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Chair: Marie-France Lalonde





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• (1105)

[English]

**The Vice-Chair (Blake Richards (Airdrie—Cochrane, CPC)):** I call this meeting to order.

In our first hour today, we will continue our study on the PCVRS contract. In the second hour, we will resume a study that's been on hold for some time. That's the study of the experience of Black veterans.

Our witnesses are joining us online. I will remind them to ensure that they have their channel set to the language of their choice. Some members may ask questions in both official languages.

Joining us for the first hour are Natalie Forcier and Joel Peddle, who will speak about their experiences. Both are appearing as individuals.

You will each have five minutes for an opening statement. I'll try to be a bit flexible, but perhaps you could try to keep it fairly close to five minutes, so that there's time for members to ask questions.

We'll start with you, Ms. Forcier.

**Natalie Forcier (As an Individual):** My name is Natalie Forcier. I'm a CAF veteran and former medic. I served for 14 years, including two tours in Afghanistan. I now volunteer my time as a veteran advocate to support our military men and women after service.

Today I'm speaking from my own experience in the rehab system. I started rehab with VAC in 2020 and transitioned into PCVRS in 2023. I'm still in the program today.

When I signed my PCVRS contract in 2023, the process was presented as collaborative. It stated that my RSS would use my goals to develop a rehab plan with activities, time frames and costs. It stated that I would review the draft plan with my RSS and VAC case manager, that SMART goals would be discussed together and that I would receive a final approved plan. On paper, that sounds like I'm meant to be informed, involved and empowered in my own rehab. That has not been my experience.

After years in rehab, I've had only one tangible rehab plan, and that was connected to vocational rehab. When that attempt was not successful, I was advised that I could lose my IRB and be removed from the rehab program. That changed how safe the process felt to me.

IRB is not extra support. It is stability, housing, food, medication and the ability to keep going while trying to rebuild life after ser-

vice. When income support feels tied to performance, progress or compliance, it becomes harder to be honest about limitations.

My rehab focused on two specific injuries, my left knee and PTSD from Afghanistan, but those injuries do not exist in isolation. After 14 years in uniform, I was not only dealing with two diagnoses but trying to rebuild after chronic pain, mental health injury, loss of identity and years of pushing through because that is what service required.

The process often felt rushed in the short term, and there was a set timeline and an expectation that I should show a measurable improvement within that window, but 14 years of repetitive stress, joint degeneration, chronic pain and mental strain do not simply improve because the rehab plan says they should. That leaves me caught between two impossible choices. Either I try to force years of physical and mental stress into a rehab timeline that does not reflect my reality, or I admit that I cannot progress the way the program expects and risk being seen as non-compliant. If I'm seen as non-compliant, what happens to my IRB?

I also want to speak about what happens when the system treats a plateau as success. My left knee is attributed to service and has significant internal derangement. I'm too young for a knee replacement, so I'm essentially waiting until the joint deteriorates enough for surgery. In the meantime, I compensate through my hips, back and other knee, which creates more pain, more degeneration and more functional loss.

My physio reached a plateau in measurable progress, and PCVRS no longer approved continued rehab for my knee. From a program perspective, that may look like the active treatment need has ended. From my perspective, I'm still living with the injury every day. I'm still trying to preserve mobility, reduce pain, slow deterioration and prevent other joints from breaking down. I have to ask this. Is that considered a successful outcome? Maintenance is not recovery. Plateau is not wellness. Being too young for surgery but too injured to improve does not mean I no longer need support.

For chronic service-related injuries, success cannot mean only measurable improvement. Sometimes success is maintaining mobility. Sometimes it's slowing deterioration or keeping a veteran functional, independent and safe in their own life. That needs to count.

I also believe that veterans need real choice in providers. It is not empowering to force a veteran away from a trusted therapist or clinician when they finally feel safe and cared for. Having to repeat trauma, retell painful experiences and rebuild trust with someone new is not a simple administrative change. It can be destabilizing.

What I needed from rehab was clear: a real plan, shared goals, transparent timelines, provider choice, continuity of care, and support for function and prevention, not only short-term improvement. I also needed to feel that honesty about my limitations would not put my income or stability at risk.

Veterans often go years without proper treatment. We focus on the mission, push through and learn to survive by putting ourselves last.

After release, rehab should not suddenly impose a deadline to recover from injuries and trauma that took years to build. Real rehab should help me build trust, preserve function, regain stability and feel safe enough to be honest.

- (1110)

It should not become another system I have to fight my way through.

Thank you.

**The Vice-Chair (Blake Richards):** Thank you, Ms. Forcier. That was pretty much bang on time, so good job there.

We also have Joel Peddle, appearing as an individual today.

Joel, I'll turn the floor over to you for the next five minutes to give your opening statement.

**Joel Peddle (As an Individual):** Thank you. Good day.

My name is Joel Peddle. I'm a veteran of the Canadian Armed Forces. I retired in September 2023 after eight years of service. I'm here today due to my role as a veteran support coordinator for Canada House clinics. I am also a graduate of the vocational rehabilitation program.

For two years, I have been one of two veteran support advocates who operate a monthly Q and A on the Canadian Forces subreddit on the social media platform, Reddit. This Q and A is centred around navigating Veterans Affairs and helping members with administration related to their claims. In addition to this, we also help veterans find trusted professionals for their health care needs.

Just to give you an idea of the reach the Q and A has had since it began, we've averaged over 650 comments a month in addition to over 40,000 views. This does not include the direct messages and emails I receive every day at any time. I feel the outreach I have achieved in this volunteer work gives me a unique perspective, as I reach thousands of serving members and veterans from every corner of the country, including even some OUTCAN.

It has allowed me to see hundreds of perspectives and issues besides my own that our community faces. For full transparency, my experience at PCVRS was relatively stress-free. I can safely say that I am in the minority, though. It has become readily apparent to me that there's zero trust in the veteran community in terms of how it will be treated, either by Veterans Affairs Canada or, by extension, PCVRS.

PCVRS and vocational rehab are common topics of conversation each month. The release process into retirement is already an extremely stressful event. There are such huge knowledge gaps of what to do, and what benefits they can avail themselves of, that we as veterans have turned to social media and other physical support groups to get the information we require in order to begin healing and figuring out our lives as civilians.

As has been stated by other witnesses to this committee, the words used by PCVRS instill a fear of mandatory compliance in veterans, lest they be removed from the program and their benefits cut off. This involves pivoting and abandoning their health care teams in favour of Lifemark-approved providers.

Many professionals have already told this committee how damaging this is towards the overall health and well-being of veterans. I've had veterans reporting to me that their PCVRS agents have cited policies in their company to get the veteran to comply with this directive. Veterans are conditioned to obey orders, even in retirement.

I've yet to see any policy given to these veterans in writing. Veterans in this program should have the agency to determine who is helping them heal, without fear of being punished. If these agents are not licensed practitioners on trauma care, why are they blatantly coercing them with threats to get injured veterans to comply? Furthermore, Veterans Affairs Canada has no system in place for us to lodge complaints about PCVRS. We're actively being threatened and have no recourse.

We are moving into a new era of veterans, those who have not seen war but nonetheless have debilitating service injuries that affect their day-to-day existence. It is not a requirement to have seen combat to suffer injuries due to service. Once released, veterans immediately feel they must soldier on and push forward to the next objective. The way our rehabilitation services are offered to us at this time, they seem only to punish or belittle those who are now trying to heal their minds and bodies.

Veterans are also incredibly adaptive even under this level of stress, seeking support from other veterans, as only those of us who have served can relate to this journey in retirement. Members of the Canadian Forces are unique individuals with their own stories, career paths and subsequent injuries. This does not change when they retire. We should not be trying to force a one-size-fits-all approach to their rehabilitation and health care.

In closing, I believe that for the vocational rehab program to be correctly administered to our veteran community, it must be provided so that veterans are supported in the best possible way with their own agency at the forefront. We have the right to be treated with respect regarding our benefits and how they are administered to us.

Our questions in regard to our care should not be met with threats and financial ramifications for doing so in the first place. Establishing trust with a health care team is a difficult process. Veterans should have licensed providers they trust. There should be zero expectations for them to abandon that trust without due cause.

Thank you for your time and for inviting me to speak today.

**The Vice-Chair (Blake Richards):** Thank you, Mr. Peddle, and thank you to both of our veterans who are with us today, not just for your testimony but for your service to our country.

We also have with us Mr. Aaron Slingerland, who is here on behalf of The Ottawa Hospital. He's the executive director of business development and strategic partnerships.

The floor is now yours, Mr. Slingerland, for the next five minutes, to give your opening statement.

• (1115)

**Aaron Slingerland (Executive Director, Business Development and Strategic Partnerships, The Ottawa Hospital):** Thank you, and I echo the thanks to Joel and Natalie for their service.

