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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Tuesday, March 27, 2018**

—  
**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

Tuesday, March 27, 2018

• (1215)

[English]

**The Vice-Chair (Mr. Phil McColeman (Brantford—Brant, CPC)):** Let's start the meeting.

Colleagues, I've just been informed—I hadn't received any prior notice—that our chair is not available for this part of our meeting. I hope he's okay. I hope it's not too much of a health issue. Do any of his colleagues know if he's having a health issue right now?

**Mr. Colin Fraser (West Nova, Lib.):** Yes. I think he'll be okay.

**The Vice-Chair (Mr. Phil McColeman):** I will take the chair in his absence.

We welcome our witnesses today. Thank you for being here. You are our final witnesses, the 45th and 46th witnesses for our study on the barriers to transition and measurable outcomes of successful transition.

We welcome today Sergeant (Retired) Alannah Gilmore, member of the Advisory Group on Families at Veterans Affairs Canada, and Lieutenant-General (Retired) Stuart Beare, Chair of the Board of Soldiers Helping Soldiers.

We'll begin with your statements for five minutes, please, and then we'll move to questioning.

Welcome.

**LGen (Ret'd) Stuart Beare (Chair of the Board, Soldiers Helping Soldiers):** Thank you, Chair.

Thank you, ladies and gentlemen, for the invitation to participate in your deliberations.

I'd like to thank you for the work you're doing to shine a light on all aspects of transition. Through you, I'd also like to thank those who have testified before, including Alannah, and have lived a transition life experience, who lift up those in transition, and who are there to support those who struggle with transition. There are many ways to serve, indeed, and serving those who serve is one of them. Through you, I thank them all.

I'm here representing one of many much-needed organizations that serve the needs of homeless veterans, in this case Soldiers Helping Soldiers. It's an all-volunteer organization established in Ottawa in 2012. Its mission is to aid in recognizing and identifying homeless veterans, connecting with them, and connecting them to service providers who can help them—reducing the risk, mitigating the effects, and supporting a recovery from homelessness.

It's a team effort with a diverse ecosystem—one we work with to achieve real progress for individual veterans. We have five years of experience of SHS in Ottawa, and we have concluded that the model is valuable enough to establish—it was recently incorporated in October of last year as a not-for-profit—and expand to other population centres across Canada as a not-for-profit, but not a charity. SHS looks to work in other population centres to add to the inventory of volunteers and community service providers who can make a difference for veterans where we find them as homeless.

I'm not here to tell an SHS story. I'd just like to offer some quick insights and perspectives to inform your deliberations on helping those who are homeless and how we can make a difference in their lives.

The first is that the numbers who find themselves homeless are more than we would have believed or assumed to be the case. Working with communities to get to the numbers of those citizens who are homeless, and among them to those who are veterans, is an important undertaking to be pursued. Cities and municipalities lead in those efforts, and identifying veterans among them is an important effort of which we should be supportive.

Number two, veterans need to see themselves as vets. It's amazing how many veterans say, "I'm not a vet, because I didn't deploy. I didn't serve. I was only a reservist. I was in the Canadian Rangers." The policy definition is clear, but there's a cultural definition and understanding that needs to be overcome. With those who are homeless, the question we ask them isn't, "Are you a vet?" The question we ask them is, "Did you wear a uniform?" If the answer is yes, then you're a member of the family.

Third, it takes a village. When prevention fails, the efforts to mitigate and remediate the factors that lead to and aggravate homelessness are many, and they come from many, so it takes many hands, including individuals from organizations. Let me give you a long list: shelters, addiction centres, harm reduction, mental health, financial, identity, Housing First, food banks, physical rehab, vocational training, and case management. Helping someone recover from homelessness is not an effort of an individual organization. It really takes a village.

It takes a whole community, and providing platforms to bring a community together, to get to know a community and who's helping whom, and to allow each other to leverage each other's offerings is definitely an effort that merits investment by communities, citizen organizations, and volunteer organizations, as well as government. You can see the utility of collaboration over competition in this space being very powerful, including in your own ridings, for example.

