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# Standing Committee on Veterans Affairs

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Chair: Mr. Emmanuel Dubourg





## Standing Committee on Veterans Affairs

Wednesday, February 14, 2024

• (1640)

[English]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** I call this meeting to order.

Welcome to meeting 83 of the House of Commons Standing Committee on Veterans Affairs.

[Translation]

We are continuing the study on the transition from military to civilian life.

[English]

Welcome back, Ms. Blaney.

[Translation]

Today's meeting is taking place in a hybrid format. The room is equipped with a powerful audio system. However, when you have the floor, avoid placing the earpiece close to the microphone because it may cause interference and serious problems for our interpreters.

Before welcoming the witnesses, I'd like to give the floor to Mr. Richards.

[English]

**Mr. Blake Richards (Banff—Airdrie, CPC):** Thanks, Mr. Chair.

Just before we start with our witnesses today, we've obviously had five occasions now when we brought forward the motion to get to the bottom of the interference from the Prime Minister in the building of the national monument for the mission in Afghanistan. We've tried to schedule it a couple of times now, I think, to give ourselves a half an hour at the end, but there have always been ways that it's been obstructed.

I wonder if we can just try to get that finished. It's been going on for months now. Can we just schedule, for the Monday after the break week, a full two-hour meeting in public to deal with the motion? I ask for unanimous consent to schedule two hours on the Monday after the break week to deal with that motion in public.

**The Chair:** Thank you, Mr. Richards.

I would like to ask the members of the committee if there are no objections.

**Some hon. members:** No.

**Mr. Blake Richards:** Sadly, the cover-up continues.

**The Chair:** I welcome our witnesses.

[Translation]

Today we have two panels of witnesses. Since we started a little late, if the committee agrees, we can end the meeting 15 minutes later than scheduled.

[English]

Go ahead.

**Mr. Blake Richards:** I have a point of order, Chair. I'm sorry to do it, but I'm a little unclear.

Did the Liberals offer to have the meeting for two hours to deal with the motion once and for all, or did they refuse unanimous consent?

**The Chair:** There was no consent around that.

**Mr. Blake Richards:** The Liberals refused. Okay.

Thank you.

**The Chair:** First, online, as an individual, we have Mr. Darryl Cathcart, education consultant, by video conference. From the Pepper Pod, we have Lieutenant-Colonel Sandra Perron, founder and chief executive officer. From the Servicewomen's Salute Canada, we have Mrs. Rosemary Park, retired lieutenant-commander and founder.

You will each have five minutes for your opening statement, and after that members of the committee will ask you some questions.

I will start, by video conference, with Mr. Cathcart. Please go ahead for five minutes.

**Dr. Darryl Cathcart (Education Consultant, As an Individual):** Thank you, Mr. Chairperson.

Good afternoon, committee members.

My name is Dr. Darryl Cathcart. I founded Release Point Education, a pioneering consultancy that is dedicated to enhancing the academic journey of military-connected learners within post-secondary institutions. Therefore, it is through this lens that I view transition.

I regret not appearing in person. However, I appreciate the opportunity to offer some thoughts on transitioning Canadian Armed Forces members and veterans.

My mission at Release Point Education is not just a business endeavour but a personal commitment born from my experiences and challenges transitioning from a 26-year career with the Canadian Army to civilian life and academia.

After service, I embarked on a path that led me back to graduate school, where I uncovered a significant gap in the support available to those who served our country for decades. This revelation was not just a moment of clarity, but a call to action.

Military-connected learners—a group encompassing current serving members, veterans, their immediate families and DND civil servants—possess unique needs and face distinct challenges that traditional academic and social support structures often fail to consider, let alone address. Recognizing this, Release Point Education was founded to bridge this gap and work with Canadian colleges and universities to establish inclusive academic frameworks and act as a conduit through which military-connected learners can seamlessly transition, thrive and ultimately succeed in their postmilitary careers.

My work involves collaborating closely with colleges and universities to develop and implement strategies that are not merely generic solutions but intricately tailored to meet the specific needs of military-connected learners. Our efforts are focused on producing the best learning environments for the students by shaping the academic culture and transforming them into communities of understanding, respect and opportunity. In other words, through a military-connected lens, we look at enhancing the existing systems, procedures and processes, while fostering new initiatives.

Drawing upon empirically based research, it is clear that the value of developing tailored support systems for military-connected learners cannot be overstated. Education and training are critical enablers for successful transitions. In fact, an education journey is infinitely adaptable.

By sharing best practices, leveraging personal experiences and continuously advocating for the recognition of the unique paths of military-connected learners, Release Point Education aims to set a new standard in the post-secondary ecosystem. Our goal is to ensure that every military-connected learner who steps on a Canadian campus feels equipped, supported and valued, not just for their past contributions but for their immense potential as students and future leaders in our communities.

My intersection with the veteran space extends past post-secondary institutions. I work with Helmets to Hardhats and Respect Canada, and my volunteer efforts include being a member of the Veterans Affairs Canada service excellence and transition advisory group. I'm also a commissioner with the Soldiers' Aid Commission in Ontario.

In conclusion, the journey from the Canadian Armed Forces to academia and beyond is one that should be met with unwavering support, comprehensive resources and a deep understanding of the unique challenges faced by military-connected learners. At Release Point Education, we are committed to being at the forefront of this effort, working tirelessly to ensure that transitions are successful and truly meaningful.