As you said, I'm Aaron Slingerland. I'm the executive director of business development and strategic partnerships here at the Ottawa Hospital, located in Ottawa. My role at the hospital is twofold. In my portfolio, I manage a few corporate services as well as clinical services. I believe I was brought here today as a witness to speak to our relationship with PCVRS as a provider.

In March of this year, the Ottawa Hospital entered into an affiliate agreement with Lifemark to serve veterans in the complex mental health space. We started seeing patients in March. We see one patient a week, given the complexity of our assessment. It's very time-consuming. That's the current scale we serve at. It's a comprehensive mental health assessment involving psychiatry, psychology and occupational therapy. We also serve in other complex mental health programs—with first responders from the WSIB in Ontario

and with a large breadth of rehab services for the WSIB in the Ottawa community.

The Ottawa Hospital, or TOH, is Ottawa's tertiary academic health centre. We have in-patient mental health capacity and a broad spectrum of services related to complex and acute mental health services and physical rehab. If you are in the Ottawa area, there's a chance that you have sought services at TOH in the past, or that one of your loved ones has.

I don't have anything else to add to my opening statement. I'm just happy to be here today to answer any questions the committee may have for me.

**The Vice-Chair (Blake Richards):** Thank you for your opening statement.

We'll now turn to questions from members of Parliament on the committee today. In the first round, each party will get six minutes to ask questions.

We'll start with the Conservative opposition and Mr. Fraser Tolmie for six minutes.

**Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** Thank you to the witnesses for joining us today. Thank you for your testimonies and for your service. I appreciate that you're going to be taking some questions from us.

After hearing each testimony, I feel I could spend a couple of hours with each person to get more information. Unfortunately, we're limited in time and I'm cutting into it by talking.

Ms. Forcier, you talked about a collaborative program that was offered to you. Then you talked about the pressures of being non-compliant.

Do you feel the program is collaborative?

**Natalie Forcier:** When I talked about the collaborative piece, it was regarding the initial contract I was sent by PCVRS, outlining what it was going to look like. That was not what I found had happened in the end. It wasn't collaborative. I wasn't afforded a treatment plan, an understanding of what it was going to look like, or their perspective of what was expected of me.

**Fraser Tolmie:** I understand you have a medical background in the military. Could you please restate this for me? You were considered non-compliant with PCVRS because your rehab wasn't working. Is that correct? Could you clarify that for me?

**Natalie Forcier:** Basically, my knee had reached a plateau for healing. Due to the internal derangement and the amount of damage, only a limited amount of physio could support me. I completed the rehab for my knee. Then I just had to focus on my PTSD.

It wasn't non-compliance. I was just explaining that, somehow, my knee was no longer entitled to rehab, and it was just for the PTSD.

I work with veterans on a daily basis. It is a huge source of stress for them. They are threatened: If they're not compliant or miss one appointment, they will lose their IRB.

**Fraser Tolmie:** That seems to be a very veiled threat. A lot of people are coming forward. They feel pressured by it. I'm glad you touched on this—that you work with veterans. You're a vet.

Could you tell me about accessing providers? I believe you're in northern Saskatchewan. Is that correct?

• (1120)

**Natalie Forcier:** No. I'm in Alberta. I'm in the Edmonton area.

**Fraser Tolmie:** That's not Saskatchewan at all. We have some geography issues here.

I'm going to ask a question of Mr. Peddle.

You've been very transparent in your opinions. How do you feel about how you're being treated by Veterans Affairs right now?

**Joel Peddle:** I've actually been treated very well. I'm trying to speak more for all the people I deal with on a day-to-day basis than I am for myself. I really feel that being retired in Newfoundland and having access to east coast personalities have helped my retirement.

The further west I go with the people I help, the more confrontational it seems to get. Every RSS and VAC case manager I've had has been a Newfie or a Nova Scotian. They've been more than helpful. They're very nice and easygoing.

**Fraser Tolmie:** You're very well connected, and you're still not in Saskatchewan.

With the groups you're talking with, are you concerned about the funding cuts that were announced recently?

**Joel Peddle:** That comes up a lot, but the main thing that seems to come up, which doesn't get talked about, is the bureau of pensions advocates. Their contracts weren't renewed back in March, and they have, I believe, a success rate in their appeals of 89%. For the majority of veterans...no one can understand how someone who's so successful at their job can be punished by being fired.

**Fraser Tolmie:** Right. I would take it as a yes, and you're concerned.

**Joel Peddle:** Yes.

**Fraser Tolmie:** Do you think that's something we should be studying at this committee?

**Joel Peddle:** It definitely couldn't hurt.

**Fraser Tolmie:** Okay.

Mr. Peddle, what is it that you see? I hear veterans say, "I've been treated okay, but I have buddies who need help." That is the beauty of dealing with veterans themselves. They're always there to help their comrades.

Can you share a bit more about some of the things you weren't able to touch on in your testimony?

**Joel Peddle:** I think the big one, which Natalie touched on, is the providers. When it comes to mental health, they're all accredited professionals, so it's ridiculous to me....

There's one veteran I'm helping in P.E.I. These mental health professionals come from the OSI clinic in Ontario, and they do all of their work through telehealth, but he's not allowed to use them with PCVRS. They're demanding that he goes to someone in P.E.I., whom he's already had experience with and doesn't trust. His care hasn't even started yet, and it's already on the back foot because he's dealing with all this admin when he has people he trusts. There's no excuse.

**Fraser Tolmie:** We had a witness in the last meeting who said it's unethical. Do you feel that?

**Joel Peddle:** Absolutely.

I've been keeping up with a lot of the meetings that have gone on, and the mental health professionals who speak do a better job than I could ever do. It is clearly terrible and a step back in everyone's care if veterans are not allowed to pick their own mental health professional, in my opinion.

**The Vice-Chair (Blake Richards):** Thank you. That completes Mr. Tolmie's time for the first round.

We'll move to the Liberal government now and Mr. Fanjoy for six minutes.

**Bruce Fanjoy (Carleton, Lib.):** Thank you.

Thank you, witnesses, for joining us today.

In particular, thank you to Master Corporal Forcier and Master Corporal Peddle, both for your service and for your advocacy post-service. Both are very important.

Madame Forcier, I'll begin with you. What systemic issues are you hearing about most often from veterans and their families when they try to access services?

**Natalie Forcier:** I think there are several systemic issues. The biggest concerns for me, which I'm hearing about from other veterans, are this stronghold—they're mandated to be supported by Lifemark practitioners—the lack of transparency and the lack of an actual rehab plan that is supportive and empowering to the veteran. That becomes a huge bone of contention, because we have, by design, already turned ourselves off through the military, not realizing our injuries, not understanding...and being able to push through to focus on the mission. Now we're being put into a system that is forcing us into this rehab plan that looks good on paper but doesn't necessarily meet our needs and the transition out of the military.

Years of injuries and putting them aside are expected to be treated within a year or two. Being forced into vocational rehab and to get a new job, I'd say, becomes one of our biggest issues.

• (1125)

**Bruce Fanjoy:** What would a trauma-informed rehabilitation system look like for veterans? Where does the current PCVRS program fall short?

**Natalie Forcier:** For me, veterans helping veterans creates trust, because we have the institutional trauma and the moral injuries. When they're trauma-informed in basic civilian care, that's one thing, but we're unique and very complex, so the trauma-informed... Having it be led by veterans for veterans would, in my opinion, be a better strategy.

**Bruce Fanjoy:** If I may, I'd like to ask a question about your knee injury. If I understood you correctly, you said you're not eligible for a knee replacement because of your age. Have you been advised that a knee replacement would improve the condition of your mobility?

**Natalie Forcier:** Basically, my knee, after four surgeries, has continued to deteriorate. My practitioner said the only thing left for me to do is to get a knee replacement, but that won't be available to me until I'm older and I basically can't walk.

**Bruce Fanjoy:** Thank you.

Master Corporal Peddle, what changes would you recommend to the rehabilitation model to make it more clinically sound, less bureaucratic and more effective for veterans?

**Joel Peddle:** The easiest fix that comes to mind for me is, instead of telling the veteran, "You will see these people," and, "You will do these assessments," you should be asking them, "Do you have health care in place where you are? Do you have mental health care? Do you have physiotherapy?" Most of us definitely do, because we try to find people who mesh well with us, or we have help in the RCMP and veteran community, because knowing our service, our injuries and all of that stuff, and how to do the paperwork is paramount for their administration.

I think we should be asked. We shouldn't be told. We've spent our entire careers following orders and being told what to do, so why, when we have agency back in our lives in retirement, are we not now being asked, "Are we good to go?"

If we do not have anything, because, of course, Newfoundland... I know a lot of rural veterans. They might not. Maybe you could try to push your providers, but the onus should be on us to choose or at least be asked the question before we're told.

