worked collaboratively. We trusted each other. We believed in our assessments.

When I presented that to my lead or my manager, or even one of the directors I constantly had conversations with, it wasn't done by one of their people from their Lifemark network, so they would try to convince me to get the veteran to do it somewhere else. That breached my principles of practice. Reading those assessments, it would have harmed the individual in so many ways, and I couldn't force myself to do that and get somebody to relive it again. I wouldn't do that even in an in-patient scenario.

Cathay Wagantall: Thank you.

One thing we have learned is that a number of individuals were having good care and were satisfied with what they were receiving, but because of this huge transition within the department, they had no choice but to transition and go through this new lane, which caused a great deal of angst for a number of them and, of course, has been a hugely expensive process.

Did you find that yourself? Did you hear them say, "I have someone who I'm really happy with and I really wish I could go back there"?

• (1130)

Michael Parsons: Yes, I agree 100%. There are a lot of clients who I wish I could go back and advocate more for, but at the same time, I took on this role of trying to cut back after being a nurse and working during COVID. I took this job to ease my workload, only to find out that this company was harming veterans. I wish I could go back and do more, but at the same time, as mental health professionals, we have to protect our own.

Cathay Wagantall: I understand.

I have very little time left. I just want to thank you for having made the decision to come today and to share what you have shared with us.

The Chair: Thank you very much.

For six minutes, go ahead, Mr. Casey.

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

Mr. Parsons, thank you for your service, sir.

I'm going to start with Dr. Sherry.

Dr. Sherry, you gave a fairly positive view of your experience with PCVRS. Were you involved in the delivery of rehabilitation benefits to veterans before the contract was transferred over to PCVRS?

Dr. Simon Sherry: Yes, we would have been collaborating with Veterans Affairs Canada.

Sean Casey: Can you explain the most significant differences between then and now?

Dr. Simon Sherry: I think there are commonalities, in that the PCVRS side and the VAC side both care deeply about veterans. The biggest difference I now see is that PCVRS drives action, and we're able to provide more timely services.

Sean Casey: You just heard Mr. Parsons' testimony. I'm going to invite you to respond to some of the things he heard, but before I do, just for context, I think you indicated that CRUX is the largest provider of psychological services within the PCVRS network in Atlantic Canada. Did I get that right?

Dr. Simon Sherry: Yes.

Sean Casey: There were 283 therapy sessions, more than four new clients a week and 160 assessments since 2024.

Dr. Simon Sherry: Yes.

Sean Casey: Have you experienced, regularly or at all, instances where the PCVRS team was not familiar with the transitional services available upon release?

Dr. Simon Sherry: I haven't seen that. I found them to be knowledgeable and responsive.

There were aspects of the testimony provided that I would identify with. I think that when you're working with vulnerable populations, such as military members, you do have to be careful about how often you assess them.

If you assessed someone two years ago, it is an open question as to whether or not they need to be assessed again, because symptoms vary and illnesses progress. However, if you assessed someone two months ago, I think it would be good for us to spare them from the unneeded additional assessment that can result in re-traumatization, as it is a threatening and anxiety-provoking experience.

Sean Casey: During your time as a provider for PCVRS, has there been any change to their protocols, their systems or their attitudes towards these repeat assessments from the time they initially took on the contract until now?

Dr. Simon Sherry: I would say that PCVRS has always been responsive. I meet with them regularly, and we have a good line of communication.

For instance, right now we're finding some of their assessments, as part of our therapy process, to be unduly long. I've offered them that feedback and we're working through it together. I'd say it's been quite collaborative. It's not one-sided. It's been positive to have a reciprocal relationship.

Sean Casey: That's interesting.

What about veterans being questioned with respect to their integrity by PCVRS? Has that been a common element of your experience?

• (1135)

Dr. Simon Sherry: I've never heard anything like that. It upsets me to know something like that has occurred, but the RSSs or case managers we work with are all respectful. I've never heard anything like that with our staff or psychologists. We carry tremendous respect for veterans, their service and their sacrifice.

Sean Casey: Do you have a multidisciplinary team that works with the veterans?

Dr. Simon Sherry: No, we are psychologists, and psychologists only.

Sean Casey: Has there ever been or is there regularly conflict with the code of professional conduct of psychologists with respect to carrying out their responsibilities under the PCVRS contract?

Dr. Simon Sherry: We do have a strict code of ethics in psychology, and adhering to it is very important to me and our team, but I would not say that we find ourselves in conflict with our code of ethics in dealing with PCVRS.

Sean Casey: What about the mental health continuum of care? How would you assess the knowledge, the familiarity and the working ability of the PCVRS team with respect to the mental health continuum of care?

Dr. Simon Sherry: We're trusted as experts. Most of our psychologists have doctoral-level training, and I think we need to be trusted as the experts. I do find that PCVRS is quite flexible and supportive in helping us meet our treatment goals. I can't think of a time an extension request was denied. For instance, if you're working with a veteran and find that they need more service, the answer is always yes, if not almost always yes. It's a positive and supportive environment.

As I pointed out, PCVRS can be bureaucratically intense—

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

Now, for six minutes, Ms. Gaudreau will speak in French, so make sure you are on the language channel of your choice.

[Translation]

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

To start with, I want to express my heartfelt appreciation for those who sat on this committee in the last Parliament. We have with us today none other than Mr. Luc Desilets, for whom I have a great deal of respect.

I'd like to stress that the report on the suicide prevention study will be tabled in the House of Commons shortly, and that's thanks to Mr. Desilets and what we're going through. We added meetings to discuss the Lifemark network and the PCVRS because we hadn't shed enough light on them.

Seriously, I salute you, Mr. Desilets.

Madam Chair, I too am upset, for two reasons. I'm upset to see a dichotomy and a contradiction in the service delivery. I'm reassured and delighted to know there are a lot of veterans in the Atlantic region. We are talking about 283 satisfied individuals. That's perfect. However, what we're talking about are the services provided.

Mr. Parsons, when you were a correctional officer, standards had to be met and you were comfortable meeting them. However, you stopped providing services to veterans, because it went against your ethical principles. Why? We were told everything was fine, but we're constantly learning that things aren't fine.

[English]

Michael Parsons: Again, as a frontline health care worker dealing with the clients directly—not with management, directors or VAC itself but with the clients individually—you get to hear their truths and, of course, there's a mental truth.

The difference in working with Correctional Service Canada and the clients there.... Yes, they're criminals and inmate offenders, but I wasn't there to deal with their punishments. I was there to deal with their health and their mental health. At the same time, there are standards. Even with that, with Correctional Service Canada, human rights are respected. As a layman, I'm there to keep them alive.