Last, I'll conclude with this. A difference can be made in the lives of those veterans in distress who find themselves homeless. More difference can be made, and I have to tell you it's gratifying to see people who participate in making a difference in people's lives, especially among our homeless. It makes a difference in their lives. As we learn more, we can care more. If we care more, we can mobilize more—in particular volunteers—and if we collaborate more, we can achieve more together.

Chair, those are my opening remarks.

**The Vice-Chair (Mr. Phil McColeman):** Thank you for keeping it within the time limit.

We'll move on to Ms. Gilmore, please.

● (1220)

**Ms. Alannah Gilmore (As an Individual):** You'll save on time with me for sure.

I am Sergeant (Retired) Alannah Gilmore. I retired in 2015 after 23 years served in the military, including reserve time when I joined as a pipsqueak in high school. Prior to that, I was also a dependent of my father, who retired after 34 years, so the military has been my family since birth.

I'm also an Afghan vet. I was part of the 2006-07 tour in Afghanistan, also known as Operation Medusa. A lot of you can say you're probably familiar with that. After that tour, my spouse, Jody Mitic, who is one of the ones who got blown up, became a very strong voice for those with significant catastrophic injuries. He ended up as a double below-the-knee amputee. Since then, he has been a strong voice for the injured and ill through the military.

Obviously, our lives and our careers completely changed post-Afghanistan. His ability to stay in the military was limited due to the significance of his injuries. Then, of course, in terms of my injuries, I have PTSD and I'm pretty sure I probably have spousal PTSD, and you top that off with the amount of struggle, heartache, and stress that came along with the bureaucratic red tape that we're constantly cutting to try to get services for our family.

Jody released in 2014, so we went through the transition process with him; and then in 2015 I followed suit and I retired as well. It was a very difficult transition, so I feel that I can actually speak quite truthfully, with some possibly good lessons learned from my transition. It isn't easy to say that someone can't transition easily, and for a soldier, that makes it even more difficult, knowing that we don't just bounce back. I do think that the more we can do for our members to try to mitigate any of those issues would be very beneficial.

Presently I am working with the advisory groups, so I have found one method that helps me, to stay a bit in the game and still have that connection to the military or through the veterans. I've been doing stuff with Veterans Affairs through the advisory group, helping with the families, and also with the Legion OSI section. I was also part of the governance group for the MFRC. I have been quite able to give my opinions and my thoughts and perspectives on various veterans and military groups.

I'm very happy to be here. I appreciate the fact that you considered me as one of the people you'd like to speak with. I hope my

testimony, and that of those before me, can be helpful. Hopefully we can make it better for the next ones coming through.

Thank you.

**The Vice-Chair (Mr. Phil McColeman):** Thank you very much.

Colleagues, before we move on to questioning, given the time constraints today and what has happened with our meeting, we do have to deal with three essential items of committee business. I'm going to finish the questioning at 15 minutes before the hour, so that will allow for our first round of questioning of five-minute rounds. I hope that's acceptable to everyone. We'll have one round of questions.

Mr. Kitchen, you lead with five minutes.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you, Mr. Chair.

General and Sergeant, thank you very much for being here again. We appreciate seeing you and hearing your information.

Sergeant, I'm going to start with you, if I may. You, as I did, grew up in a military family. A lot of what we've talked about here in committee over the years is about family and that aspect of it. As with you, I followed with my father throughout his career and from place to place until I went off to university and started on my own. With my brother, my sister, and I being involved, it's a part that we learn and it is ingrained in us and everything we do.

One of the challenges I've heard and seen, and I think we've all heard and seen, is the difference between how you and our soldiers understand where they are at and how VAC understands it. VAC doesn't have the same concept as you do. I wonder if you have experienced any of those issues, so that when you're dealing with VAC, you can see that they do not understand what you're talking about as a soldier and how you relate. I believe that's part of the problem we see when we our soldiers are talking to VAC.

● (1225)

**Ms. Alannah Gilmore:** I know that things have changed in the last couple of years. I'm actually seeing improvement, which is great. It looks like we're leaving that old mentality of "Guilty first: prove that you are truly injured afterwards." I'm very thankful, because that's not the direction anyone should ever take—ever.