**Bruce Fanjoy:** Master Corporal Peddle, you mentioned rural veterans. Based on your experience with the online community of veterans, how is their experience with PCVRS different from the experience of those in larger urban centres?

**Joel Peddle:** Most of the veterans I deal with have a mental health injury or a moral injury, so mental health is what they're trying to pursue. Thanks to telehealth, there are tons of great online communities. Most OSI clinics have their staff running their own private practices. I have a trusted network that we vetted to make sure that everything was good before I suggested them to anyone.

The problem is that once these veterans make contact with these people, they establish a rapport and they start healing, and then if they get into vocational rehab, they're told, "No, you can't use them, because they're not Lifemark-approved." It's a circle. It keeps coming back to the same issue.

**Bruce Fanjoy:** Thank you.

I'll cede the rest of my time.

[*Translation*]

**The Vice-Chair (Blake Richards):** Thank you.

I will now give to the floor to Ms. Gaudreau from the Bloc Québécois for six minutes.

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

My questions are for Mr. Peddle.

Your brief was very interesting. We received briefs from academics and managers, but this one came directly from members of the public. It's an informal brief from veterans themselves.

I would like to benefit from your position to highlight the importance of the Reddit platform for the Canada House Clinics.

I am well aware that you devote a great deal of time as a volunteer responding to questions from veterans. You get emails and messages, and you hold monthly meetings with thousands of people.

Why are you doing this?

• (1130)

[English]

**Joel Peddle:** The answer is really simple. When I was in the military, I was in the support trades. I dealt with logistics. Being a Newfoundlander, I'm pretty charismatic and personable. I've always had an empathetic personality. In retirement, I was sort of lost for what to do. With my skill in policy from being a supervisor in the military, I just naturally acclimated to dealing with policy. I managed to somehow get myself through VAC. By helping more people, I acquired more information, more how-tos and all that stuff. I just wanted to give back.

My career ended before I wanted it to, even though it had to, and this is just my way of giving back to the country and to the people who continue to wear the uniform.

[Translation]

**Marie-Hélène Gaudreau:** Mr. Chair, I missed a little bit of the interpretation. So, I'll be more careful to ensure I have understood. It must be because I understand English a little bit.

Mr. Peddle, what do you hear the most often in discussions with CAF members and veterans across the country?

[English]

**Joel Peddle:** Financial ruin is what comes back most often. The income replacement benefit is a lifeline for veterans. Once you have it, you have that stability, as Natalie said, and then it's threatened almost constantly when you're going through a rehab program.... As I'm sure you can imagine, veterans have kids and houses. Just to have that threat there—that you can lose the only income you have when you're injured and can't work a regular job, which is why you're in the rehab program to begin with—is something that no one would tolerate, let alone like, but we're just expected to.

Once you start to retire, you start looking at this stuff. You're very focused on your career when you're serving, but when you're about to retire, you're just terrified. I try to mitigate that as much as possible, because I'm always there. You can DM me and email me whenever you need it. I'm kind of a dime-store therapist sometimes, but it's all I can do. I just have to try to get them ready for what's coming and get the proper teams in place to help shield them from the administration.

[Translation]

**Marie-Hélène Gaudreau:** This brings me to your brief, which refers to the fact that there is zero trust. You may be saving the lives of some veterans.

Is this lack of trust really connected to the program?

Is this what you are referring to above all else?

[English]

**Joel Peddle:** Absolutely. I don't think it's inherently the vocational rehab program itself. It's how it's administered and everything to do with PCVRS. We live in an age now when information is at your fingertips. You can look up this company. You can look up anything you want about it.

I won't speak further to that, but it doesn't take a lot for someone to get themselves into a negative headspace by researching the company. That's only adding more fuel to the fire.

[Translation]

**Marie-Hélène Gaudreau:** How did we get here?

I am extremely concerned, because the contract needs to be renegotiated. If we leave it as it is—

[English]

**Kelly McCauley (Edmonton West, CPC):** I have a point of order.

[Translation]

**The Vice-Chair (Blake Richards):** Ms. Gaudreau, I am sorry to interrupt you for a moment. There is no interpretation.

• (1135)

**Marie-Hélène Gaudreau:** I will continue to talk until the interpretation resumes.

**The Vice-Chair (Blake Richards):** It's working now.

**Marie-Hélène Gaudreau:** Mr. Peddle, there were many recommendations. I am someone who tries to stay optimistic.

Do you believe there are benefits to the program such as it is? You said that you were treated well after all.

Should we make a radical change so that, in the network, there are no more complaints and mistrust in relation to the program?

[English]

**Joel Peddle:** Oh, that's a really good question. For myself, I retired in a military town. Because of how I retired, my care team, which I established while I was still serving and going into my medical release, was dealing with the military and PCVRS since they had the contract. It was almost like I had extra help that most veterans don't have. They were ready to go. They advocated for me without me having to do anything. It was very easy there.

I basically posed this question to a lot of people before this meeting: What would be the number one thing you would want changed with PCVRS? A lot of veterans would like this to be with VAC itself. One person put it a lot better than I can: If VAC is in charge of our care, why are they not the ones? Why is this not an internal system within VAC? Why is this being outsourced and not being handled by them?

[Translation]

**The Vice-Chair (Blake Richards):** Thank you.

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

**The Vice-Chair (Blake Richards):** That concludes this round of questions.

We will begin the second round.

Mrs. Wagantall for five minutes.

[English]

**Cathay Wagantall (Yorkton—Melville, CPC):** Thank you, Ms. Forcier and Mr. Peddle, for your service to us and to Canada. It's deeply appreciated.

I want to start with Mr. Slingerland.

You indicated that you're the executive director of strategic partnerships. In this case, it's specifically as a clinician service affiliated with Lifemark. Would that be accurate? That is something that you—

**Aaron Slingerland:** Yes. In March, the Ottawa Hospital entered into an affiliate agreement to serve in this program for complex mental health assessments. We have in our—

**Cathay Wagantall:** That's great. Thank you.

I apologize. I don't like interrupting, but I have a lot of questions.

**Aaron Slingerland:** No problem.

**Cathay Wagantall:** In regard to that, can you tell me how many assessments you have completed for Lifemark since March 2025?

**Aaron Slingerland:** I don't know today's current number, but it'd be one a week since the middle of March, when we started.

**Cathay Wagantall:** What is your financial agreement with Lifemark?

**Aaron Slingerland:** We are paid a fee to assess the veteran under the program requirements that are outlined in our agreement.

**Cathay Wagantall:** What would that fee be?

**Aaron Slingerland:** It is just a little shy of \$6,000 per assessment. It's around \$5,800. I don't know the exact number offhand.

**Cathay Wagantall:** That's one assessment per week at \$6,000.

When you do those assessments, when are they shown to the veteran?

**Aaron Slingerland:** The veteran is an active member of the assessment. It's over the course of two days. Then there's a large portion of reporting from the psychiatrist, the psychologist and the occupational therapist. That report is then generated and provided back to Lifemark—to PCVRS.

**Cathay Wagantall:** When does the veteran see that report?

**Aaron Slingerland:** That's the disclosure process for them to provide it back to the veteran. Once we are done with the assessment, we don't follow up with treatment or anything like that right now.

**Cathay Wagantall:** I understand that. You've assessed a veteran. Don't you feel he should see that assessment first, before it goes to

them, to get the sense of whether or not he's happy with the whole process?

**Aaron Slingerland:** If they ask us for the report, we would disclose within the requirements of the pertinent legislation around the release of personal health information.

**Cathay Wagantall:** Are they made aware at the beginning of the process that they need to request the assessment?

**Aaron Slingerland:** They are not told explicitly. It's just like if you went to see your family doctor who was doing an exam and writing a report based on their findings of the exam. The information is typically provided back to you if you ask for that information.

● (1140)

**Cathay Wagantall:** At this point in time, we're hearing an awful lot that PCVRS has almost done its mandate for the first \$500 million or \$600 million, and it needs to be reassessed before December, which is a very tight timeline in light of what we're learning.

Would you say that an independent review is important and that a major part of that independent review should be veterans sharing their perspectives with whoever runs that very independent review from VAC and PCVRS?

**Aaron Slingerland:** Yes. I'm a public servant as well, and I think that any time the public service spends that type of money and when there are concerns from the veteran community in particular, it warrants a fulsome review before further funds are applied.

**Cathay Wagantall:** Thank you very much. I'm glad to hear that.

Mr. Peddle, what caught my attention very much was something that I hear from other witnesses as well. It's that there's nowhere for a veteran to lodge complaints with PCVRS directly.

Do you want to just elaborate on that a bit? Would you think that's something that should be reviewed significantly when this independent review takes place to determine what needs to be improved with the program?