Thank you for the opportunity to speak on this critical issue. I look forward to addressing any questions or observations you may have.

• (1645)

**The Chair:** Thank you very much, Dr. Cathcart.

[*Translation*]

Lieutenant Colonel Perron, you have the floor for five minutes.

**Honorary Lieutenant-Colonel Sandra Perron (Founder and Chief Executive Officer, Pepper Pod):** Mr. Chair, I'll begin by correcting my title. I'm the honorary lieutenant colonel.

Good afternoon, Mr. Chair and members of the Standing Committee on Veterans Affairs.

[*English*]

Thank you for inviting me here again to present to this committee. I can't think of a better way to celebrate Valentine's Day than with 12 of my favourite politicians.

**Some hon. members:** Oh, oh!

**HLCol Sandra Perron:** I am the honorary lieutenant-colonel of the Régiment de Hull, and I am a veteran, having served in the Royal 22e Régiment.

[*Translation*]

I'm also the founder and CEO of Pepper Pod, a veterans resource centre.

Over 300 women have graduated from our lifeshop program. As part of this program, we offer a healing weekend to women who are veterans or who will become veterans shortly, or to women who are military spouses or members of the Royal Canadian Mounted Police, or RCMP.

First, I would like to talk briefly about what Veterans Affairs Canada is doing right, according to the women veterans who take part in our programs.

First, the education and training benefit, or ETB, program is extremely well received and appreciated.

Second, responses to claims seem to be coming a little more quickly than they used to, and they're generally treated fairly.

Third, Veterans Affairs Canada recently promoted some gender inclusion for disabilities such as female sexual dysfunction, and that was also very much appreciated.

However, according to the women who take part in our programs, here are the areas that still require a lot of attention.

First, there are medical services after the transition. A veteran who, at the end of her career, decides to return to her province of origin or to her intended place of residence in another province, must have lived there for three months before applying for a health insurance card and then must wait another two to three months before getting one.

What I hear from women veterans is that they can't get on a waiting list to see a doctor until they have their new address. I know it's different for families, but military women who leave the Canadian Armed Forces and become veterans have to face these challenges.

Without a doctor, a veteran won't be able to get a prescription for services such as rehabilitation or physiotherapy. In the meantime, she has to pay out of her own pocket to go to private care or to the emergency room, two options that are unacceptable. To address this gap, newly retired members should have access to virtual appointments with a physician through a national Veterans Affairs Canada program. The physician could prescribe those services until the provincial system comes into effect.

- (1650)

[English]

The second is women's health. I've mentioned this one before. Women who are leaving after approximately 25 years of service are often in the perimenopause zone. They have served in an environment where menopause and other aspects of women's health are not commonly discussed. I can't tell you how many women sit around our table at the centre and don't realize that some of their symptoms are totally normal or related to very natural changes in their body. How can women know so little about their bodies? In addition, the lack of knowledge, understanding and compassion from some doctors leads these veterans to feel like they're having a mental breakdown. This can lead to unnecessary isolation.

The third is Canada Life. It's a disaster. Enough said.

The fourth is operational stress injury social support, or OSISS. It has done an amazing job creating forums for veterans to gather, to share their stories and to heal together. Guided group meetings are happening across Canada. The challenge is that these groups of veterans often reflect the demographics of our military—mostly straight white men. This is good for them. It's a very much-needed service.

This said, I'm hearing from women veterans that they don't want to go to these meetings, which are predominantly men, and they don't want to be told to join the spousal groups. Spousal groups need their own discussions, as their stories are different. Some transgender women have also said that they feel unsafe at these meetings.

Last, we would like to express our appreciation to the Minister of Veterans Affairs, the Honourable Ginette Petitpas Taylor, as well as her senior staff, who came to the Pepper Pod for an entire day, listened to the stories of our veterans and even cooked for the upcoming Lifeshop group. She was genuine, dedicated and very caring of our women veterans.

[Translation]

Thank you for the important work you do. The transition from military life to civilian life is a critical and life-changing moment in a veteran's life. Even after handing over our equipment and uniforms, the army is like a second skin for us. Please continue your efforts to improve the transition from military life to civilian life for veterans.

**The Chair:** That is indeed our objective.

Lieutenant Colonel Perron, thank you for your service, and happy Valentine's Day.

[English]

Now let's go to Servicewomen's Salute Canada. I invite retired lieutenant-commander Rosemary Park, founder, to begin her five minutes please.

**Ms. Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen's Salute Canada):** Good afternoon, Chair and members of the committee. Thank you for the opportunity to appear.

I read the order authorizing this study to have two objectives, which are to learn more about the immediate transition period for individuals leaving military service and to learn how Veterans Affairs Canada and veterans-serving organizations, or VSOs, can reach new veterans to inform them of their options in relation to Veterans Affairs Canada.

Both objectives are laudable, but I also say they're not enough if the study's target audience for change starts with, relies on and is limited to Veterans Affairs Canada or if the role of VSOs is limited to assisting new veterans dealing with VAC. Both starting points place Veterans Affairs as the funnel and decision-maker of what is needed and funded, as well as limit the purpose of VSOs at the front end for members leaving uniformed service. Both signal status quo to me.