With regard to the veteran benefits, I know—and also being a veteran—that the benefits are there and that they're being restricted. By “continuum of care” with regard to mental health, I mean allowing them, even if they're not a veteran, to have that rapport with their service provider, which I saw PCVRS interrupt numerous times directly. I didn't hear this from a director or a manager. This is from talking to the veteran directly.

• (1140)

[Translation]

Marie-Hélène Gaudreau: My understanding is this is not a one-off. Thank you very much.

I'd like to turn to Professor Marier-Deschênes.

What are the main limitations of the private model that came out of your research projects on the PCVRS model?

Pascale Marier-Deschênes: What I heard has a lot to do with the rigidity of what's included or proposed in the rehabilitation program. I was told there's little flexibility when it comes to adapting to the individual's health issues, to their reality.

When it comes to chronic pain, the biopsychosocial aspects need to be taken into consideration. That's one of the leading guidelines for chronic pain management, and it seems to be given very little consideration. I don't necessarily want to focus on the health care providers, the professionals. Perhaps this is also happening in the way services are organized. It's not necessarily on an individual basis. That's something that was brought up.

From what I heard, the limiting aspect is the lack of services offered nearby. It's annoying. Experiences might vary from one region of the country to another, in different provinces. We know, for example, there would be psychologists or rehabilitation professionals, so occupational therapists and physiotherapists, nearby. However, right now, veterans have to travel great distances, which exacerbates their symptoms.

Marie-Hélène Gaudreau: I was a caregiver for a long time, and when you need rehabilitation care, you can't drive 20 hours to go and see a health care professional. Seriously. I understand that.

I feel veterans are being discriminated against based on where they live. I won't talk about French or anything else. Seriously, that shocks me a great deal.

Since my time's up, I'd invite you to provide us with your study reports, and we can take them into account in our report.

Pascale Marier-Deschênes: Actually, I don't know if I can take an extra 30 seconds. I don't have a report—

The Chair: No. I'm so sorry. Ms. Gaudreau asked you a question, and we hope you can give us a follow-up.

Thank you very much, Ms. Marier-Deschênes.

[*English*]

Mr. Richards, you have five minutes.

Blake Richards (Airdrie—Cochrane, CPC): Can I continue along this line with you, Pascale? It's in relation to this idea of veterans who are outside of major urban centres and are further away from those places, out in more remote areas and things like that. This is quite often where veterans choose to locate themselves, away from some of the major urban centres. I think this is where one of the challenges with this program seems to be. You identified it even in your opening statement. You mentioned that one of the impacts of that is that often veterans will then choose to withdraw because it becomes too difficult to comply with what they have to do, where they have to drive and things like that for these appointments.

Can you speak a little bit to what that impact is? What does that then do? When the veteran chooses to withdraw, what does that trigger in their life? What change could that make for them when they have to make a difficult decision to withdraw because it's too difficult to comply with what's needed?

• (1145)

[*Translation*]

Pascale Marier-Deschênes: The first thing is obviously the financial impact. When a veteran leaves the rehabilitation program, they lose coverage. In fact, I think it drops from 90% to 75%. Financially, it has an impact.

That said, I think the problem is self-efficacy. I think some people could've kept going if rehabilitation was less rigid, although they might not have had access to exactly the same services. Some may choose to continue with the insurer and choose other types of treatment, not for rehabilitation but for maintenance. That's what I was told. I don't have any more information on that.

[*English*]

Blake Richards: Was this issue a problem prior to PCVRS being involved in the rehabilitation program?

[*Translation*]

Pascale Marier-Deschênes: That's a good question.

I can't speak to certain cases I've heard about and that are more recent. I'm thinking about people who were in rehabilitation over the past two years or so. They didn't participate in the previous program. However, there were services nearby, which they had access to before, but that's no longer the case.

I'm not necessarily talking about people who live very far from major centres. They sometimes live in the suburbs surrounding major centres. They don't necessarily live in isolation, but they still need to travel great distances, without necessarily being in a remote rural area. This is a new reality.

[*English*]

Blake Richards: Thank you.

Mr. Parsons, Dr. Sherry painted a picture of the situation that was a bit rosier. I suspect that's probably due to the difference between being one of the trusted partners within the Lifemark network and not being one.

Is there anything you want to respond to, in that regard? There seem to be two different realities we're hearing about here. I suspect that might be where the differences are, but I want to see what your thoughts are, if you want to speak to that.

Michael Parsons: Because of time limits, I will say that I do have a positive on PCVRS. As a veteran, when I was medically released in 2009, I heard, "Go find your own help. Go into the wild." As they mentioned, that was not a bad thing, but with the barriers to care mentioned by Dr. Sherry... I'm a frontline worker. I was working in the trenches with the frontline workers and not—

The Chair: I'm so sorry, Mr. Parsons. Mr. Richards is very much aware of his time.

Michael Parsons: —as a deputy minister or the deputy of some company. That's the difference.

The Chair: I'm going to have to interrupt you, sir. I apologize. Mr. Richards should know better. Thank you very much.

Next is Ms. Hirtle for five minutes.

I apologize again, Mr. Parsons.

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

Dr. Sherry, I'm going to come to you.

To follow up on the conversation that's been happening, do you think your experience is different because you have a team and you're acting as a trusted partner versus as an individual?

• (1150)

Dr. Simon Sherry: I have only my experience. I don't have a comparison, unfortunately. I do think we have worked to solve some problems that were mentioned here, and I think they are important problems.

For instance, on accessibility, you can provide therapy in a reliable, valid way through telehealth, which can help problem-solve the barriers of travel, parking and inconvenience. Of course, there are other interventions not amenable to online services.

Alana Hirtle: You're in Nova Scotia. I'm a Nova Scotian as well. There are common needs and concerns that tend to arise, I assume, from different individuals you've encountered.

Do Atlantic Canadians have different issues or similar issues? How does that impact the service you are able to provide?

Dr. Simon Sherry: I think you will see regional variability in the problems people face, even in Atlantic Canada. Everyone is unique.

If you're a psychologist, then you have to drill down and understand the geography, the history and the society that the person is living in and have respect for that culture. There's a lot of diversity within Atlantic Canada, so you need to be culturally responsive to people from different ethnicities, backgrounds and groups. As psychologists, we are trying to continually improve ourselves to provide effective treatment to the widest range of people possible.

Alana Hirtle: Of the 283 therapy clients you've had since 2024, are the majority in Atlantic Canada, or are they across the country?

Dr. Simon Sherry: The majority are very much in Atlantic Canada.

Alana Hirtle: How well does the current service structure align with their needs, in your view?