I think there has to be some form of communication, better communication, with VAC and DND in the perspective of trusting the fact that our doctors and nurses know what they're doing; that when they make a diagnosis, and it's significant enough that someone is being released from the military for it, trust that there is good reason for it. They've had them as a patient far longer than VAC has ever had them as a client. I think there has to be a better belief system in the medical field within the military. I was a medic for 23 years, so I can attest to part of that as well. I think we have to trust DND, trust the diagnosis, and trust that the paperwork has been filled in, and any additional specialist information.

You know, we were having a conversation earlier that there should be a checklist. The checklist should not just be from VAC. It should be from the member as well so that they know what information VAC is looking for on the other end. Without that knowledge, we send in the paperwork thinking that we're now one step closer to being covered for whatever our disability might be, only to find out months and months later—you know how long it takes to get any information back now—that it might be denied, or that maybe there's insufficient information.

Well, you've taken a person who's just transitioned from the military and been completely cut off who is not being treated medically, and it might be for a very significant disability. I think we have to somehow transition our medical documents. Maybe there needs to be a conversation between medical personnel on the DND side and VAC personnel to say, "Hey, I have this guy coming to you."

I don't understand why there isn't more communication between the two. I do think that would be very helpful

Did that answer your question?

**Mr. Robert Kitchen:** Yes, thank you. I appreciate that.

**The Vice-Chair (Mr. Phil McColeman):** You have about a minute and a half left.

**Mr. Robert Kitchen:** And then I suspect I will probably have another round of questioning.

**The Vice-Chair (Mr. Phil McColeman):** No, you will not.

**Mr. Robert Kitchen:** I won't? Okay.

General, you brought up the aspect of homelessness. I appreciate what you're doing and the steps you're taking. I'm assuming that a lot of the homelessness you found was in Ottawa and the bigger centres. Where are our homeless veterans dispersed around the country?

**LGen (Ret'd) Stuart Beare:** Anecdotally, scientifically, rhetorically, every population centre where homelessness exists, you'll find veterans amongst them. To get back to the size issue, there's no single authoritative source of measurement on the quantity of homelessness other than the fact that it exists. It's a very transient population. There's no single or monolithic description for it. It's all ages, all genders, all walks of life.

**Mr. Robert Kitchen:** All ranks?

**LGen (Ret'd) Stuart Beare:** All ranks.

**The Vice-Chair (Mr. Phil McColeman):** Thank you.

Mr. Bratina, you have five minutes.

**Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.):** Thank you, Mr. Chair.

Thank you for your service. I'm from Hamilton, and the Hamilton flag that flew at Camp Nathan Smith in Kandahar is in my office right now. It's a constant memory.

This is at heart of the transition issue, so let me ask you this, Lieutenant-General Beare. Somebody leaves the military. They probably don't go right onto the street as a homeless person. At some point they get discouraged. I think this is the nuts and bolts of this transition issue. What is the frustration point, or what happens to

them upon their release that in a month or two, or half a year, or whatever the time is, they end up on the street? Have you been able to determine that kind of information from the people you've talked to?

**LGen (Ret'd) Stuart Beare:** Veterans who find themselves homeless include people who wore a uniform for six months. The military experience wasn't the dominant part of their life experience, but because they wore a uniform for six months, they're a veteran. You can just imagine any citizen who finds himself on the street and think about all the factors that led to that result. They're common to all citizens.

Those who are long-haul servers—for example, serving for two decades plus find themselves homeless a lot later than their civilian counterpart; they're almost 10 years older, I think, on average. Note that this is completely unscientific, so please treat this as anecdotal. Among those who had longer service, this is in part because they had a supportive military foundation that sustained them in their life up to retirement. Beyond that, they transitioned out and for whatever reasons—be they attributable to military service or not—they find themselves homeless. But they're typically older.

In some ways military service could be an aggravating factor for a mental health issue or an addiction or other injury acquired while serving. In other ways it could have mitigated and retarded that journey into homelessness. There's no one answer; there's no one thing. But I'd say that the fact that they served and the fact that we can connect with them as people who have served is an opportunity to reconnect and create a new connection that can help them get off the street.

● (1230)

**Mr. Bob Bratina:** I think what we're after here is to try to prevent the disconnect in the first place, which may lead us to some good recommendations.