What if this study considers a whole-person, whole-community vantage and advantage? What if the study is to bring in the very community that veterans are choosing and the activities and services they will use? What if it is a national action plan? What if the approximately 60 veterans-supporting organizations across Canada—and I'm estimating here—and total 250 supporting organizations in communities mapped by Respect Canada, which Veterans Affairs might turn to first, are part of a much larger existing non-profit sector of approximately 170,000 incorporated organizations? What if they were engaged?

It is the sector assigned to economic, social and political roles to create a common public good for Canada, contributing \$185.7 billion, or 9%, of Canada's GDP, as measured by Canada Revenue Agency in 2020—larger than construction or transportation sectors, for example. Excluding government non-profits—and there are such entities, with universities and hospitals as examples—the sector's community and business non-profit corporations employed approximately 630,000 full-time employees, 238,000 part-time employees and performed over two billion volunteer hours in 2017.

It is almost the very purpose and definition of a seamless transition for military members to continue to serve Canada. The high skills learned by and the motivation of service members as they leave CAF have ready application, but this transition off-ramp connecting veterans and the sector is not built and is untapped. I can offer four specific examples from presentations I have given over 2022 and 2023 about this topic. They are examples of military-civilian estrangement, missed opportunity and national urgency when servicewomen and servicemen are not organized to contribute their skills, their experience and the advantage they bring to local community and civil society problem-solving.

I speak about being bold and not relying on Veterans Affairs to chart a course. I say this based on the knowledge I have gained from my 20 years of uniformed service and my now 32 years of community service in the non-profit sector—also called the community sector, civil society sector, Canada's third economic sector, the non-government sector or volunteer sector, have it as you will—as a founder, chair, board member and volunteer for tens of non-profit organizations and groups; as a member of civil society media, school board, university, public health, municipal, regional, provincial and federal advisory committees; and, for the last seven years, as a veteran focused on building Servicewomen's Salute as a non-profit proxy military association and veteran-serving support.

• (1655)

In sum, I operate in and see the imperative of Canada's non-profit sector to the stability of Canadian democracy, civil society, economy, defence and security. If we think of this as a national action plan, I am mystified to not see this third sector strategically, intentionally and operationally brought into Veterans Affairs Canada's and the Canadian Armed Forces' thinking, veteran and citizen engagements and civil society applications.

Thank you.

• (1700)

**The Chair:** Thank you very much, Ms. Park.

Now let's start with the first round of questions of six minutes each. I invite Mr. Blake Richards to start.

**Mr. Blake Richards:** First, thank you to all of our presenters today for very informative presentations.

Thank you to those of you who served our country for your service, both in the military and in your service to your fellow veterans now.

There are a number of things that a veteran in transition into their civilian life obviously needs in order to be successful. Some of those things are what I'll call traditional supports: the programs and

benefits that are available; doctors, like Lieutenant-Colonel Perron mentioned; and getting access to proper medical support. Having a family doctor is a huge part of that, and that's a big challenge right now—there's no question. I'm hopeful we'll get a chance to have questions on that.

I think peer support is another one of those things. A sense of purpose is something else. Often, when you're coming out of the armed forces, you're looking for that sense of purpose that replaces the one you know you felt in the armed forces. A career, of course, is important for most, if not all.

There's also, of course, a place to live. I want to start with this one and get to some of the others.

I want to ask Mr. Cathcart if he could speak to that in terms of those he works with in his program and consultancy. Have you heard of or seen veterans who are going homeless or are underhoused in the current situation?

**Dr. Darryl Cathcart:** Yes. Thanks for the question. I appreciate that.

With my intersection with Helmets to Hardhats Canada—a not-for-profit that enables reservists, veterans, immediate family members and senior cadets with the ability to enter the unionized construction sector through a series of intricate referrals—we have a partnership in the greater Toronto area with the Good Shepherd Ministries, one of the largest ministries in the GTA, through which we specifically conduct outreach for our unhoused veterans. We have a number of individuals at the Good Shepherd Ministries who help enable this function.

One is too many, but we've come across a number of unhoused veterans and veterans who are experiencing a vast array of psychosocial challenges. Ultimately, it's the goal of the Good Shepherd Ministries to ensure that their needs are taken care of initially, and then we come in and start to work on the employment piece to highlight and attack some of those areas you spoke of: purpose, employment, housing, long-term housing and the like. We work in close partnership with the Good Shepherd Ministries.

What I would say in terms of numbers is that we don't have the best data. It's very difficult to confirm service in the Canadian Armed Forces. Some unhoused individuals are reluctant to self-identify, but we certainly work closely with those who do to address their needs.

Thank you.

**Mr. Blake Richards:** Thank you.

You know, thank God for folks at places like the Good Shepherd Ministries, who are picking up the slack where the government's failed our veterans in meeting those needs. Thank you for the work you're doing in partnership with them to make that possible.

Can I stick with you? On skills training and whatnot, I've often heard from veterans that they have already acquired certain skills and knowledge in their roles in the military, and then they're not able to transfer them to a civilian career, even though they have the skills and the knowledge required, because they don't actually have the paperwork or the civilian equivalent to show they picked them up in the armed forces.

Is this something you've seen? What would you suggest could be done to make sure that the real-world experience they have from the armed forces can be applied to civilian careers in a more timely and efficient manner?

• (1705)

**Dr. Darryl Cathcart:** That's a great question. It's something that's being approached on several fronts.

First and foremost, colleges, universities and those credential-granting institutions take this quite seriously. They are certainly looking at a multitude of ways to grant credit for prior learning. In fact, just in the fall of 2022 and the spring of 2023, we were able to secure several memorandums of understanding interprovincially and intraprovincially, here in Ontario, to enable that a bit better.