**Joel Peddle:** Absolutely. As you're aware, you basically have a VAC case manager, and you have an RSS with PCVRS once you're involved with both of them. Now you have a triangle, but the two parties really don't interact with each other that much. If you're getting a lot of negative feedback and problems from PCVRS, you can go to your case manager to say that you need help because the person is basically threatening you all the time, and you can ask what you're supposed to do. The VAC case manager can very rarely do anything other than say they'll go talk to them. You're left out of it.

All you can do, really, is complain to your case manager. There's no plus box, email or anywhere you can lodge a formal complaint, which is pretty strange considering how many different ways the Canadian government has for us to lodge complaints on almost any other aspect of a public service.

**Cathay Wagantall:** That's very helpful. Thank you.

**The Vice-Chair (Blake Richards):** Thank you.

That's the end of that particular round.

**Cathay Wagantall:** Excuse me, Chair. Did you say seven minutes?

[*Translation*]

**The Vice-Chair (Blake Richards):** No, it's five minutes.

[*English*]

**Cathay Wagantall:** I heard "seven". I'm so sorry to hear that.

**The Vice-Chair (Blake Richards):** It was a good try.

**Cathay Wagantall:** No, seriously.

**The Vice-Chair (Blake Richards):** It's something that I would probably do myself in your chair.

It's established practice that in the second round we do five minutes.

**Cathay Wagantall:** I thought you were being very generous.

**The Vice-Chair (Blake Richards):** We will now go for the next five minutes to Madam Royer.

**Zoe Royer (Port Moody—Coquitlam, Lib.):** Thank you, Mr. Chair.

I want to thank Master Corporals Forcier and Peddle, the veterans who are here in the gallery today, and all of the men and women who have served our country for their extraordinary service. My husband served 22 years, and he's a veteran, so I have a glimpse into this world. I know that there is nothing more powerful than the lived experience of a veteran and their transition.

I want to focus my questions on three points. What is working? Where can we improve? What should the next contract look like?

I'm going to begin my questioning. I'd like to get to all three of you, but I'd like to begin with Mr. Slingerland.

Mr. Slingerland, I know that you've had this contract since this year, but from a rehabilitation perspective, what indications tell us that a veterans rehabilitation program is succeeding? What should Parliament be looking at beyond wait times and service volumes?

**Aaron Slingerland:** That's a great question and I think better served to the veterans on this panel; however, from my perspective as a hospital public servant, we have very objective health outcome expectations from the Ministry of Health, our board and the community expectations for who we serve.

The expectations we should have of a rehabilitation program for veterans are that there are codesigned outcome measures from the funder and the participant that the provider is held accountable to achieve. The example for TOH and our small role in this journey for the worker is that we are tasked with applying a comprehensive, high-quality mental health assessment on the front end of the jour-

ney for many workers. We will make sure that we continue to do that.

To your question, the overall outcome should be that veterans are accessing timely, high-quality care that is measured objectively from a performance perspective.

• (1145)

**Zoe Royer:** Thank you.

Master Corporal Forcier, you've had an extraordinary journey. You've shared that, and I want to recognize it.

Where do you see the greatest opportunities for improvement? I know you've talked about the co-creation of the program in concert with veterans and the importance of the individual plans, but can you talk a bit more about what this might look like in practice?

**Natalie Forcier:** I had an incredibly supportive RSS since the inception. I started with PCVRS in 2023. In March of this year, she quit and basically told me that she was not able to do her case management job the way she wanted to. I had somebody who protected me from all the rules, supported me through my rehab and kept me going in a supportive way, and knowing that she left PCVRS because she was expected to change how she was doing things really affected even just my understanding and appreciation of the program itself.

I do feel that there are great people who could support, and having the veteran be part of what this program looks like could also be very helpful, so that it's veterans helping veterans. There's an innate trust among us, whether we serve together, deploy together or have never deployed or served together at all. There are veterans leading this rehab support program.

**Zoe Royer:** Thank you very much.

Mr. Peddle, very quickly—we have only about 30 seconds—trust is fragile and precious. What would be some of the building blocks that we could implement that would restore trust with veterans who are in this program?

**Joel Peddle:** I really think it circles back to what I touched on. The veterans and their advocates should be asked and listened to. That level of trust would be great, because I know that, if you establish a health care team for yourself and you're happy with them, they really do all the work for you with PCVRS, so you're not handling that load yourself.

I don't think it should be expected that a veteran with mental health issues, who may not be in the best place, deal with all this extra admin, constant reassessments and questioning if you're as injured as you say you are, despite all the evidence to the contrary.

**Zoe Royer:** Thank you very much.

[*Translation*]

**The Vice-Chair (Blake Richards):** Ms. Gaudreau for two and a half minutes.

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

I'll continue the discussion with you, Mr. Peddle.

You have so much relevant information. If you want to send us a summary—anonymously, of course—it can also contribute to our study. Your compliance is much appreciated.

This leads me to ask a more specific question. Thanks to you, some people are managing to get into the program and to overcome constraints.

What would you say are the three administrative rules or practices that cause the most distress or frustration for veterans?

[*English*]

**Joel Peddle:** I believe the biggest are.... Really, it's just the language that's being used by PCVRS, because there's no other word for it than threats. As I said, you're threatening people's financial stability. These threats can come from something as simple as a mental health issue that causes sleep apnea.

One veteran I know can basically get to sleep only from 1 a.m. to 6 a.m., so he's not able to function until the middle of the day. They're scheduling him for 8 a.m. appointments, despite his clear issues, and then reprimanding him.

I really think.... I'm sorry. I'm wasting your time trying to recall the question.

The main thing, I think, with them is just things like that. It's the language they're using and the fact that they're not allowing for veterans to adjust their lives. Heaven forbid your kid gets sick and you have to miss an appointment. These things should be just naturally accepted if you were going to a doctor's office. Your doctor wouldn't get mad at you for life getting in the way. You would just reschedule, but when you reschedule with PCVRS, there's always this fear that you're going to be punished for what you're doing.

As for your other statement about submitting a synopsis, this is what I do for a living in retirement. If you need anything from me, I will gladly support it.

• (1150)

[*Translation*]

**Marie-Hélène Gaudreau:** I would ask you to respond to my next question with a yes or no, because my time is almost up.

From what I understand, first, we should seek to restore veterans' power to take action, rather than trying to control what happens to them.

Do you agree?

[*English*]

**Joel Peddle:** Absolutely, yes.

[*Translation*]

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

[*English*]

**Blake Richards:** All right. We have two more rounds of questions before this hour is complete.

The next round of questioning goes to the Conservative opposition.

Mr. McCauley, go ahead for five minutes.

**Kelly McCauley:** Thank you, Chair.

It's wonderful to be filling in today.

Ms. Forcier, I'll start with you, please.

First of all, like the others, I express my thanks for your service.

Who was providing the service before this current company took over, PCVRS? I think he mentioned that you were moved to them in 2020.

**Natalie Forcier:** Yes, I started the rehab process with VAC. I had a VAC case manager. They were the ones implementing the rehab process.

**Kelly McCauley:** Were you ever threatened by VAC, told you'd be taken off the program for non-compliance?

**Natalie Forcier:** No, not at all, not ever.

**Kelly McCauley:** Have you heard of any other veterans being threatened by VAC, told that they would be moved off the program if they were not co-operating with services chosen by VAC?

**Natalie Forcier:** No.

**Kelly McCauley:** One of the two groups that own PCVRS is APM, which owns WCG. It has a reputation in a foreign country for similarly threatening their customers or clients, as you've alleged today. Were you aware of that? Is that a concern?

**Natalie Forcier:** It is. Working with vets, we oftentimes feel like we're treated like cash cows, like we're a financial benefit to a company. A lot of times, when everybody's providers have to be switched to Lifemark, there's a question or at least the understanding or perception that it's basically so they keep the funding within their organization. An external company that is basically manhandling our rehab is a financial institution. Then it comes back to this. We feel like cash cows or a financial benefit to a company that's not necessarily delivering the best care.

**Kelly McCauley:** The program is coming up for renewal. Are you concerned that these two companies, APM, which is, I guess, part owner, and then Lifemark, which is with Loblaw and Shoppers, have lobbied this government over 300 times in the last few years, and specifically, WCG lobbied 12 times in the last year?

**Natalie Forcier:** Yes, that would be a concern. From what I was told, and this is just the veteran community talking, PCVRS had already gotten approved for the renewed contract. Despite this conversation that we're having now, they're still moving forward with the company that isn't necessarily delivering the best care to our veterans.

**Kelly McCauley:** It appears that WCG and Lifemark, through their lobbyists, have a stronger voice with the government and better access to VAC than veterans themselves.