Dr. Simon Sherry: We are empowered to provide evidence-based treatment, and that's very important to me. In psychology, we're trying to adhere to clinical standards grounded in rigorous science. For instance, if you're treating PTSD, there are several well-studied and approved interventions. PCVRS gives us an opportunity to deliver that care as best we can.

Alana Hirtle: What recurring challenges do veterans report to you when accessing psychological or mental health services?

Dr. Simon Sherry: I would say that they too struggle with the bureaucratically intense nature of PCVRS. You are well monitored by your RSS. There's regular communication. There are forms to fill out. As you transition from one service provider to another, there can be threats. One theme today has been that it's difficult to be reassessed, for example.

Alana Hirtle: Would you say there are systemic or procedural factors? You mentioned the bureaucratic heaviness. Would that appear to contribute to these challenges?

Dr. Simon Sherry: I think it's double-edged. On the one hand, it creates paperwork. On the other hand, it drives action, timeliness and creates accountability in a way that's good.

One interesting thing about PCVRS is that they've implemented progress monitoring. If someone comes into the program and they're addressing depression and anxiety, for example, then their depression and anxiety is continually monitored. That's important. If we're helping people, then that should be evident in some sort of a quantitative way.

Alana Hirtle: Thank you, Dr. Sherry.

In my last 40 seconds, I'll move on to Professor Marier-Deschênes.

As someone who has lived with chronic pain for many years, can you tell me a bit about the program *Agir pour moi*? How does that help to address chronic pain?

[Translation]

Pascale Marier-Deschênes: I, for one, did not suffer from chronic pain. My partners did. I'm not sure I understood the question correctly.

My understanding of chronic pain leads me to take a critical look at certain aspects of the program, but it's really related to specific health issues. Let's take the example of fibromyalgia, which some veterans have. Rehabilitation approaches in general that encourage overshoot—

The Chair: Ms. Marier-Deschênes, I'm very sorry to interrupt you again.

Thank you very much.

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

• (1155)

Marie-Hélène Gaudreau: Thank you, Madam Chair.

I'd like to ask Professor Marier-Deschênes three questions.

We were talking earlier about clinical data. Are there any? If so, can they be used to assess the PCVRS program's impact?

Pascale Marier-Deschênes: I actually don't have clinical data on how much the program is being used. I'm more focused on developing educational projects for this clientele, and there's no specific data on that.

As Mr. Sherry said, it's likely all the reports that have been collected would enable us to assess the program's impact.

Marie-Hélène Gaudreau: Okay.

The only thing I want to emphasize is that this needs to be assessed for all veterans. We really targeted veterans in the Atlantic region. What's the situation in Quebec and other provinces?

We're talking about the old program, which was more flexible, more accessible, and so on. Right now, we're being told the new program is very good, on paper. People have told us that. However, it doesn't meet the needs of the most vulnerable veterans.

Isn't that true, Mr. Parsons?

[English]

Michael Parsons: From personal experience as a veteran, I used Veterans Affairs Canada to accommodate my schooling for psychiatric nursing. I used the old program, and in comparing it to this program, the old program built trust with VAC, which worked on it with the veteran. With PCVRS, it was like starting fresh. They did not have a clear understanding of that transitional...and the differences. They're starting from scratch. It's sad to see all that rapport, all that trust built with VAC, just go away.

That's what I noticed in the differences between the old system and the new system. I'm not saying that the old system was perfect. I had issues dealing with that, which I've actually discussed with one of the members here, when I graduated from school. However, with this new program, the term I would use is that it's their way or the highway.

[Translation]

Marie-Hélène Gaudreau: Thank you, Madam Chair.

[English]

The Chair: Thank you, Madame Gaudreau.

[Translation]

It's now time to thank the witnesses.

[English]

Thank you very much.

Certainly, Mr. Parsons, thank you for your service to Canada.

[Translation]

Dr. Sherry, Ms. Marier-Deschênes, thank you very much.

We are going to take a break before we welcome the second panel. Thank you very much.

• (1155) _____ (Pause) _____

• (1205)

The Chair: Hello everyone.

I call the meeting back to order.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on September 18, 2025, for the second hour of the meeting, the committee will conduct its study on barriers to entrepreneurship among veterans.

[English]

I would like to make a few comments for the benefit of our new witnesses.

[Translation]

Please wait until I recognize you by name before speaking. If you are on the video conference, click on the microphone icon to speak. Please mute yourself 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]

I would now like to welcome the witnesses.

[English]

From FNV Ranch, we have Mr. Dallas Prince, co-founder and facilitator, by video conference. From Punisher Waterfowl, we have Mr. Damien Pittman, owner.

Thank you for your service, sirs.

[Translation]

From the University of Ottawa, we welcome Mr. Garrick Apollon, program director, mission entrepreneur program, Professional Development Institute.

Each witness will have five minutes for their opening statement, after which we'll move on to questions from committee members.

[English]

I will be starting with Mr. Prince for five minutes.

Dallas Prince (Co-Founder and Facilitator, FNV Ranch Ltd.): Good day.

I'm not really sure what I'm supposed to say here. I was told that this is about barriers to entrepreneurship as veterans.

I have some bullet points.

One of the barriers, which is a thorn in our side, is the \$20,000 cap on income as a released veteran.

Additionally, our release seems to be an overwhelming burden or task for a lot of veterans starting a small business, in that many have a heavy appointment load.

As well, in terms of points of contact through government channels to ensure success, there's not always somebody to talk to or be in contact with so you can talk through how you'll go about doing certain things. If there were a veteran business bureau, one that supports just veteran businesses and how to intercorrelate...

Additionally, for mentorship, there isn't really a good mentorship program for veterans to transition from military life to civilian life, and not only that but also for being a business owner or a corporation CEO.

Entrepreneurial info isn't easily accessed. I know there's the Prince of Wales program for veterans, but it's in remote locations like Gagetown. I live in Alberta, so that's obviously not feasible. The SCAN seminar is a shotgun blast of information that isn't exactly absorbed, and it cannot be reaccessed once you're out of the service, which would be handy.

In the transition to civilian life, there's getting a doctor and dentist. These things are obviously burdensome when it comes to continued care after the military, where everything is taken care of. When you're a civilian, now you're in charge of finding a doctor, who will be non-existent. Especially here in Alberta, we have a lot of problems finding doctors. I think one should be assigned to you, and they should be assigned to you for the rest of your life.

Finally, there is the ability to start a small business while transitioning out. There are a lot of barriers for serving members starting small businesses in order to transition from military life to civilian life.

These are some of the issues we found.

Thank you.

• (1210)

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

Now, for five minutes, we have Mr. Pittman.

Damien Pittman (Owner, Punisher Waterfowl): Thank you, Madam Chair and committee members, for the opportunity to speak before you today.