I'll share my time with my colleague Ms. Lambropoulos.

**Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.):** Thank you, Bob, for sharing your time with me.

Thank you for being here with us today.

Mr. Beare, I don't have a very large homeless population in my own riding. However I live in Montreal, and there are quite a few homeless people in Montreal. I know that a lot of the population who are homeless are also veterans. I was wondering about how you would go about approaching somebody or forming a group that could help them. Do they accept help if you offer it to them, and how do they usually react when you speak to them?

**LGen (Ret'd) Stuart Beare:** The first thing is that if you're looking specifically for homeless veterans, you have to know who's already engaging with them. Civil society has an incredible number of organizations and volunteers. Here in Ottawa, for example, you have the Shepherds, the Mission, the Salvation Army. You need to be working with those who already have a relationship with the homeless.

If you're specifically trying to identify the military among them—those who wore a uniform—then you need to gain the trust of the folks who are already providing them services. Don't come in and spoil the relationships that already exist between the homeless and those who are sustaining them or trying to help them. Bring value. That's a step.

The second is to work with them to participate in identification of, and connection with, the veteran.

I'll give you the Soldiers Helping Soldiers experience in Ottawa. The patrolling activities done here, for example, would include a volunteer SHS, who happens to be in uniform; an Ottawa Police Service constable, who's a Canadian police officer; a Veterans Affairs caseworker; and a Legion service officer. By working together you get the recognition and can make those connections and then you can accelerate that interconnectedness with a follow-up meeting with a caseworker, with a Legion service officer about helping sort out paperwork so they can apply to VAC. There's no one way, but those are ways.

The real trick for me is communities creating that organizational connectedness up front. Montreal is a *bonne example*. In Montreal they have created this thing called the Respect Campaign Forum, which invites civil society volunteer organizations and charities that deal with homelessness and mental health issues. Every six months they come together as citizens and collaborate to find out who's doing what, who's providing what services, and what problems or challenges they're having. The ecosystem that is helping deal with homelessness is becoming more connected. Those who are specifically targeting veterans are there.

We attended one in Montreal just a month and a half ago. Soldiers Helping soldiers, Vets Canada, Veterans Affairs Canada, the Legion service officers, shelters, mental health clinics, and street workers were all there. That interconnectedness definitely merits being nurtured in every population centre.

If you could bring the veteran dynamic into that and specifically target how you identify and connect with veterans, the value you add to that would be very powerful.

• (1235)

**The Vice-Chair (Mr. Phil McColeman):** Thank you very much.

Mr. Johns, you have five minutes.

**Mr. Gord Johns (Courtenay—Alberni, NDP):** Thank you.

Thank you, Lieutenant-General Beare and Sergeant Gilmore for your services and being here today to testify.

Maybe I'll start with Lieutenant-General Beare about the housing crisis. We were talking about it earlier. We've seen a huge spike across Canada, especially in the GTA and Lower Mainland Vancouver and its spillover around the region. Across the country, we're really seeing a housing crisis. Are you seeing the housing crisis reflected in the acceleration in the number of homeless veterans as well?

**LGen (Ret'd) Stuart Beare:** I can only speak to the Ottawa experience, because we're not in all those other population centres yet. It's completely anecdotal, but my read of this as it relates to those who find themselves homeless is that they need the full

inventory of options to get off the street. That includes shelters. That includes housing first programs and strategies that can deliver the recuperative experience that gets you off the street. I'm not competent enough to speak about affordable housing or those issues, but the number of non-profits and charities involved in that is absolutely impressive. Here in Ottawa, the multi-faith housing initiative, which provides for low- to no-income families, including those who are homeless, is embarking on creating a veterans house here in Ottawa as one of the platforms to take someone from a shelter into a facility that doesn't just give them a roof, but a new experience, which can launch them into a life beyond homelessness.

But as for affordable housing, I cannot competently speak to that.

**Mr. Gord Johns:** What about the gaps? You must be seeing gaps that the government might be able to plug. Is there anything you can identify here today?

**LGen (Ret'd) Stuart Beare:** Because we're working with those who provide those services, they have the information. We don't, so I'm really not competent to speak on that.