**Natalie Forcier:** Exactly.

**Kelly McCauley:** Correct me if I'm wrong, but it seems a bit off to me. Veterans haven't had the opportunity to chime in on this service, but lobbyists seem to be able to get access to VAC and this government.

**Natalie Forcier:** There's definitely a concern that is felt throughout our community.

**Kelly McCauley:** I find it incredibly troubling.

You mentioned non-compliance with their recommendations. Who is deciding if you're not compliant with what they are directing?

• (1155)

**Natalie Forcier:** The case managers themselves.

**Kelly McCauley:** Is there an appeal process?

**Natalie Forcier:** Not that I'm aware of. I struggled to apply for vocational rehab. I had issues with applying for university. I was given two weeks' notice before the university program started that I was approved. I was basically put on hold, since I wasn't able to get onto the program, because it only starts once a year. This is where I got threatened to get kicked off the program, because I wasn't in university as was expected of me.

**Kelly McCauley:** Have they ever provided justification to you or any other veterans that you're aware of about how they're choosing certain providers?

**Natalie Forcier:** No, not at all. I've had some veterans who are struggling because they've finally built trust in a relationship and feel like they're personally making progress with their psychologist, and then they're being told that they have to switch. I just advise them to ask for something in writing. The case manager will flat out say, "There's nothing in writing, but you will comply."

**Kelly McCauley:** That's very disturbing, especially given that one of the companies involved, which, with Loblaw and Shoppers, received quite a bit of push-back when they were taking government money for a program but directing it only through Manulife. Here, the government pays, but is directing it only through Shoppers, so they would be the only people who could provide the service. I'm not sure if there's any direct overlap, but it seems very disturbing.

**The Vice-Chair (Blake Richards):** Mr. McCauley, we're past time.

**Kelly McCauley:** I thank you for your time and your honesty today.

Thank you, sir.

**The Vice-Chair (Blake Richards):** We'll go to our last round of questions for this hour of our meeting. We are going to have Ms. Hirtle for the next five minutes.

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

Thank you all for being here today and for your service.

I'd like to circle back to Mr. Slingerland for one moment.

I'm wondering if you would expand on something that you started with MP Royer's questioning. In your experience, what safeguards should exist in the scenario of working broadly with a veteran, so that intake assessment and reporting requirements do not cause any additional undue harm?

**Aaron Slingerland:** Any time you operate a specialized assessment program, you're at risk of duplicating a lot of the assessment process, which is kind of like opening the wound of the trauma. They have already likely been working with people in the community or have gone through talking about their issues, especially in the guise of a mental health program. It's part of the process that needs to happen in order for our clinicians to make their recommendations out of the assessment.

It's important that the clinicians who are undertaking these specialty assessments have specialized training to be conscious of those facts and of the experiences necessary to be empathetic in that instance.

A seamless referral process can be helpful for the journey of the veteran as well, where you try to limit the burden of paperwork and bureaucracy and really just get them timely care as soon as possible. As you've heard from the other panellists, the burden and complexity of a program can weigh heavily on a veteran or patient. Any way a program can eliminate that as much as possible is super important to get them to care that's effective.

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

Now I'll switch to Master Corporal Forcier.

Ma'am, I'm just curious, do you feel that women veterans face different or additional barriers in the PCVRS or VAC rehabilitation system?

**Natalie Forcier:** I would say absolutely yes.

We operate differently. In the military, I have to out-alpha the lowest alpha male in order to gain just a little bit of credibility. When we leave the military, we're typically more alpha than your general civilian population, and that doesn't fit in society. We tend to be motherly. We take care of ourselves and our families, typically everybody else before ourselves. A lot of the women I work with are completely oblivious to their trauma and how that affects their personal lives.

It's an added layer of rehabilitation that is not part of the PCVRS rehab plan.

• (1200)

**Alana Hirtle:** I understand. I'm totally going to use "out-alpha the lowest alpha male", in a sentence later today. Thank you for that.

My next question is for you as well.

What minimum qualifications, training and veteran-specific cultural competency do you feel should be required for providers working with injured or transitioning veterans?

**Natalie Forcier:** Oh, my God. You're talking about minimum competency.

I know that a lot of veterans are experiencing psychologists who are brand new to the field or are specifically working with ADHD when the veteran has complex PTSD.

Brand new psychologists right off the street through Lifemark basically leave after six months, once they've garnered experience, and move on to a new job. Practitioners with experience understand the military, and having an adviser for the profession who is military themselves could possibly support them as well, providing guidance from someone who served and understands the complexities of who we are.

**Alana Hirtle:** Thank you.

I have 15 seconds left.

Mr. Peddle, do you have anything to add?

**Joel Peddle:** It would just be that she's spot on. Women in service go through an entirely different thing from what I went through. They absolutely should be consulted on what they need.

**Alana Hirtle:** Thank you.

**Blake Richards:** Thank you to our witnesses.

We will briefly suspend our meeting. We'll excuse you and get our next witness set up as quickly as we can so we can get started.

With that, the meeting is suspended.

• (1200)

(Pause)

• (1205)

**Blake Richards:** We'll call the meeting to order. We'll get right to it here.

We're resuming our study on the experience of Black veterans.

We have a point of order.

[*Translation*]

**Marie-Hélène Gaudreau:** On a point of order, Mr. Chair.

The interpretation was not working.

[*English*]

**Kelly McCauley:** I'm not getting interpretation.

**Blake Richards:** Can we check that out, please?

Is it better now?

[*Translation*]

**Marie-Hélène Gaudreau:** Yes, it's working.

[*English*]

**Blake Richards:** We're good.

We'll get right to it with the witness we have today on the experience of Black veterans.

We have with us today Lieutenant-Commander Esrom Tesfamichael.

We will start with opening remarks from you for five minutes or thereabouts.

The floor is yours.

**Esrom Tesfamichael (As an Individual):** Mr. Chair and honourable members of the committee, thank you for the opportunity to appear before you today.

As mentioned, I'm Lieutenant-Commander Tesfamichael. It's been my privilege to serve my country as a naval reserve officer for the past 25 years and counting, on operations both here in Canada and overseas, and to have literally grown up in this institution, having joined at the age of 16. I've also worked for the Department of National Defence as a civilian policy adviser on gender equity and intersectional analysis, and more recently with the directorate for anti-racism implementation. I'm proud of my service with the Royal Canadian Navy and my personal contributions to the CAF over the last quarter century.

I appear before you to support this study as somebody who has served, led and advised on the experiences at hand. Over time, I've come to understand that my experience in the CAF is directly linked to my experience as a Black Canadian. Those two things don't sit separately. They've influenced how I've been seen, how I've been assessed and how I've moved through the system.

I would also like to acknowledge, up front, that I'm deeply proud of the service of all Black members of the Canadian Armed Forces, both past and present. I wish to do them justice by acknowledging here that Black service members are not a monolith, as I'm sure all of you well know. The CAF reflects a wide range of Black identities, cultures and lived experiences. As a result, the experiences of Black service members cannot be neatly summarized by a single narrative. They are diverse, sometimes divergent and shaped by multiple factors, including role, environment and individual circumstance. Recognizing that diversity, I feel, is essential if we are to accurately understand both the challenges and the progress.

That said, there are common forces and conditions that, to varying degrees, influence those experiences, namely systemic anti-Black racism, colonialism and white supremacy.

I'd like to start by framing the conversation a bit.

When we talk about the Black experience in the Canadian Armed Forces, we're not talking about just one story, as I mentioned. There are many Black communities represented in the CAF, with different cultures, backgrounds and paths to service. Some members are Canadian-born, some are newcomers, some serve full-time and some—like me—serve as reservists. There isn't just one experience, but that doesn't mean there aren't patterns. That's really where the institution needs to focus: not on a single story but on where outcomes start to line up in a way that deserves closer attention.

This brings me to terms that often get in the way of this conversation: “systemic racism” and its remedy, “anti-racism”. I'll be honest. This is where discussions can sometimes get stuck, because people hear these terms and think about individuals being called racist. That's not how we approach it. For me, systemic racism is about systems and how they behave over time, not individual actions or conduct. It's about whether the structures we rely on for hiring, promotions, discipline and health care benefits produce consistently equitable outcomes for everyone. If they don't, we need to understand why.

We've had some extremely important moments in recent years: the class action related to racism in the CAF, the apology for systemic racism by the chief of the defence staff and the Zellars report, among others. Those matter. They create space. If I can put it simply, though, we can't stay at that level of acknowledgement forever. The next step is considerably harder. It's now about looking at how systems work day-to-day and where they can be strengthened, not only at the individual level but also at an institutional one.

There's also a tendency to focus on outcomes, like representation and readiness. Both matter, but I would suggest that this is not where we start. We often talk about representation, for example, as something we achieve, but in my experience, representation works best when it's an indicator of other factors. If recruitment, development and promotion systems are working well, representation will improve as a result. If they're not working, representation will not improve, no matter how much attention we put on it.