It is very complex when folks leave the Canadian Armed Forces and try to turn that into a civilian qualification. There are ways to do that.

As I said in my opening remarks, it's taken very seriously by civilian institutions. They are working their way through this problem at a national level, through regional consortiums and at an individual institution level, because academia writ large understands the value of veterans. They want to expedite their training and education pathway.

It is something that is being continuously explored and spoken about. There are several institutions that have had some great success in translating some of those skills and qualifications, whether they be the hard technical skills or the human skills that we learn while in uniform.

**Mr. Blake Richards:** Thank you.

I wish I had more time. I had several more questions. Unfortunately, I know that's how it works. Even on Valentine's Day I won't be allowed.

**The Chair:** No, I can't.

Let me introduce MP Wilson Miao for six minutes, please.

**Mr. Wilson Miao (Richmond Centre, Lib.):** Thank you, Mr. Chair.

Thank you to all of the witnesses and our guests for being here today.

Happy Valentine's Day to everyone, as well as our veterans. Thank you for your service to Canada.

Transitioning to civilian life is difficult. We've heard that on numerous occasions. Through the chair, I'd like to direct my question to Lieutenant-Commander Park.

I understand that Servicewomen's Salute Canada's mission is to support Canadian military women and their contributions to Canada. One aspect you focused on is the sense of community and connection between veteran women.

Can you explain the importance of these aspects in the transition to civilian life and the impact of having this sense of community for our women veterans?

**Ms. Rosemary Park:** I'm sorry. I didn't quite hear the question.

**Mr. Wilson Miao:** Can you explain the importance of the aspect of community in transitioning to civilian life for women veterans?

**Ms. Rosemary Park:** Thank you.

When I presented last April, I spoke about the invisibility of servicewomen and the separation and marginalization of servicewomen. When they were in the military over the past decades, they did not necessarily have the opportunity to be seen together and work together. Now, as civilians, there are a few opportunities for them to be able to feel like they are part of that group, those who have not had that sense of belonging, and to find a new group and place for that.

The Pepper Pod is a very good example of where it comes together. It's here in Ottawa. We have one other non-profit in the Healing Garden, which is also here in Ottawa. There's another non-profit in Nova Scotia. Other than that, there is none.

The sense of connection is found in private Facebook groups. That's the method right now. There are a few others, such as RCAF service airwomen.

Lacking what was not available during their service suggests there is this opportunity now, as veterans, to see themselves with that sense of purpose, but there is not necessarily a mobilizing mechanism to do that.

• (1710)

**Mr. Wilson Miao:** Do you feel there are parts where we can suggest better engagement in more areas across Canada to create the sense of community for our women veterans, especially during their transition to civilian life?

**Ms. Rosemary Park:** It's just a perfect opportunity, as individuals are leaving, to see what is out there welcoming them. I call it the warm hand outstretched, so they know what else is possible and what other servicewomen, already having left the military, are doing.

That type of opportunity is available online, but really not in person.

**Mr. Wilson Miao:** Can you share more with the committee about what kinds of challenges women veterans will face during their transition to civilian life?

You mentioned being invisible. How can we provide more support with the transition?

**Ms. Rosemary Park:** Of course, there are many different aspects to this. In terms of creating that sense of common moments in their lives, which can be assisted by other women veterans, the opportunities that Servicewomen's Salute is providing are connecting women with information and opportunities to contribute what they know.

That's what we've identified as the opportunity: Tell us what you know about your military service that can help others.

**Mr. Wilson Miao:** Thank you.

I think I'm pretty low on time, but I'd like to go online to Dr. Cathcart.

Can you talk more about the education and training benefit program and how it helps veterans transition to civilian life?

**Dr. Darryl Cathcart:** Excellent. Thank you for the question.

It is certainly a very robust and outstanding program that must be continued. However, there should be some adaptations and exploration to see how we can better serve those who leave the military and join the reserves, or maybe re-enroll after joining the reserves. Perhaps there's an extension to family members, considering the challenges and the length of time it takes some family members who are supporting their uniformed loved ones to gain their credentials, whether it be a diploma, a degree or certification.

It's an outstanding program that appears to be well used. However, it certainly leaves room for some further exploration and refinement, and I would encourage Veterans Affairs Canada to do that.

**The Chair:** Thank you very much.

[*Translation*]

Go ahead, Mr. Desilets. You have six minutes.

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** Thank you, Mr. Chair.

Good afternoon to my colleagues, and happy Valentine's Day. It reminds me that we forgot to wish each other happy Valentine's Day in the House earlier. Perhaps the debates would have been less heated.

I'd like to thank our guests for being with us and for their service to the country.

Lieutenant Colonel Perron, what do you think the difference is between men and women when they transition from military life to civilian life, if any?

• (1715)

**HLCol Sandra Perron:** There are definitely differences. Men in the Canadian Armed Forces often have a larger network. They have more colleagues, and they engage in activities with them on a regular basis. They'll go out for a beer or play golf, for example. Their social network is very well developed.

However, women, who make up barely 15% of Canadian Armed Forces, don't encounter many women during their career, so they have fewer opportunities to form friendships with other women.

Some of them work in occupations where there are no women at all. In addition, they move every two or three years, much like men.