My name is Damien Pittman. I'm a 19-year veteran of the Canadian Armed Forces. I served in Afghanistan and Iraq and was medically released in 2019 due to PTSD injuries I received while deployed. I'm also the founder of Punisher Waterfowl, a Canadian hunting and lifestyle brand built within the waterfowl industry.

I want to be honest from the start. There's a little bit of trepidation with me speaking before you today, and it's not because of public speaking. I carry a fear that by speaking openly about entrepreneurship or trying to better myself, I may actually lose benefits from Veterans Affairs—benefits that I rely greatly on and so does my family.

Veterans become very cautious about ambition at the very exact moment when they should be getting support in rebuilding their lives. I started Punisher Waterfowl as a hobby in 2014, while still serving, and as a way to engage with my local community. It was never meant to be anything big, but after I returned from Iraq in 2016 and was told that I was getting medically released from the Canadian Forces, I knew I had to put some more effort into the business.

When I was released from the military, my injuries had taken away a lot of my purpose in life. I tried to reintegrate into the civilian workforce, but my injuries took away my ability to hold down a regular job. A standard 40-hour workweek was no longer a realistic option for me. Entrepreneurship gave me a way to work within my limitations. I needed to do something. I couldn't just sit still and do nothing.

Punisher Waterfowl has done more for me than just provide some money and income. Entrepreneurship has helped in my recovery. As a person with post-traumatic stress disorder and the limitations that I have, having Punisher Waterfowl and being an entrepreneur, I got out of bed in the mornings when motivation was very low.

The Canadian Forces instilled in me discipline, resilience, adaptability and mission focus—all traits that a successful entrepreneur is looking for.

The barriers I want to highlight today are straightforward. The first is fear and uncertainty around Veterans Affairs benefits. The second is limited access to capital and financial runway, which is the \$20,000 cap we've heard talk about many times during this committee. The third is the lack of veteran-specific mentorship, like my peer Dallas has just mentioned. The fourth is fragmented supports with no clear, one-stop path into entrepreneurship. The fifth is the administrative burden that comes with trying to build a business, while also managing the realities of release and recovery.

My recommendations are also straightforward. Veterans need clear, written guidance that pursuing self-employment will not unfairly threaten their benefits. We need a one-stop veteran entrepreneurship gateway. We need veteran-focused start-up funding. We need a strong mentorship network, and we need entrepreneurship to be recognized as a legitimate transition path, not an afterthought.

Veterans have the ability to build strong businesses and strong communities. I believe I am proof that entrepreneurship can help veterans stay focused, regain purpose and continue contributing in meaningful ways. What is too often missing is clarity, access and confidence that the system will not punish us for trying.

Thank you, and I look forward to your questions.

• (1215)

The Chair: Thank you very much.

[*Translation*]

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

Garrick Apollon (Program Director, Mission Entrepreneur Program, Professional Development Institute, University of Ottawa): Madam Chair, committee members, it's a pleasure for me to join you today.

I represent the University of Ottawa, where I am a professor and director of entrepreneurship and innovation at the University of Ottawa's Faculty of Law, Common Law section. I am also the founding director of the Norton Rose Fulbright legal clinic at the Faculty of Law, where we provide free legal services to entrepreneurs from Futurpreneur.

We work in partnership with Norton Rose Fulbright Canada, Futurpreneur Canada and the Institut du savoir Montfort. Of course, I'm the director of mission entrepreneur, the only program that leads to a certificate in innovation and entrepreneurship for veterans, which is offered by the Professional Development Institute at the University of Ottawa. I'm a lawyer-entrepreneur. I have more than 20 years experience as a member of the Law Society of Ontario, which means I speak from lived experience, not just theory. We are well aware of the barriers.

I would also like to give you some practical recommendations that could be put in place.

[English]

I'll do my transition to English since the University of Ottawa is a bilingual institution.

King's Trust Canada, funded in 2011 by His Majesty King Charles III, formerly the Prince's Trust Canada, operated a highly successful and popular mentorship and training program for veterans, called operation entrepreneur. The program was terminated as the national charity shifted its focus to new priorities, including pathways to employment for young people facing barriers.

In 2024, operation entrepreneur by the King's Trust foundation was terminated, but we came in to fill the gap. In 2024, mission entrepreneur at the Professional Development Institute of the University of Ottawa was launched.

We have faced many challenges. Comparable programs leading to a university certification in entrepreneurship and innovation were funded to about \$14,000 per participant by the federal government. We requested similar funding from VAC, actually \$20,000 per participant. They decided to give us less than \$6,000 per participant, placing us as a "short course" under the education benefits for veterans, which means that, financially, we keep offering the program because we're committed to serve Canadian veterans, but it's not financially sustainable. The bureaucrats at VAC decided that. What we want is to get \$20,000 per participant. In that way we can start with a cohort of 20 participants per year.

Most importantly, one key challenge that veteran entrepreneurs face is funding. They will all receive a \$5,000 microgrant that will go to their business when they complete the program. That will be an incentive for them to do the program because, often, they do have education and training, but they're facing many challenges. They need to get an incentive to go back to school, so we're committed to reinvest \$5,000. When they complete the program, they get that microgrant that goes to their business. This will ensure the program is sustainable, viable, has veteran participation and has a real sustainable impact for our veterans.

Second, I want to talk about access to capital. That is definitely the biggest structural barrier for veteran entrepreneurship in Canada.

I mentioned that I work in partnership with Futurpreneur Canada, the largest not-for-profit incubator for young entrepreneurs in Canada. They give up to \$75,000 in funding to young entrepreneurs, but you need to be under 40 years old. That's the challenge. Our veterans fall into a vacuum. They don't get any support,

so what we want to do is work in partnership with institutions like the Veteran Business Network Institute, VBNI. Its founder, Caleb Walker, came to your committee.

My five minutes are up.

We could replicate the model of Futurpreneur. I had other things I wanted to discuss, but time is limited.

• (1220)

It's a pleasure. I think I brought forward two key issues, training and mentorship, and funding. We have a practical way to achieve that at the University of Ottawa.

[Translation]

The Chair: Thank you very much.

We'll now begin the first round of questions.

[English]

The first round will be with Mr. Allison for six minutes.

Dean Allison (Niagara West, CPC): I have my timer on. As a former chair, I appreciate the timing issue.

For the witnesses, thank you very much for being here. As an entrepreneur myself, there are tons of challenges, and we could spend a whole day talking about those. You guys are in a more specific niche that has an additional bunch of challenges.

Mr. Apollon, how long is the course? Is it a three-hour course? Is it weekly?