**Mr. Gord Johns:** Sergeant Gilmore, we talked earlier about people who are coming out, who have served, who aren't ready for a lot of the services that we're talking about. Maybe you could speak to how the government could better support people when they're not ready to move to the next level.

**Ms. Alannah Gilmore:** I noticed that one of your questions here was about whether we are too quick to try to make something new out of somebody when they're not ready. Again, it's about recognizing when a person's in crisis and recognizing whether or not they're ready and able to move on to something that's significantly different from what they already know. A lot of times—and I've seen it first-hand, including with myself—you're rushed out the door and you're rushed to jump into something else. Who you were when you served under that umbrella of the military and who you are when you get out is not the same. You are not the same person. For some people that identity crisis becomes a major crisis, and it's just because you were pushed into figuring out what hobby or what sorts of interests you would have on the other side. It's "Quick, quick. Hurry, hurry. You'd better pick a subject". But, "Oh, no, sorry, not that subject because we won't cover that one." It's as if all of a sudden you're steered in a new direction that you're not necessarily ready to be steered into, and all they're doing is creating major stress for that individual. That will probably affect how quickly you'll heal, and a whole lot of money will be wasted when people start dropping out of programs.

I think there should be a little less focus on the financial burden that we seem to think certain injured soldiers might become, and maybe put more focus on the best thing we can do for that particular individual. Maybe they will not be able to return to work. Maybe they will do things like I do, such as advocacy work and volunteer works and being able to do all of these other things. I think maybe we should focus on how to make them the best members of society that we can, in whatever capacity they're ready and able to handle.

**Mr. Gord Johns:** All right. Thanks for the feedback. I know that in the United States they've made a commitment to hiring former veterans as front-line caseworkers—and 30% is where they're at. We're far off that mark. We don't have clear targets on how we're going to get there. Maybe that's something you'd like to see us focus on.

**Ms. Alannah Gilmore:** I would love to see DND and VAC practise what they preach. We talk about priority hiring. You should go from uniform to appropriate civilian attire and do that job. You might not be deployable, but it's your knowledge in that trade and in that position. I'm sorry, but there is no civilian who can walk in without doing basic training and know what it's like to be a soldier. I would still be able to wear my medals, but I'd wear them on a suit jacket. It would just show that I'm still serving. I do not think we practise what we preach. Somehow we've managed to take a soldier's qualifications and dumb them down. We're just not smart enough on the civilian side, yet we're masters of all trades in the military. I wore so many hats. I have such a variety of experience. You don't see that on the other side. If anything, the translator that Monster.ca, or whatever they're called, was supporting a while ago.... It's that idea: take what we can do and translate it so someone understands just how awesome we are.

• (1240)

**The Vice-Chair (Mr. Phil McColeman):** Thank you very much.

Mr. Eyolfson.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Thank you, Mr. Chair.

Thank you both for coming.

Lieutenant-General Beare, you talked about the homeless. I'm a recovering ER physician. I did that for 17 years before going into politics. My job was in the inner city of Winnipeg.

Many of our patients were homeless, and that was where most of them got all of their medical care. We were the family doctors for a large number of homeless people. We were not officially their family doctors, but it was the only care they got. We were aware of all the issues that bring about homelessness, with 60% of them being rooted in mental health.

We had a lot of interplay with the agencies. There's the Salvation Army, and one in Winnipeg called the Main Street Project. We said that without those things, we would have had to have triple-level bunk beds in our department.

There was one thing that never came up in my experience, because we hadn't really been trained for it, and there was no infrastructure or knowledge base to direct us this way as physicians. We had had no training to recognize whether any of these people were veterans or involved with the military. Again, because they got all their care there, that would be somewhere in their charts in the hospital.

Has there been any outreach to the medical system for training at the medical school level, and to putting this issue on the radar of emergency departments? All of the homeless eventually end up there. It can often be a good entry point. We use the emergency department to enter people into all sorts of programs, whether it's for substance abuse or psychiatric care. If we could get these people immediately on the radar of Veterans Affairs and all the groups that veterans can help, it might be able to help.

I think of the vast untapped resources. Has there been any consideration or any move to adding the primary medical system into this?