● (1210)

The same idea applies to readiness. We talk about readiness a lot—and we should—but readiness is not the starting point. Again, in this context it is the result. It's what you get when systems are

fair, when people trust them and when they hold up under pressure. Sometimes it's not dramatic. It can be as simple as who gets informal mentorship, who feels comfortable raising an issue early, or who has the documentation they need when it matters most later on, which is immediately relevant to the veterans conversation. Each of those things seems small on its own, but over time they add up. They are not one-offs. They are a product of a system that was not designed for all.

There's another concept that can help make sense of this.

● (1215)

**Blake Richards:** Lieutenant-Commander Tesfamichael, we're about a minute over the time allotted. I'll let you wrap up and summarize what you have remaining in your opening quickly, if you can, and then we'll move to questions.

**Esrom Tesfamichael:** Do you know what? I'm just probably going to ramble, so we can carry on, and I'll answer questions to the committee.

**Blake Richards:** I appreciate the honesty, and I thank you for your testimony. Also, thank you for your service to our country.

We're now going to the rounds of questions. In our first round of questions, we have six minutes for each party. We will begin with Mr. Tolmie for Conservative opposition, for six minutes.

**Fraser Tolmie:** Thank you, Lieutenant-Commander. Thank you for your service. I don't think anything that you've shared was rambling. I do appreciate you for coming before us and sharing your perspective.

I have one question that is business-related. It's with respect to your role as an intelligence officer within the Canadian Armed Forces. I just want to get it on record.

Would you say that your role is a 24-hour, seven-day-a-week kind of position? Many people have the perspective that when you work and live in Ottawa, you get to switch off. They don't realize that a lot of people who are working here are actually dealing with things overseas, and the job is 24 hours a day, seven days a week.

Would you agree with that comment?

**Esrom Tesfamichael:** For clarification and to go back to what I said earlier, as a reservist, I serve on a part-time basis. I have a civilian career outside of the military, so it's not 24-7 for me, sir.

**Fraser Tolmie:** Would it be, for those who are in a full-time role in Ottawa and who serve in a capacity similar to yours?

**Esrom Tesfamichael:** As a regular force member or as a reservist on full-time service, you are always under the guise of the code of service discipline, so in a sense, yes. In terms of the tasks you're asked to perform, that's not so much.

**Fraser Tolmie:** I just wanted to establish that some people have to take their jobs home with them, even though they may be in a domestic role.

I really appreciate your testimony. You talked about patterns. You talked about systems. I really appreciated that perspective that you brought forward.

Can you share with me and this committee any patterns that you're aware of where we're failing Black veterans in Veterans Affairs?

**Esrom Tesfamichael:** I don't know that I can speak with authority on how Veterans Affairs is failing Black veterans. I can maybe speak, for a bit more context, to some of the unique needs that Black veterans may have that may or may not be part of the veterans process.

**Fraser Tolmie:** Why don't we go down that line? Why don't you share a little of what you think we could be doing better?

**Esrom Tesfamichael:** Sure. I think we've made great strides over the last number of years in assessing and understanding the importance of mental health within the Canadian Armed Forces and the impact this has on our veterans after service.

One of the aspects of mental health that I think may be understudied, perhaps, is that of racial trauma. That is something that people can experience both in uniform and also out in society. If there is a racial trauma experience within the CAF or on deployment that sticks with a CAF member and impacts them post service, they have not only the effects of that initial trauma, but also the recurring triggers that are going to occur in society as a result of that constantly being present.

It's assessing that initial trauma but also understanding that for Black veterans and for other racialized veterans, that experience is not going to be unique to their service. It's going to be ongoing.

**Fraser Tolmie:** You talked about next steps. You've identified where we can go.

Do you have any steps that you think we should take or something that we should be following in order to deal with the challenges that you brought forward in your last comments?

• (1220)

**Esrom Tesfamichael:** Making sure that we explicitly look at race-based trauma and have a full understanding of how that impacts our serving members and our veterans, and their life post service, is one thing to do.

Also, I don't know if it would be called an active offer, but another is making sure that it is clear that Veterans Affairs and the Cana-

dian Armed Forces are looking at that specifically, so that racialized and Black members of the Canadian Armed Forces feel more comfortable bringing those issues forward and have a degree of confidence that they can be addressed with the same level of interest as other forms of trauma.

**Fraser Tolmie:** Do you think some of the issues we've had in the past with racism within the Canadian Armed Forces are going to be a challenge for recruiting in the future?

**Esrom Tesfamichael:** I can't see how they would not be, to be honest.

**Fraser Tolmie:** Okay. Can you give me your reasons?

Let me ask you, why did you join the Canadian Armed Forces, and then why would it stop another person who's Black from joining?

**Esrom Tesfamichael:** Why did I join? Probably it was too many war movies when I was a kid.

I distinctly remember walking into a recruiting centre and saying, I want to fly the planes off the ship. They said, we don't do that here, son, but you can join and be a bosun, so that's what I did. I had an interest in sailing as a kid. I very much valued service, I guess, from a young age, and it was something that I was interested in doing.

Why might it deter other folks from joining? As I said in my opening remarks, sir, there are people who come to the organization from all different walks of life, from all different corners of the earth, and all with different lived experiences. I think some folks may have an impression of a military that is not one they believe they would fit into. They may not see themselves in the organization. I don't think that's an insurmountable challenge, but it's one I'm looking forward to helping address.

**Fraser Tolmie:** Thank you.

[*Translation*]

**The Vice-Chair (Blake Richards):** Thank you.

Ms. Auguste for six minutes.

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

Mr. Tesfamichael, thank you very much for joining us today.

You spoke at length about the issue of representation and how important it is. At our committee, we've conducted several studies so far, and you are the first Black veteran to participate in a study.

This study really focuses on the experiences of Black veterans. We see that there is a certain unease, a certain reluctance among Black veterans to come forward to us, at committee, and to participate in the conversation about the experience of veterans in general, which includes their own experiences.

In your opinion, why is this so difficult? Why is there this reluctance among Black veterans to come forward and talk about their experiences in the Canadian Armed Forces in relation to the system?

**Esrom Tesfamichael:** Thank you for the question.

I do not know if I have the tools I need to speak for others. However, I am here because I believe that my 25 years of experience can help bring a perspective and insight to the committee based on my own experience. I do not know why, to date, other veterans have not come to meet with you. Perhaps this will encourage them to come and do so in the future.

**Tatiana Auguste:** Thank you very much.

You also talked about opportunities you were given, about your early days as a bosun and where you are now.

In your view, what are the barriers, not only for you but also for other Black veterans or Canadian Armed Forces, or CAF, members?

• (1225)

**Esrom Tesfamichael:** That's a good question.

With regard to the barriers, it's clear there will always be people who do not believe there is a place for us within the organization. The organization per se does not hold that view, but rather society. We often hear that the CAF is a group that represents Canadian society as a whole. Some CAF members hold similar views.

You started your question by mentioning representation. I think it's very important. Indeed, our first Black general officers in the military, namely Rear Admiral Olivier and recently Commodore Williams, were recently appointed.

I think that the current representation among senior officers will encourage people and demonstrate to everyone in the Canadian Armed Forces that there is room for all Canadians.

**Tatiana Auguste:** In your experience or that of your colleagues, are Black veterans, be they women or men, treated fairly today?

**Esrom Tesfamichael:** Could you be a bit more specific?

**Tatiana Auguste:** I'm talking about the way the institutions treat them.

As a reservist, do you believe that you and your colleagues are treated fairly compared to other veterans, not only by Veterans Affairs Canada but also by the Canadian Armed Forces?

**Esrom Tesfamichael:** I cannot speak for everyone, but I can share one of my experiences.

I was one of the founders of the Black Defence Employees Network. One of our first initiatives was to lay a wreath at the national Remembrance Day ceremony for Black veterans. This was important to us because we wanted Black veterans and Black members of the Canadian Armed Forces to be represented at the national cere-

mony for veterans. This was supported by the Chief of the Defence Staff and the Royal Canadian Legion, which organizes this ceremony. So I think there is a willingness to welcome people and be more inclusive.

Are we treated fairly across institutions? I cannot answer that, but I see examples where there is a willingness to be more inclusive.

**Tatiana Auguste:** You spoke a little about newcomers who are helping to protect our country in the military. Could you talk about your experience working with them?

How does the experience of protecting our country differ for newcomers?

**Esrom Tesfamichael:** I cannot think of a single example of a newcomer with whom I spoke who did not express great pride in being able to be part of the Canadian Armed Forces.