Garrick Apollon: No, it's a six-month program online. It's self-based and complemented with one-on-one coaching.

Dean Allison: That's perfect.

Garrick Apollon: We want to change the program a little to focus more on creating a community and on making it a bit longer, with more coaching, but group coaching, because that's what the veterans love: community. They want to also build a community of entrepreneurs and work together—

Dean Allison: Thank you. That makes a lot of sense.

Garrick Apollon: —but we need funding.

Dean Allison: Yes, and certainly mentorship is a key one, as mentioned.

Mr. Prince, you talked about it and Mr. Pittman did also. You mentioned that the \$20,000 is all that you're eligible to get. I'm not normally a member of this committee, and on the \$20,000, Mr. Prince, are those the only funds you're able to access or is it up to...? Can you explain what you meant, please?

Dallas Prince: Veterans Affairs puts a cap on how much income I can get over and above my pension. After the \$20,000 cap, they start clawing back dollar for dollar, so the incentive to work is almost nil. It's almost as if they pay you to sit on your ass and do nothing. On that \$20,000 cap, \$20,000 doesn't go very far, so that's one barrier that we find.

Dean Allison: Thank you.

Do you guys have access to capital? I know that we talked about that as an issue. Is there any program that relates to veterans getting access to capital at all?

Damien Pittman: Not that I'm aware of. If there is, please point it out.

Dean Allison: Okay. Not only do you get clawed back dollar for dollar, but there's no help when it comes to....

I've noticed that there are a number of other programs that the government has. There's a Black entrepreneurship program, an indigenous program and a women's program that all have access to capital. Futurpreneur is a great program, and there are also Startup Canada and community futures. There's a whole bunch of programs, so I guess my question would be—

Garrick Apollon: They're funded by the federal government.

Dean Allison: Right, so you guys would not be opposed to maybe getting a piece of that. We don't need to create a new program, because there are some. We could maybe supplement a program like you have, Mr. Apollon.

Mr. Pittman, it would be helpful if some of the programs in existence maybe could offer veterans a piece of them. Would that make sense?

• (1225)

Damien Pittman: Absolutely, and keep in mind that the veteran community is growing and the appetite to become an entrepreneur within the veteran community is quite large. It's continually growing.

Yes, 100%, we want a piece of that pie. Even if we got our own envelope of money, it doesn't matter, but we do want a piece of that pie.

Dean Allison: I think entrepreneurship is tough enough in Canada already. We have a lot of barriers. We saw in just the last couple of weeks a study saying that there are twice as many people investing in the U.S. and that Canadian companies are investing in the U.S. versus actually investing in Canada.

Mr. Apollon, do you have any thoughts on that? You see a lot of entrepreneurs. What are some of the reasons for that?

Garrick Apollon: Yes, our entrepreneurs in our country are underfunded and undersupported. There's too much bureaucracy and red tape. It's too complicated. We need to give them support.

I'm here to talk about veteran entrepreneurship. I think it's crucial, because veterans face great challenges when they transition, what with PTSD and all of that. Entrepreneurship helps you to heal. It gives you a mission. That's why we call it "Mission Entrepreneur". It gives you a life purpose. We're talking about mission-driven people who are highly trained and disciplined. They have all the leadership qualities.

Also, it's about investing in veteran entrepreneurship. We're investing billions of dollars in the defence sector right now. BDC right now has billions of dollars and no conditions to invest in veteran-owned businesses. Those are other issues. We need to change the narrative of the broken soldier to a narrative of people who contribute to our society through entrepreneurship.

Why do you need to do that? It's for our country. It's national security. We need recruitment. We need young people. Trust me, I've worked with young people. They're amazing.

They're the future of our country, but they want to know what's in it for them. If they see great stories of veterans who have succeeded as business professionals as veterans, it's attractive for them to sign up to go into the Canadian Armed Forces.

Dean Allison: Thank you very much.

I have about 45 seconds. I want to recap what I've heard.

Access to capital is key. We don't need to start a new program. We have a bunch of government programs. Why not set aside some funds, like we do for Black, indigenous and women entrepreneurs, as a possibility?

Then I'm hearing that regulation and red tape is killing you guys, like it's killing all entrepreneurs in Canada. We have to figure out the way to do it.

The last point I'll make, which I also heard from you, Dallas, is that we need mentorship. We need someone to walk alongside any entrepreneur but certainly our veteran entrepreneurs, and we need to try to figure out how we can make that happen.

I would also suggest to the committee that we need to reduce that cap and the dollar for dollar. It makes zero sense. It really doesn't encourage people to take risks.

That's all my time.

The Chair: Mr. Allison, congratulations. Thank you. That was amazing.

Thanks to our witnesses.

[*Translation*]

Mr. St-Pierre, you have the floor for six minutes.

Eric St-Pierre (Honoré-Mercier, Lib.): Thank you, Madam Chair.

Mr. Apollon, thank you for being here today and for speaking in both French and English.

I must admit that I studied law at McGill University, not at the University of Ottawa. I am also a member of the Barreau du Québec, and I worked for the firm Gowling, not Norton Rose Fulbright. So please don't judge me!

Thank you for sharing the work you do with us. It's truly impressive. I'm curious to learn more about the transition of veterans, which you're using as a catalyst for innovation and creativity.

Tell us about the program you've created.

How could it be implemented on a larger scale?

Garrick Apollon: I think we need to go back to the recommendation that was made. Futurpreneur Canada doesn't just provide funding. It also offers mentoring and training. You can't just provide funding. Even I was a business lawyer, and when I made the transition to entrepreneur, I saw that it wasn't the same thing. You need mentoring, a community and a lot of support.

That said, funding is one of the necessary elements. At the University of Ottawa, we would like to get \$20,000 per participant, as well as \$5,000 to reinvest. Participants would receive this as a micro grant upon completing the program. It would help them enormously. It would provide a solid start. It could also serve as a prerequisite for the organization—whether it's the Business Development Bank of Canada, or BDC, Futurpreneur Canada, or the Veteran Business Network Institute, or VBNI, which I mentioned—that will be responsible for managing the federal government's funding or loan program for veteran-owned businesses. This ecosystem would work well.

We'd like to start as soon as possible with a cohort of 20 participants, and then ramp things up. We'd like to start this fall, but I don't think it will happen that quickly. Given the bureaucracy, we have to be realistic, but I think we could start as early as next year. There could subsequently be hundreds of participants who would receive online training and group mentoring. They would then receive their funding.

• (1230)

Eric St-Pierre: Thank you and good luck.

[*English*]

Mr. Pittman, I will ask you a question in English, if that's okay.

Thank you for your 19 years of service. Thanks for sharing your story about suffering from PTSD and the courage involved in starting a business. I imagine it must have been challenging.