Women need deeper friendships. Over time, they move away from that side of their career that involves forming friendships with women. That's why the transition is more difficult for them when they leave the Canadian Armed Forces. They don't have a network of women to support them.

**Mr. Luc Desilets:** Can we say that the purpose of the Pepper Pod centre is to facilitate the transition from military life to civilian life by creating friendship groups?

**HLCol Sandra Perron:** That's exactly why we exist.

We offer women transitioning out of the military to meet a new group of women. They sit down together for a weekend and they talk about their stories. They tell their stories. They're very vulnerable. So they forge a very deep friendship within this new group. Afterwards, they can continue their transition.

The more women veterans become friends, the more they support each other when some are battling illness, going through divorce, separation, or when others are undergoing detox treatment. In short, they have the support they need to face whatever challenges life throws at them.

That said, women veterans sometimes get together just to pick blueberries, and other times to go on adventures.

Friendship among women is important, especially for women veterans.

**Mr. Luc Desilets:** I don't doubt that.

How long after they leave the military do they come to you?

**HLCol Sandra Perron:** They can come to us two days after they leave or 30 years later. Really, there isn't a huge difference, because women who left the military 30 years ago still wear the uniform, in a way, as do women who left two years ago.

I say that based on my own experience, but also based on my observations. We take in young women and older women of all ranks. There are a lot of differences, and yet they come together and form very deep bonds.

**Mr. Luc Desilets:** How can you explain that some may take 30 years before they need to create friendships?

**HLCol Sandra Perron:** I think they've always had that concern. However, there were never any services that gave them the opportunity to create friendships between women who had the same experiences, who had evolved within the same environment, an environment with a specific culture. We give them that opportunity.

**Mr. Luc Desilets:** I encourage my colleagues to visit the organization. It's really beautiful.

Lieutenant Colonel Perron, I subscribe to your organization's Facebook page. The pictures you put on it are beautiful. I find it splendid to see seven or eight women talking around a fire.



In an ideal world, what do you think the ideal transition would be? What would be the ingredients for such an ideal transition?

**HLCol Sandra Perron:** First, we need to reduce the bureaucratic burden associated with the transition, meaning the amount of paperwork and forms that women veterans have to fill out.

Second, there has to be a good support network that certainly includes support from women on a number of levels: medical, physical, mental and emotional.

**Mr. Luc Desilets:** Earlier, you told me that women had to wait three months or more to obtain a health insurance card and access medical services, I imagine because of the bureaucracy.

How could we simplify things so that women can have quick access to medical services?

• (1720)

**HLCol Sandra Perron:** Members who leave the Canadian Armed Forces and move to their permanent residence shouldn't have to wait three months to get a health card. That's it.

An exception should be made for them. Members of the military—not just women, but men, too—should get their card right away when they arrive in their province of residence after their military service.

**Mr. Luc Desilets:** Since health is a provincial jurisdiction, are you aware of any differences between the provinces in this area? Is there a model to follow?

**HLCol Sandra Perron:** I know there are differences, but I can't tell you exactly what they are. I know you can get the health card right away in Ontario, but you have to wait three months in Quebec.

**Mr. Luc Desilets:** Oh, those Quebeckers!

Thank you, Lieutenant Colonel Perron.

**The Chair:** Thank you very much, Mr. Desilets.

[*English*]

Now I invite Ms. Rachel Blaney to take the floor. You have a maximum of six minutes, please.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** First of all, I want to thank all the witnesses today for both their service and their important testimony.

I'm going to start with Honorary Lieutenant-Colonel Perron. I've spent time at the Pepper Pod, and I really enjoyed it. I really felt the energy there was supportive and created a safe space. I want to acknowledge that.

One of the things I think about when I think of transition—and you mentioned it in your testimony—is that there is a standardization of care that both VAC and the CAF really like to work in. I understand that, but of course it often means that one-size-fit-all. We know that is completely not true as it is, but it makes it a lot more awkward for different communities that may be part of the military: women, the 2SLGBT community and the BIPOC communities.

You talked about those spaces, those fora, where people can come together. How do you think, in terms of looking at transition, both the CAF and VAC can start to explore how to broaden that

standardization in a way that would be more inclusive and perhaps lead to better outcomes?

**HLCol Sandra Perron:** That's an excellent question.

I'm not sure I have all the answers, but I will tell you that the OSISS group does amazing things. It gets groups together. It creates a safe place for them to tell their stories because it's not always safe for everybody. The only solution to that is either to have specific groups for those who don't fit the traditional “heterosexual white male” model or to have them maybe even nationally. Bring them together on a national level if there are not enough in one community to have them.

I know that's costly. I know that can be quite complicated to do, but if you're going to give them an opportunity to share their stories, it has to be a safe space.

**Ms. Rachel Blaney:** Thank you for that.

I would like to follow up with retired Lieutenant-Commander Park.

I really appreciated what you said about having a national action plan and really working with the non-profit sector. As a person who worked in the non-profit sector for many years, I know that often when I would look at government policy it was very clear to me that they weren't actually speaking to the people on the ground delivering the services. It was incredibly frustrating at times.

Can you talk about what your vision is for a national action plan and how you see the non-profit sector being recognized in relation to how government services work to make some really profound changes in terms of transitioning?