Once again, I do not want to speak for all newcomers; however, from what I understand based on the experiences and stories they told me, they are extremely proud to be here. They see it as a real opportunity to integrate into Canadian society and to thank the country that welcomed them at a time when things may have been difficult for them.

**The Vice-Chair (Blake Richards):** Thank you, Mr. Tesfamichael.

**Tatiana Auguste:** Thank you very much.

**The Vice-Chair (Blake Richards):** That concludes this round of questions.

Ms. Gaudreau for six minutes.

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

I thank the witnesses for joining us.

Actually, I have some very specific questions.

I am someone who is aware of systems or cultures. As you said, I saw a lot of movies, but there's no difference to me when it comes to gender or colour.

We have spent a lot of time examining the situation women veterans face, meaning women who served in the military. Indeed, we still haven't really examined whether, as you say, racial trauma potentially exists. What does it look like?

We heard about women's experiences. Women talked about harassment, assault, sexual violence and verbal abuse, but what does racial trauma look like?

• (1230)

**Esrom Tesfamichael:** That's a good question.

I'm no expert on the matter, but I will answer to the best of my ability.

Racial trauma can differ from person to person, and it depends on people's experiences. I would say it means being part of a community, institution or group in which you are not included. It's having to navigate that. It might be words that people tell you over and over, it might be experiences you have, it might be discrimination or racism on a daily basis.

**Marie-Hélène Gaudreau:** When we talk about racism, I view it as being a bit like contempt. Does this undermine people's abilities? What happens?

If it were a woman, we might say she isn't strong enough or that it's an initiation. I do not know whether you saw the movie *Out Standing in the Field*. It really highlighted what a woman in the armed forces during the 1970s experienced. I am trying to draw comparisons.

Is it really contempt or does it mean working twice as hard to feel like you are part of the group?

**Esrom Tesfamichael:** I'm going to give you another example of racial trauma.

If I may, I'll respond in English so my answer will be clearer.

**Marie-Hélène Gaudreau:** Okay.

[English]

**Esrom Tesfamichael:** It could be something as simple as code switching. Fitting into an organization that wasn't necessarily designed for everyone will force individuals to—much the same as perhaps women had to—conform to a standard that wasn't necessarily built around them. There's strain that might be put on individuals. There is cognitive dissonance that individuals might experience over the course of a career, constantly trying to shape themselves into an image or a standard that wasn't really built for them. That can also contribute to a form of racial trauma. The need to do that for years on years in order to be seen, to be supported and to progress in an organization is one example.

[Translation]

**Marie-Hélène Gaudreau:** Thank you very much. I'm very grateful to you. If you aren't comfortable responding in French, that's fine.

You said you were a reservist. As a result, you were a civilian for a while and in the armed forces for a while.

Let me give you an example. I'm shocked every time I hear those kinds of stories. The small municipality of Mont-Laurier, Quebec, had a Haitian mayor for 14 years. I—like the people of that municipality—do not see things the same way.

Is the culture in the Canadian Armed Forces different from that in civil society?

Is there a dichotomy between the two or are they similar?

In my opinion, there has been a great deal of progress, but you might say the opposite is true. I'd like to know what it's like in the military.

[English]

**Esrom Tesfamichael:** I don't think the two are mutually exclusive. We could have made great progress, and I believe we have, but there is also a fair bit to improve on.

To the question of whether the culture within the Canadian Armed Forces is similar to or different from Canadian society, we often hear that the CAF is a cross-section of Canadian society. I push back on that a bit, because you self-select to join the Canadian Armed Forces.

There are noticeable differences within the demographics of the CAF to what you would find in Canadian society. You were talking earlier about a study on women. The proportion and representation are not the same. There's no real way we are completely representative. That will then lead to there being a difference in culture and whatnot.

It's also a very culture-rich and culture-steeped organization, which is meaningful and important to both preserve and grow as we move forward. I would not say that it's exactly the same.

• (1235)

[Translation]

**Marie-Hélène Gaudreau:** Following our discussion, if there are any examples of lived experiences you can provide the committee, I invite you to do this so we can draft the most exhaustive report possible.

Let's take the example of a policy on harassment between MPs and their staff. It's somewhat similar. What is concrete? We have never seen any supporting documentation.

Perhaps it exists and the committee could benefit from it.

[English]

**The Vice-Chair (Blake Richards):** We'll have to stop there.

I will allow the witness to respond, but before I do that, I see that we have bells ringing for a vote in the House of Commons. Do we have unanimous consent to continue with a modified version of a second round? I would suggest a five-minute round each for the Conservative and Liberal parties, and then a two-and-a-half-minute round for each party. That would still allow us the time, from the building we're in, to get there in time for votes.

Do I have unanimous consent for that?

**Some hon. members:** Agreed.

**The Vice-Chair (Blake Richards):** Okay.

Lieutenant-Commander Tesfamichael, I will allow you a very brief response, if you have one. Then we will move to the second round.

**Esrom Tesfamichael:** Sure.

Thank you for not asking me to divulge all my lived experiences here, but yes, I'd be happy to help support that work, going forward.

I would also just clarify that the opinions I'm offering today, and my responses, are mine. They're based on my experience. They are not the official position of the Canadian Armed Forces.

[Translation]

**Marie-Hélène Gaudreau:** Thank you very much.

Thank you, Mr. Chair.

[English]

**The Vice-Chair (Blake Richards):** No problem. Thank you.

We'll now move to that second round, with five minutes for the Conservative Party.

Mr. McCauley.

**Kelly McCauley:** Thanks, Chair.

Lieutenant-Commander, thanks for being with us today. It's been very interesting, listening to your answers.

You talked about the community not being monolithic, and I'm glad you brought that up. Too often it is viewed as one community, when it's obviously very, very large when broken up. How does that get handled when, say, within the Black community there are so many different...I don't want to call them "subcommunities", but so many different cultures within that community? How is that handled, I guess, when we talk about access to opportunity or about how people are treated, knowing that there may be 30 or 40 different cultures within that one community?

**Esrom Tesfamichael:** Yes, I think touching on that is very important. I think it reinforces the need for an intersectional analysis. Whether you are a Black English speaker or a francophone, whether English or French is your third or fourth language, whether you are differently abled, or whether you are of various religions, there will be intersecting factors that impact the way you experience the organization and how you could feel included.

**Kelly McCauley:** Do you get a sense that the people within understand this, and that we're moving toward it, or is there still monolithic thinking that has to change?

**Esrom Tesfamichael:** I think intersectionality is definitely being considered. There's probably still work to be done, looking forward, on Black persons being broken out within the EE Act so that there's even more specificity when looking at and addressing barriers and impediments to their equitable treatment.

As I mentioned earlier, I think focusing on the differences right now might not be the most important thing. What are those patterns that are affecting the majority of Black folks who serve? That's whether it's systemic anti-Black racism...which doesn't discriminate based on language, their religion affiliation or what have you....

While we all want to be treated and seen for who we are as individuals, when addressing inequitable treatment, I think looking at the patterns and the systems that are affecting the entire group is a good place to start.

**Kelly McCauley:** Do you feel that people are looking at those patterns? Is it well developed enough internally, or are we at the starting point of where we need to be looking? I know it's an overly broad question, but I want to get your opinion.

• (1240)

**Esrom Tesfamichael:** Progress is never quick enough. As I said earlier, we've come a long way. There's still a long way to go, but I will say that within the CAF there has been a concerted effort. We do have a number of resources. Leadership is focused on looking at this. We've come a long way, but there's still some room to grow, in my humble opinion.

**Kelly McCauley:** Stereotypically, the view is that the military beats identity out of people in order to have the conformity of one set of mind. How does that interact with the reality of different cultures?

**Esrom Tesfamichael:** I'm not sure I understand the question. I'm sorry.

**Kelly McCauley:** Again, it's a stereotype, perhaps. Some Hollywood stereotype or what we read is that you join the forces and are not Mr. Tesfamichael or Mr. McCauley. You are Warrant Officer this, and you're this only. You're a part of the larger organization where we enforce discipline, following orders, following rules and that. How does that work with the larger issue of when we have so many cultures? Is it incompatible, or is it...?

**Esrom Tesfamichael:** As we embrace diversity and inclusivity within the Canadian Armed Forces—and the demographics have changed tremendously over the past 10 to 40 years compared to what they were before—we have to account for more and more overlays in terms of what the person is. When it was a more homogenous-looking force, that might have been possible, but it's becoming less and less feasible to do that, I would imagine, because of the degree of diversity that we're introducing into the military—and rightly so. We need that diversity. Maybe it is incompatible. Maybe there does need to be a second look at how that works. This is not to say that anybody has tried to beat the identity out of anybody I know, but the increasing degree of diversity will require a look at how that is managed.

**Kelly McCauley:** It might—

**The Vice-Chair (Blake Richards):** I'll have to stop you there. We have to keep pretty tight on time in this round because of the vote coming up.