Can you speak about some of those challenges as you were going from a military service career into entrepreneurship? Can you share some of those challenges?

Damien Pittman: Dallas touched on it.

I will be the first to say that, while serving, we don't have to deal with a lot of the day-to-day logistics that the majority of Canadians do, because the military has a system that looks after all of those things for us, like appointments with the doctor or dentist. After coming out of the military, I said to my wife within two weeks of getting released, "I need a doctor's appointment. How do I get a doctor's appointment?" She had to walk me through that.

Coming out of the military, we have an extraordinary number of skills that will get us through the worst conditions you can imagine, and that's not just being in different countries. That could include the most stressful situations that you can imagine even right here in Canada.

The red tape and the logistical non-support makes it very difficult. Then if you add on the fact that it's an injured.... I'm not taking anything away from healthy veterans, but if you're an injured veteran, it's even more so.

Eric St-Pierre: Thank you.

I'm mindful that I have a minute and a half left. I'll ask Mr. Prince my final question.

Thanks for the work you do. When I was reading your bio, I got really excited, because my daughters went horseback riding for the first time in January. Seeing the joy of a seven-year-old on a horse in the outdoors brought me tremendous pleasure. Thank you for the work you've been doing in Alberta at FNV Ranch.

Can you quickly, in the next minute, discuss the benefits to veterans of being in the outdoors? Can you speak about how that changes their mindset and how that's positive for some of the clients you have?

Dallas Prince: The program we offer is a 10-day pack trip program out to the backcountry, out to the Willmore area. In terms of the benefits, just being around horses allows you to be selfless. You have more than yourself to worry about. You also have your animal. There's a partnership between the veteran or first responder and the animal.

There's also being in nature. It's been proven that nature therapy is actually a modality of psychological care. That, coupled with horse equine therapy, speaks volumes to how well it helps veterans and first responders dealing with PTSD and other stresses.

Eric St-Pierre: Great. Thank you.

[*Translation*]

The Chair: Thank you very much.

Ms. Gaudreau for six minutes.

[*English*]

Ms. Gaudreau will be speaking in French, so make sure you have chosen

[*Translation*]

the right language.

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

Today's meeting is interesting because we're practically wrapping up this study. Honestly, I think we'll have all the recommendations we need to get back on track.

Actually, I spoke with the witnesses earlier. I told them that I am an entrepreneur myself and that, indeed, if you start a business after age 40, there are limitations due to your age.

That said, let's look at the situation from a different angle. What about, for example, people with reduced mobility or a disability? There are plenty of programs.

I met with veterans on the weekend. Yet again, they told me they were being forgotten. As we know, the government is going to invest in defence, which is noble and important. However, how can we encourage new entrepreneurs when, as military life ends and they transition to civilian life, there are obstacles?

Obstacles for someone who has everything they need is not the same as obstacles for someone who may need a little extra help. Seriously, we're falling. How far are we falling? I can attest to it. Some are on the streets. Others are sleeping in their cars. They have children. I can't believe it.

So that's why what we're doing today is very positive. I dare to hope—really, and I'm saying this loud and clear—that the recommendations will not only be analyzed but also implemented.

It's the same with employment insurance. We've been waiting 10 years for a promised reform. For the people watching us, it's the same for veterans.

If we really want it, we can do it. So, there is political will right now, and I thank you, because it needs to be repeated 100, 200, 300 times. Right now, we have a head start. We have three years to implement a lot of things.

I therefore invite you to send us further recommendations. I am very much on the same page regarding the fact that we need to understand veterans, understand the challenges they face following their military service, and adapt accordingly. Adaptation can also mean reducing delays. Bureaucracy is dreadful. We have everything we need then.

I'd also like to hear your thoughts on talent and expertise. I'll start with Mr. Pittman.

It's rather incredible to limit everything you've developed—qualities that are directly linked to those of an entrepreneur. I'm also an entrepreneur, and I know it takes a fighter, a warrior, someone who isn't afraid of anything and who will see it through to the end.

In your opinion, do people understand enough about what your entrepreneurial skills entail?

● (1235)

[*English*]

Damien Pittman: Absolutely, 100%. I believe that, as veterans, we are.... There is the common mentality out there that veterans are amazing. While we serve, we're told that when we leave, we have all of these skills and traits that businesses in Canada want. However, when we leave and start looking for these, the doors are shut on us.

If you look at most veteran entrepreneurs, you will see that the ones who are successful are successful because they don't quit. When things get tough, they don't quit. That's why they're successful, and that is what the Government of Canada did to us. It made us that way. It wanted us to never quit, to have all of these traits. It instilled all of these things. Eighteen-year-old Damien Pittman is not 49-year-old Damien Pittman. They're two totally different people, and the military did that for me.

[*Translation*]

Marie-Hélène Gaudreau: That's exactly right.

Mr. Apollon, I might come visit you, since my eldest son is studying at your university.

Truly, I think you're spot on regarding the additional support and, above all, the fact that assistance shouldn't be limited. If I understand correctly, the limit is set at \$6,000 per veteran.

Can you clarify that in 30 seconds?

● (1240)

Garrick Apollon: It's simple: The bureaucrats decided that our program was just a course, not a university certification program. Arbitrarily, they decided to give us \$6,000 per participant. We decided to continue the program, even though it would result in financial deficits for the university.

We wanted to be here today to talk about the opportunities we offer. We want to serve the community. There was no program left after the King's Trust in Canada ended its program, Operation Entrepreneur. So, we carried on regardless.

The Chair: Thank you very much.

[*English*]

You have five minutes, Ms. Wagantall.

Cathay Wagantall: Thank you so much, Madam Chair.

Thank you, all, for being here today. I think this has given us a lot of information that we can certainly use to make things better in this circumstance.

Mr. Prince, you founded FNV Ranch. I assume that's *facta, non verba*: “deeds, not words”.

Dallas Prince: Yes, ma'am.

Cathay Wagantall: That's an amazing name. The ranch has equine therapy for veterans. Is it a non-profit or a business?

Dallas Prince: It is a non-profit.

Cathay Wagantall: That's great.

One thing I will mention is that it seems to me that there are an awful lot of veterans' businesses and organizations that are focused on assisting our veterans. It comes from their hearts and being part of that family.

I'm just wondering, Mr. Prince, whether you receive any funding from VAC directly.

Dallas Prince: No, ma'am.

Cathay Wagantall: What about the veterans who come to ride on horseback and get all of the advantages to improving their lives when they come to take part in your program? Do they receive VAC support to help cover the costs?