**LGen (Ret'd) Stuart Beare:** What we're witnessing is that identification is a challenge for the homeless, period.

**Mr. Doug Eyolfson:** Yes.

**LGen (Ret'd) Stuart Beare:** Identifying someone who is homeless as a veteran is another challenge. Who you are, having an address, and whether you served, are sometimes for some people elusive, and they can't answer them.

**Mr. Doug Eyolfson:** What I'm getting at is that we do know some of them are veterans.

**LGen (Ret'd) Stuart Beare:** Yes.

**Mr. Doug Eyolfson:** Should we be providing resources to the department, so that when you do identify a veteran in the emergency department...?

It had never occurred to us that there was something—

**LGen (Ret'd) Stuart Beare:** Going back to the community base

**Mr. Doug Eyolfson:** Yes.

**LGen (Ret'd) Stuart Beare:** Part of the procedure for admissions at emergency or otherwise is to ask the question, establish the contact, and have a relationship which pre-exists finding a person. Go back to the ecosystem of folks who provide services to the homeless, including health, and include them in the ecosystem, create the pro forma for the questions you ask. It's the same with law enforcement. If someone is arrested, ask them the question. If someone shows up in court, ask them the question.

The point of contact can be a Veterans Affairs case worker. It could also be part of the ecosystem that is focused on veterans who are in crisis. It could be an SHS. It could be a community service.

The bottom line, though, is that if the community doesn't know who to call, then it's "catch and release", unfortunately.

**Mr. Doug Eyolfson:** Exactly.

Again, before I went into politics, I did not know the issues and that there might be special places that we can help to plug these

**LGen (Ret'd) Stuart Beare:** Number one, citizen identification is a problem if you don't have an address. The veteran's status and affirmation is a challenge.

One of the services we provide is to find people's service records so we can help them establish their military identity, while at the same time working with the Bank of Montreal to give them an address so they can open a savings account.

These are fundamentally simple civil society issues, but they can be addressed from the bottom up, community-wise. If a policy for identification and acceleration, number one, of my citizen identity and, number two, my veteran status, could be created, that would be fantastic. Accelerating my ability to prove that I served would be amazing.

• (1245)

**Mr. Doug Eyolfson:** Thank you.

I'm going to share the rest of my time with Mr. Samson.

**The Vice-Chair (Mr. Phil McColeman):** You have 30 seconds.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Very quickly then, Alannah, let's go to the main question.

What can be done to improve the culture surrounding PTSD and mental health issues for both CAF members and veterans? What can we do to allow these individuals to be more willing to report their issues and PTSD?

**Ms. Alannah Gilmore:** I think the first one is to remove the threat of being removed from the military, immediately. That would be number one.

The other one would be having more conversations. We have the mental health first aid course now. That should be taught to the people who are serving. Their family members should be taking this. I know it's starting to get bigger and bigger, and I think it's a really good idea because people need to be able to identify and the member needs to be able to identify. Many times, we practice denial and we just say, "Wow, that was a really irrational way for me to handle that situation. That's not really like me." When you start having more and more of those situations, where your behaviour is starting to change, that's when you start to recognize that there's something more going on. We don't always identify with it originally. We think it's just a bad day, or it's something we ate, or we didn't get much sleep. I think that increasing the communication can remove that stigma of there being a weakness factor involved.

Ultimately, the more we train and plan for future missions... Obviously, how you perform might be a little different from how you handle returning back to Canada. After coming back from some of the places we go to, being in a first world country is really hard. You'll find that your lack of patience or lack of empathy for people, on this side of the border, truly makes it very difficult for people transitioning to come back.

I do think there is so much that can be done to try to improve it, but the first one is to remove the threat of removal from the military.

**Mr. Darrell Samson:** Thank you.

**The Vice-Chair (Mr. Phil McColeman):** Thank you so much.

Witnesses, thank you for taking the time to be here. On behalf of the committee, I apologize that we had to cut the meeting short today. Obviously, our ecosystem changes all the time, not to overuse that word here today.

Thank you for being here. We're going to have a very short pause. Members, maybe we'll take just one minute and then we have some important committee business to deal with.

Thank you.

*[Proceedings continue in camera]*









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