We'll now go to Mr. Clark for five minutes.

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

Lieutenant-Commander, thank you so much for being here today. Thank you for your service.

One of the great advantages of the riding I represent in Nova Scotia is that it has some of the largest and most historic Black communities in the country: North Preston, East Preston, Cherry Brook, Lake Loon, Upper Hammonds Plains and Lucasville. The Black Cultural Centre for Nova Scotia is in my riding as well. Ms. Auguste and I have visited that place. Some of the most moving exhibits at that institution are related to veterans. There's the No. 2 Construction Battalion, the all-Black battalion from the First World War. Also, there is the Victoria Cross that William Hall won in 1857; he was the first Black Canadian to ever receive the Victoria Cross. There's a tremendous history there that I know you're aware of also, sir. I just want to highlight that. It's a little home cooking, but it's very important to me and to our community.

Lieutenant-Commander, “code switching” is a term you mentioned in an earlier response. Can you define that for the record and for the benefit of the committee? What does that term mean, and how might it manifest itself?

**Esrom Tesfamichael:** “Code switching” refers to when an individual must modify the way they bring themselves to a space, the way they speak, the way they dress, the way they interact or the way they communicate in order to fit in. The member for Edmonton West talked about identity and what that means to individuals coming in. That institution has an identity. If your individual self does not speak in that vernacular, does not typically wear those hairstyles or does not do whatever, you have to adapt to it. It's basically finding a way to, despite your own identity, fit into an organization or group.

• (1245)

**Braedon Clark:** In your opening statement, you talked about the need to focus on outcomes for Black veterans in particular in this case.

As we, as committee members, analyze what VAC and the government are doing, what kinds of outcomes, in your mind, would be most helpful for us to look at so that we can say what is working, what is not or what we can do better? What specific outcomes did you think about when you made that comment earlier?

**Esrom Tesfamichael:** I may have misspoken, but what I meant was that a focus on outcomes exclusively could sometimes blind us to the things that need to happen beforehand. With regard to representation, for example, we want to have a target representation for a group. If that is the main focus, we may not pay enough attention to the things that have to happen in order to get there. Using outcomes, like representation, for example, as indicators after work has been done earlier in the pipeline is, I think, appropriate.

**Braedon Clark:** I have about a minute and 20 seconds. I want to be on time for everybody.

Earlier, you mentioned something really interesting in terms of communities not being monoliths. I see this in some of the communities I represent. Some of the African Nova Scotian communities have been there for 400 years, and then there are lots of newcomers who might come from other parts of the world, who have been there for maybe five years. The experiences of these two groups obviously are incredibly different.

In your mind, how do you bridge that gap and make sure that whether a Black veteran's roots have been in Canada for 400 years or for four years, they are respected, seen, heard and valued in their own way?

**Esrom Tesfamichael:** At the risk of seeming repetitive, I will go back to my earlier response about the patterns and systems that affect all Black veterans. That would be systemic anti-Black racism.

I recommend looking for vulnerable nodes of decision points or processes that are especially susceptible to the influence of individual racism or systemic racism and finding ways to reinforce those nodes to either create more transparency and accountability or put guardrails on that somewhere, so that if, in fact, there is a force of systemic or individual racism playing on the decision being made, there is a degree of resiliency against that. It's more to find those vulnerable areas and to improve outcomes by making sure there are guardrails, for lack of a better term, or reinforcements against—

**The Vice-Chair (Blake Richards):** We'll have to stop you there, unfortunately. We do have to keep tight on the time here. I think you got to the essence of what you wanted to say.

[*Translation*]

Ms. Gaudreau for two and a half minutes.

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

I get the impression that, when it comes to the CAF culture, everything needs to change. When I look at the progress that society has made for women, racialized individuals, Black people and so on, even if it's not 100%, I see that real progress has been achieved.

From listening to testimonies during this study, I get the feeling that people were told it was like this, it's always been like this and they had to toe the line. It's like if nothing ever changed. Today, I feel that we need to open up to others, get to know them, and discover who they are.

Am I wrong in saying that the armed forces is really an organization where you cannot deviate from the rules? It's a very strict sandbox.

Is it still like that or not?

**Esrom Tesfamichael:** In my view, it's no longer like that.

I think that, now, there's a lot of emphasis on inclusion. I'm encouraged whenever I see progress. As I indicated earlier, even if there is progress, things can always be improved. I hope there is room for everyone in the institution. In my opinion, we are moving in this direction.

**Marie-Hélène Gaudreau:** Okay.

The day we set aside our prejudices and look at people for who they really are before passing judgment, I think we'll make progress and take a big step forward. I hope this will also have a major impact on the Canadian Armed Forces.

Thank you for joining us. It was important.

Thank you, Mr. Chair.

• (1250)

[English]

**The Vice-Chair (Blake Richards):** Thank you very much.

Now we have our last two rounds of two and a half minutes each, the first one going to the Conservative party and Madam Wagantall.

**Cathay Wagantall:** Thank you so much, Mr. Chair.

I hope you can be gracious in response to what I'm going to ask, because it goes with what I've experienced in life.

When we talk about the very diverse national backgrounds of Black people, which is true, that is also true of white people, as an example. My dad grew up without his dad. He dissed the Irish all his life, as all good Scots do, until he realized later in life that he's actually Irish, and a lot of things didn't make sense anymore.

My children grew up in the early eighties in Edmonton-Mill Woods, where there are 84 different groups of people. My husband and I used to enjoy watching them, because they didn't have a clue that they were white among a sea of people from all different nations.

This racism that you're experiencing is real, and it's experienced everywhere. I would love to know how we get to the root of it, because institutions don't come out of nowhere. They come from people creating them. Where does humanity and how we grow up and learn...? That appreciation has to start, I think, at a very young age.

It seems that today we are seeing more dissent and disagreement in society than we have in a long time, yet we want to see things improved, especially in this circumstance in the armed forces. How do you process that?

**Esrom Tesfamichael:** Where do we start with racism? Not to be flip, but I don't think we're going to tackle that.

I think what's immediately relevant both to the CAF and VAC is, first and foremost, in my opinion, that they're employers. Despite the conditions that exist in society that we are not likely to address in our lifetime, there is a responsibility to make sure that those within both are protected and can enjoy a degree of freedom from some of those factors. I think we should identify where those major touchpoints are and create, as I mentioned, guardrails and mitigation.

**Cathay Wagantall:** I really appreciate that, having just gone through the women's study that we did.

Are you familiar with the 6888th from the U.S., where there were 800 Black women who went to fight the war?

**The Vice-Chair (Blake Richards):** I'm sorry, Mrs. Wagantall—

**Cathay Wagantall:** It's awesome. I appreciate this.

**The Vice-Chair (Blake Richards):** We're going to have to stop it there, unfortunately.

**Cathay Wagantall:** I appreciate that, Chair. No problem.

**The Vice-Chair (Blake Richards):** We do have bells that we have to respect here.

We have one more round of two and a half minutes, for the Liberal Party and Mr. Casey.

**Sean Casey (Charlottetown, Lib.):** Thank you very much, Mr. Chair.

Lieutenant-Commander, thank you for being with us, and thank you for your service.

You were involved in a project to tell the story of more than 150 years of Black Canadian military service through the Black Canadian veterans stories project. I think that would be relevant to this study, so I wonder if you could share a bit with us about the project and your experience with it.

**Esrom Tesfamichael:** I am not familiar with my contribution to that particular project.

**Sean Casey:** Okay. You were written up in Legion Magazine.

You did mention in response to a question, I believe, from Madame Auguste that you were one of the founders of the Defence team Black employees network.

Can you talk a bit about your work in that regard?

**Esrom Tesfamichael:** I'd love to. It's a great success story.

From my perspective, it came in the wake of George Floyd's murder. We were off, and there was a real need for community and a sense of partnership in order to process some of the things that were happening in the world—not just that, but COVID and the rest of it.

There was a group of folks who were able to connect, and we decided that the connection and the support that we were providing each other would likely benefit a wider swath of the CAF, so we decided to launch an employee network. It was very much a grass-roots-led organization that is aimed at peer support above all else, and it exists to this day. We're happy that it has spawned other employee-led networks since.

• (1255)

**Sean Casey:** Thanks again for being with us.

**Esrom Tesfamichael:** Thank you.

**The Vice-Chair (Blake Richards):** Thank you very much.

That concludes our rounds of questioning. The good news is that we did just about get our full hour in. We're only minutes shy, but we do have to let members rush off to get to the votes.

**Kelly McCauley:** Well done, Chair.

**The Vice-Chair (Blake Richards):** Lieutenant-Commander, thank you very much for your contributions today and also, of course, for your service to our country.

With that, the meeting is adjourned.

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