**Ms. Rosemary Park:** At the federal level, the non-profit sector is not.... The funding isn't there. The funding comes, really, from the province. There is a difficulty with the federal government in this space because, principally, the funding comes from provincial ministries. That does make it different.

What we do see in the non-profit sector, which is very agile and nimble because it has very little money to work with, is the creation of the national bodies, such as the United Way, the Community Foundations of Canada and the Canadian Red Cross. There are national-level entities.

When I speak with the representatives of these national bodies, they aren't involved in veteran issues. They will say that it's Veterans Affairs' area, that the funding is from Veterans Affairs, that you apply with the Ontario Trillium Foundation, etc. It doesn't happen because the disconnect is the idea that military veterans are going to be taken care of by Veterans Affairs, but, no, that isn't the case. That's not the job of Veterans Affairs. Therefore, there is this emptiness. Who is going to be creating these community solutions when it is not the job of Veterans Affairs and when it's happening at the provincial level?

When I think of a national action plan, then, I think of bringing the national leadership that is at the United Way and at the Community Foundations of Canada—these already organized structures—and the power of philanthropy to the table to not have Veterans Affairs, as I say, as the decision-maker. This, rather, is a community solution; this is a Canadian solution that will hit at the local level.

I'll give you the example.... Am I running over, sir? I'm sorry.

● (1725)

**The Chair:** No.

**A voice:** You have 30 seconds.

**Ms. Rosemary Park:** I have 30 seconds.

Right now—and I mentioned it last April—regarding the issue around nature-triggered climate change disasters that are impacting so many more communities now, where are the veterans? They are not in the mix.

We have Team Rubicon, and it has 3,000 volunteers. We're talking about something much bigger. For that mobilizing—and Minister Sajjan is talking about a civilian corps—where are the veterans? This would be the national plan that would take these imperatives and these national urgencies.... As I said, I've been presenting on this with other examples.

**The Chair:** Thank you very much.

Now let's start the second round of questions.

Mrs. Wagantall, you have five minutes, please.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you so much, Mr. Chair.

I'm just going to couch my questions in a little bit of a comment first.

We are studying the transition to civilian life. I'm in my ninth year now on this team. We've studied transition a lot, and in that time, some decisions and recommendations were made, specifically with regard to this seamless, smooth transition.

First of all, it was very strong from our veterans that they did not agree with just simply being released before a few things are in place. As a result, it was recommended that they not be released from the CAF financially until certain things happened: health care, first of all; a home; and some form of employment.

What I'm hearing from you, Ms. Perron, is that we have veterans still being released without a medical card. Of course, it should come immediately. They aren't moving from a province and having to wait for three months. This is unacceptable. The whole idea of not having an address and not having a doctor, at least an online doctor.... With this new study we're doing, we're no longer looking at what we decided before. We now have these three transition pilots that have taken place. There are now 27 transition centres, I believe, set up across Canada.

What is your perspective? Please give a yes or no. Should these things be in place before someone moves from the CAF to being a veteran? Should that person be a veteran on the street or a veteran with these things in place? It's just the basics.

**HLCol Sandra Perron:** If a woman or a veteran releases, let's say, in Comox, British Columbia, and their last posting, or their last choice of posting, is in Quebec, they don't have a medical card in B.C. They have to wait three months before their—

**Mrs. Cathay Wagantall:** We're in agreement, then. I'm just saying that's ridiculous. That's something that should be part of this transition experience from one to the other before they are out there waiting to get their medications. Okay, we're on the same page there. Thank you.

I'm concerned about the fact that support networks are really important. I agree with that, but it's not their responsibility to meet these basic needs. Would you agree with that?

**HLCol Sandra Perron:** Yes, absolutely.

● (1730)

**Mrs. Cathay Wagantall:** Okay. That is the responsibility of these transition networks.

Have either of you been involved in working with these transition centres, determining the directions that they should be going as far as meeting those needs for veterans?

**HLCol Sandra Perron:** I can go first.

One of the things we have done is take the major themes that we listen to around the table, which women have told us, and feed it back to the military. Sometimes that's the transition group. They are coming to the Pepper Pod in a few weeks. Sometimes that's when all the leaders come out of the army, the navy and the air force. They were at the Pepper Pod to listen to some of these concerns.

**Mrs. Cathay Wagantall:** That's very helpful. Somebody has to help them know what it is they need to be listening to, I guess.

Ms. Park, in your previous testimony here, you talked about how the tracking of medical records needs to be handled far better than it is. We had a situation in the midst of the women's study where a very young woman faced military sexual trauma and actually ended up with a critical injury benefit, but her records were not all in one place. Things that were needed were in another location.

When we're talking about transitioning, what is your perspective on these medical records being accessible? Should they be accessible right throughout the serving of veterans?

**Ms. Rosemary Park:** I was not part of that discussion.

**Mrs. Cathay Wagantall:** Okay.

**Ms. Rosemary Park:** Karen Breeck is in the room. She could talk about that.

**Mrs. Cathay Wagantall:** Yes, maybe it was Karen who talked to me about this.

**Ms. Rosemary Park:** We are not joined at the hip, but I do—

**Mrs. Cathay Wagantall:** I think we would all concur, though, ladies. Would we not? Yes. Okay. We will leave that off the record, maybe.

Mr. Cathcart, at what point are you involved in veterans' lives and in trying to determine directions for them for employment? Is it after they are already released and veterans, or is it before they leave the Canadian Armed Forces and strike out in this new world that they are a part of and are expected to succeed in?