Dallas Prince: Not to my knowledge, ma'am. We've talked about that with several of our participants. They've talked to their case managers, but we've been unsuccessful in getting any sort of funding, even for travel to our program.

Cathay Wagantall: I find that disconcerting. When you think of the number of veterans organizations that do exist within the entrepreneurial world, with that spirit, that are not appreciated by VAC so that it's able to support those, is it because...? I'm not sure what the answer to that would be. It's very interesting.

Would that be something that you're apprehensive about because of the fear of losing that \$20,000?

Dallas Prince: The way that it works with us, because we are a registered non-profit, is that the funding that goes into the ranch goes completely to the participants. Therefore, my personal pension and income aren't affected by the donations put towards the non-profit.

Cathay Wagantall: That's a good business plan. That's very good.

Also, Mr. Pittman, you mentioned that fear of losing those benefits. How high of a priority do you think it should be for this study to come up with a recommendation that the government would accept—because that's the main part there—that basically removes that apprehension for you?

Damien Pittman: The very first thing, right off the bat, is this: I think one of the most important things to come out of this committee would be eliminating that \$20,000 ceiling veterans can earn. It doesn't have to be only for veteran entrepreneurs. Why should we be limiting somebody who's trying to make themselves...and provide for their family? There should not be a limit.

Cathay Wagantall: I appreciate that.

When I was a brand new member serving on this committee in my first year, many years ago, I was in a situation where I met with veterans from service. This individual's dad had passed away. He decided to join because his mom and eight siblings needed support. When Veterans Affairs found out that he was giving his money to his mother, they lowered his wages. This is systemic to some degree. Obviously, this shows a lack of appreciation and contributes, somewhat, to sanctuary trauma.

Would you agree with that?

Damien Pittman: I do, 100%. One of the biggest stressors and something I think anybody in this room would agree with is that, as a family man—a husband or father—I have a responsibility to my family first and foremost. If I have a fear that I'm going to start losing my pension dollar for dollar, it's a major hurdle. That's not even a hurdle. That's a brick wall.

• (1245)

Cathay Wagantall: I really appreciate that. Thank you.

I want to make sure I heard this clearly: You were speaking in regard to losing that because your business is excelling, but you're broadening it out to the fact that a veteran who.... They're facing the challenges that everybody is facing in this economy. If they were to drive an Uber or do something else to try to help their family out, it would be impacted as well.

Damien Pittman: Absolutely. It's not just entrepreneurs. It's any veteran.

The Chair: Thank you very much, Mr. Pittman. I appreciate it.

[*Translation*]

Ms. Rochefort for five minutes.

Pauline Rochefort (Nipissing—Timiskaming, Lib.): Good day and thank you, Madam Chair.

[*English*]

Quickly, I would like to congratulate the committee. It is my first time joining the committee, and I'm impressed that we are discussing this particular issue.

Mr. Prince, I want to mention that in my riding, there are a few companies that specialize in equine-assisted therapy for veterans who suffer from post-traumatic stress syndrome. They are equally well received. It's an important service in our riding. Congratulations on your work and on having found a formula that works, given the current context of our discussing the \$20,000 cap.

Dallas Prince: Thank you, ma'am.

Pauline Rochefort: In fact, I simply have one question. I'd like to direct it to all three panel members, but I will start with Mr. Pittman.

This is to understand the background on that \$20,000. I don't know if this was discussed previously in the committee. I'm not sure. I was wondering how they established \$20,000 as a cap on additional revenue beyond your pension.

Mr. Pittman.

Damien Pittman: Thank you for the question.

The easiest answer is one we use in the military quite a lot: The answer to that question is way above my pay grade.

Voices: Oh, oh!

Damien Pittman: I have no idea. I'm sorry.

Pauline Rochefort: I'm sure you would have gone forth and discussed this particular issue with members of the military and within the government.

What response is provided when you've raised this particular issue?

Damien Pittman: In my personal experience, it's been, "That's just the way it is." There isn't one.

The majority of veterans are talking to a Veterans Affairs case manager or someone in the pension department at a low level. We're not talking to decision-makers. We have no idea. We are never given a reason as to why there's a limit. That's across the board for all veterans. It doesn't matter what your income, rank or element was—none of that stuff.

Pauline Rochefort: Thank you for that response.

I'll go to Mr. Apollon.

As you've brought forward programming at the University of Ottawa, have you had any discussions with Veterans Affairs or any other members of the military or government in regard to the \$20,000 cap?

Garrick Apollon: No, not in regard to the \$20,000 cap. My understanding is that every veteran receives training and education benefits that can go up to \$80,000.

I had a lot of executive M.B.A. students at the University of Ottawa who were veterans who completed their executive M.B.A. through that funding. We have requested funding through that specific program, and they put us under a short course for \$5,000, instead of the \$20,000 we were requesting.

I'm not familiar with the \$20,000 cap, but it sounds unfair.

Pauline Rochefort: I'll finish with Mr. Prince.

You've obviously found a formula to tackle this particular issue. Have you had any prior discussions on the why for the \$20,000 cap? What was the response?

Dallas Prince: The formula I was referred to was start a corporation and then have that corporation.... The corporation can make as much money as it needs to make. Of course, you pay yourself out of the corporation up to \$20,000 so that you're not penalized by VAC within that \$20,000.

As Mr. Pittman said, it's a militaryism. It's \$20,000 because we've always done it that way. To me, that's an unacceptable response, but the response I've gotten is, "Well, it's always been \$20,000, so that's the way it is."

• (1250)

Pauline Rochefort: Thank you.

Those are all the questions for me, Madam Chair.

[*Translation*]

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

To conclude this round of questions, I will give the floor to Ms. Gaudreau for two and a half minutes.

Marie-Hélène Gaudreau: Thank you, Madam Chair.

Mr. Apollon, I'd like to take this opportunity to give you some time to finish up. In your opening remarks, you ran out of time to give us some very specific recommendations, and I'd appreciate it if you could provide them to us.

Garrick Apollon: I'll return to my recommendations. There are only two more recommendations I'd like to present. I've already presented recommendations regarding mentoring, education and access to capital. I'd now like to present the recommendation to foster public procurement.

Marie-Hélène Gaudreau: Madam Chair, this has happened about ten times now. I'm stopping my timer now.

You're going to tell me it's because of the French, but why do we hear noise every time someone speaks French? There's whispering, and it distracts me. I hear everything, and I understand English. I can understand that there are English speakers who don't understand French, but I hear everything. It bothers me. I just wanted to say that, Madam Chair, because at some point, this has to stop.

The Chair: I would ask all members of the committee to be respectful when someone is asking questions or addressing a witness. Thank you very much.

Ms. Gaudreau, you may continue. You have 1 minute and 52 seconds remaining, as indicated by the timer I have paused here in front of me.