**Dr. Darryl Cathcart:** From a college and university perspective, it's as the person leaves the military. We work with student services in order to present the best file possible: that combination of military experience and that credential or diploma or degree. It's how we marry them so that the person is well armed—

**Mrs. Cathay Wagantall:** I'm sorry. Can I interrupt and ask why that has to wait until they have actually left the Canadian Armed Forces?

**Dr. Darryl Cathcart:** A military-connected learner is defined as somebody who's in the military, somebody who's a veteran or somebody who is an immediate family member, so it depends on the stage of life.

When the person is in an academic institution, we have trained the employment counsellors on how to best marry that experience. It's part of the academic journey, but we look at it through a military-connected lens.

**Mrs. Cathay Wagantall:** Thank you.

**The Chair:** Thank you, Mr. Cathcart.

Ms. Hepfner, you have five minutes, please.

**Ms. Lisa Hepfner (Hamilton Mountain, Lib.):** Thank you, Mr. Chair.

I would also like to thank all of our witnesses for their testimony, for being here today and for their service.

Also, I think we have other veterans in the room. Thank you for being here. Thank you for listening.

Happy Valentine's Day to everyone.

I will turn first to the Honourable Lieutenant-Colonel Sandra Perron.

I absolutely want to come and visit the Pepper Pod. I'm new to this committee, so I don't have the same depth of knowledge as some of my colleagues around here.

I have to say that I was very struck when you mentioned how women, as they're transitioning out of the military, are typically in perimenopause and don't understand the symptoms that they're feeling. I don't think it's specific to the military. I think that's broadly based across Canada. I know that when I started having the symptoms several years ago, it was through people around me that I figured out what was going on with me. We just don't have that knowledge. I want to say that most women are in a situation where there are a lot of women around them, and they can mine that information from each other. They support each other that way. I can only imagine what it would be like to be in the military and not have

that kind of female companionship around you to help you understand what's going on with your own body.

I think we're seeing this a lot, too, in the corporate world. When women are finally getting to the position where they're in the C-suite, it's at the same time that they start experiencing all of these extra physical symptoms and don't necessarily know what's going on, and those symptoms have a huge impact.

Would you maybe describe in more detail how women deal with it and possibly how we can start looking at this problem and making it better for women so that we understand and have each other's backs?

• (1735)

**HLCol Sandra Perron:** The first thing we need to do is talk about it. We need to talk about it in the military before they leave and then out of the military through the VAC system. We also need to talk about it amongst ourselves, amongst women, and read up on it. I know that this is not unique to the military, but here's the challenge. Women leaving the military who don't have access to a doctor.... It takes time to get those resources to get your hormone levels tested or to even understand what questions to ask your medical practitioner in order to understand those changes. When you've been in an environment where it's almost taboo and there are no other women to ask, then that's a unique challenge that women are having when they leave, especially not having a medical practitioner to help them through it.

The best way is to talk about it. That's what they do at the Pepper Pod. They talk about it freely, and they laugh. Then they figure out that they're not crazy, that they are just normal and it's a whole new life.

**Ms. Lisa Hepfner:** I felt like I was going through puberty again. Honestly, it's that traumatic.

I know that we're talking about transition, but is there a way to bring that into military service so that it's easier for women? I know it makes men uncomfortable to talk about these sorts of things, but is there a way to create more companionship within the military? There have to be so many challenges because people are moving all over the place. They're in all kinds of different departments.

I'm struck by this idea that there is no sense or very little sense of community among women both inside the service and after they leave. Is there a way to start that sense of community while they are still serving, other than Facebook groups?

**HLCol Sandra Perron:** There are two ways. First of all, yes, women can become champions of other women. We're learning that. We haven't always been our best friends. We've often been the opposite. Women are learning. I think, through the generations now, we're seeing a lot of support between women. The second thing is that men have to get uncomfortable and start learning about these things. When I go to my regiment, I don't hesitate to tell them when I'm having a hot flash and I need them to open a window. Yes, they'll go red and be a little embarrassed, but then they talk about it.

We have 25-year-olds who are commanding platoons with women who are in menopause or perimenopause. They need to know that women are not getting sleep during this phase or that they're getting hot flashes, or everything else that comes with it.

**Ms. Lisa Hefner:** That's very good.

Ms. Park, do you have anything to add? There are only 30 seconds left.

**Ms. Rosemary Park:** I'm going to refer to Karen Breeck again, who initiated a set of six recordings, I think it was, for family physicians of what it's like to be in the military. Maybe there were more, but two of them were for women.

**A voice:** There were nine.

**Ms. Rosemary Park:** There were nine. It's amazing what she did with the University of Ottawa in order to help family physicians on the outside to know what it's like to be on the inside, particularly for women. That type of easy-to-view, several-minutes-long "what it's like to be in the military" is not just connected to sexual misconduct—which is the focus, principally.

**Ms. Lisa Hefner:** That's what we're hearing today.

Thank you very much.

**The Chair:** Thank you very much.

[*Translation*]

Before we go to the next panel, I have two quick interventions.

Mr. Desilets, you have two and a half minutes.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

Lieutenant Colonel Perron, we heard from a witness last Monday, if memory serves, who told me that, in some cases, military members can be seen by a doctor for a year once they leave the forces.

Does that ring a bell?