Marie-Hélène Gaudreau: Thank you, and it's for everyone who speaks French. It's not just me.

Mr. Apollon, please continue.

Garrick Apollon: Thank you, Ms. Gaudreau.

There are two recommendations I didn't have time to mention. First, there's the one regarding federal government procurement. We already have programs designed to support Indigenous entrepreneurs in government procurement. So why not do the same for veterans? It would really make sense to replicate a model like that, especially given the investments currently being made by the federal government. It would also allow us to tap into expertise, acquire skills, and improve the Canadian products we make for our military and for all our allies internationally. Veterans have travelled and worked all over the world. So they have a wealth of experience. They have a lot to contribute.

The other thing is a national promotional program. Recruitment in the forces is an ongoing process. People also look at what's happening with veterans. So, it would be fitting to create a program to promote and highlight all the veterans who are executives at major companies and entrepreneurs doing great things, to show that these people have faced challenges and are resilient. They are fighters in every sense of the word. They can inspire all Canadians and help recruit and attract young people.

Let me share a story. I work at the University of Ottawa. I often ask my students if they're interested in a position as a judge advocate general in the military. Not a single student ever says yes. We need to address this issue. What are we going to do about recruitment? We need to create promotional campaigns that also show what happens after military life.

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

I also thank the witness.

The Chair: This concludes the second round of questions.

We sincerely thank you.

[*English*]

Thank you very much for your service to Canada. Thank you for being with us.

We are completing our study. We look forward to bringing a report. Hopefully, it will be shortly before the end of the session.

[*Translation*]

That said, I will graciously call a short break.

When we resume, we will move on to another topic.

I want to thank the witnesses once again for their participation.

• (1250) _____ (Pause) _____

• (1255)

The Chair: I'd like to give Mr. Richards the floor.

[*English*]

Blake Richards: Thanks, Madam Chair.

I move the following motion:

That the committee report to the House its recommendation for the creation of an independent Canadian Military Honours Review Board with the specific mandate to review decisions made under the Directorate of Honours and Recognition and its precursor bodies when new evidence demonstrates that the reconsideration of a military honour is warranted to ensure that no error or omission was made.

I'll speak briefly to it.

Many of the people who have called for this board to be created have referred, of course, to the case of Jess Larochelle. For the benefit of those who aren't familiar with it, I'll briefly summarize it.

Jess Larochelle served our country in Afghanistan. He was in a post that came under attack by the Taliban. The post he was in was struck by a rocket-propelled grenade. He was knocked unconscious, and when he came to, I think he knew he had some pretty serious injuries. I'll summarize what those turned out to be. Obviously, he had a concussion, but he also had blown eardrums, a detached retina, a broken back and a broken vertebra in his neck. Despite those injuries, he carried on and provided cover for a long period of time, and he was able to ultimately force back the Taliban advance.

There's obviously considerable heroism and bravery in what he did. He then carried on to make sure that he was there to participate in the ramp ceremony for one of his friends who had been killed in that action. It was at that point when he presented that he may have some injuries.

Unfortunately, it wasn't determined at the time that he would be awarded the Victoria Cross. He was given an honour, but not the Victoria Cross. I think there is a lot of new information now that's come forward about his case that would indicate he should have perhaps received the Victoria Cross.

This isn't about just Jess Larochelle. It's about many heroes who have served, particularly in Afghanistan, since the 1993 creation of a Canadian Victoria Cross, which has never been awarded. Over 40,000 Canadians served in Afghanistan, and there are a number of stories of heroism and bravery that should have perhaps resulted in the awarding of the Victoria Cross.

The idea is for Canadians to understand that it isn't just about World War I or World War II veterans when we think about veterans. It's about those heroes who live among us now—those who served in Afghanistan and other places—and the idea that they should be recognized too. This gives an opportunity for those kinds of reviews to take place and for these heroes to be recognized in the way they deserve.

I want to thank a number of people. I want to thank Bruce Moncur, from Valour in the Presence of the Enemy, who has been relentless in pushing this forward.

I thank General Rick Hillier, who I think now admits, even though he was involved in some of these decisions at the time, that there may have been mistakes. It takes a big man to admit that a mistake may have been made. Also, I think he's clearly someone who many of our veterans, if asked who should be their voice behind this, would have at the top of their list.

Of course, I thank MP Pauline Rochefort for bringing forward this petition, and previous MPs who also brought forward petitions on this. I also thank my previous Conservative colleague, Erin O'Toole, who previously brought forward a motion in the House of Commons to try to see this happen. Unfortunately, it ultimately didn't get the support of the government at the time, but I believe we're in a place now where we're able to see this move forward.

I put this motion forward, and I certainly hope and expect it will get all-party support to move forward.

Thank you.

• (1300)

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

I would like to acknowledge Ms. Rochefort, who's online and would like to say a few words.

[*Translation*]

Pauline Rochefort: Thank you very much, Madam Chair.

[*English*]

Veterans from across Canada who attended in person last week's presentation of petition e-6661—and there were related events that day as well—mentioned the support that was expressed by all parties in the House of Commons. They all spoke to the importance of that.

To some extent, as I expressed in my remarks when I presented the petition, it comes at a time when recent remarks by President Donald Trump risk distorting the records of Canadian soldiers in Afghanistan. In turn, it provides us with the opportunity to show, in a unified manner and with equal clarity, how Canada honours its own and recognizes courage and sacrifice at the highest level.

Today's motion by MP Richards enables us to move forward in a unified manner. I think this is in keeping with petition e-6661. It matters to over 20 million Canadians. This was reflected in the previous petition mentioned by MP Richards, as well as the one signed in this round by 16,000 Canadians. It was equally supported by motions of unanimous support in the Senate and three provincial legislatures—Saskatchewan, Ontario and Nova Scotia—and there are two more motions of unanimous support to follow very shortly in two other provinces.

Thank you very much to the committee for this opportunity to speak today to this particular motion.

[*Translation*]

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

I believe we are ready to vote.

[*English*]

Is it the pleasure of the committee to adopt the motion?

That will close this part.

(Motion agreed to)

I have a bit of housekeeping.

[*English*]

Blake Richards: Madam Chair, can I make sure that it's noted that it was unanimously supported by the committee? I think it's important that it be noted.

[*Translation*]

Our next meeting is on Wednesday, April 22, 2026. We will resume our study on monitoring the rehabilitation services contract awarded to PCVRS.

[*Translation*]

The Chair: Perfect.

Is it the pleasure of the committee to adjourn?

For the benefit of everyone listening, I will just repeat that the motion passed unanimously.

The meeting is adjourned.

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