• (1740)

**HLCol Sandra Perron:** You're saying that a military member who leaves—

**Mr. Luc Desilets:** He could be seen by a military doctor for a year.

**HLCol Sandra Perron:** If I'm not mistaken, a person living with a disability, for example, can make a claim in addition to having access to a doctor.

**Mr. Luc Desilets:** That said, you would like all military members to have access to a doctor once they leave the forces.

Is that correct?

**HLCol Sandra Perron:** They should at least have access to one until they find a doctor themselves.

**Mr. Luc Desilets:** Okay, I understand.

Do you think there's a direct link between a successful transition and homelessness?

**HLCol Sandra Perron:** From a scientific standpoint, I can't confirm that, but from what I see, there is.

A woman who makes a good transition, in other words, a healthy transition, who is monitored and has a good network, is probably less at risk of ending up homeless.

**Mr. Luc Desilets:** Do you think there's an increase in homelessness in the national capital region?

**HLCol Sandra Perron:** I don't know.

That said, I'm often in contact with the Shepherds of Good Hope and the Ottawa Mission. I ask them to send us women veterans if they come in contact with any so that we can help them and find appropriate resources for them.

I can't confirm whether there's been an increase in homelessness.

**Mr. Luc Desilets:** No problem. You can't have all the answers.

Military members can take two or three days of transition training. Is that training adequate? If not, what should be changed or improved? What is missing from this training?

**HLCol Sandra Perron:** The training is longer than two or three days. A whole transition system has been put in place. We offer courses and training, in addition to support and mentoring. The tools put in place to help military members leaving the forces are extraordinary.

**Mr. Luc Desilets:** Thank you.

**The Chair:** Thank you, Mr. Desilets. You've had the floor for exactly two and a half minutes.

[*English*]

Ms. Rachel Blaney, you have two and half minutes, please.

**Ms. Rachel Blaney:** Thank you so much, Chair.

If I could come back to Ms. Perron and Ms. Park again around another issue, I would just like to hear if they've heard of this.

I've been hearing from more and more veterans who, in the transition period, are really having a hard time getting housing. It seems to be a growing concern, especially with the cost of housing. I'm just wondering if you're hearing the same thing and what the impact would be on transition.

Then the other part that that I think is really important—and I haven't heard any testimony on it yet—is around single veterans. The other thing I've been hearing a lot is that when single veterans leave and are in transition, they don't really get the same level of support. There are no resources for them to have a support person to come with them to do things that sometimes a spouse or a child would be able to do.

I'm just wondering if you could talk about anything you're hearing about the transition period in housing and those realities for single veterans.

**HLCol Sandra Perron:** Yes, I have heard those things. I've heard it especially from single mothers who are veterans and have transitioned and have had difficulty finding a new home. Most of them would like to buy a house. They've never had a chance to really build equity because they've moved around so much. Also, their interest rates were locked in five years ago, but then they had to move and get a new interest rate. It's also a challenge for these women.

Yes, it is absolutely a problem.

**Ms. Rachel Blaney:** Thank you.

**Ms. Rosemary Park:** It's the nature of their work that they're not in one place. They're not putting down roots. I don't know if we can say this portability that means people don't have the equity is unique to the military. I don't know that it's unique to the military, but I think the number of single women—particularly as they are aging—who are more financially at risk is a flag that we haven't done any work on. There's more that we don't know.

There are several researchers in gerontology I am in contact with, and we're going to be looking at that question of single women as they age, because we don't know.

• (1745)

**Ms. Rachel Blaney:** Thank you.

[*Translation*]

**The Chair:** Thank you very much, Ms. Blaney.

With that, our first panel comes to an end.

On behalf of the members of the committee, I would like to thank the witnesses for coming, for participating in this exercise, for answering our questions and for providing us with even more information on the transition from military to civilian life.

I'd first like to thank Darryl Cathcart, an education consultant, who testified as an individual by videoconference.

I would also like to thank honorary Lieutenant Colonel Sandra Perron, founder and chief executive officer of Pepper Pod; and retired Lieutenant Commander Rosemary Park, founder of Service-women's Salute Canada.

I will suspend the meeting for a few minutes while we say goodbye to our witnesses and welcome the new ones.

The meeting is suspended.

• (1745)

(Pause)

• (1750)

**The Chair:** I call the meeting back to order.

Our meeting is on the study of the transition from military to civilian life.

I would like to welcome the witnesses and thank them for being with us. We're grateful to them for taking part in this meeting. I would invite them to address their comments to the chair when they answer members' questions.

From the Royal Canadian Legion, we have Luc Fortier, Quebec command vice-president.

[*English*]

From Survivor Perspectives Consulting Group, we have Ms. Donna Van Leusden Riguidel, who is the director.

You will have five minutes each for your opening statements. After that, we will ask you some questions.

• (1755)

[*Translation*]

I'll start with Mr. Fortier.

I'm told that Mr. Fortier wants to be gentlemanly and is giving his place to Ms. Riguidel.

[*English*]

I invite Ms. Riguidel to take the floor for five minutes, please.

**Ms. Donna Van Leusden Riguidel (Director, Survivor Perspectives Consulting Group):** Thank you.

Good afternoon, committee.

I decided prior to coming in here that I wouldn't take—hopefully—the whole five minutes, because I want to try to save as much time as possible for questions, but I do have a few points I want to highlight.

I've testified a few times on the subject of military sexual trauma and survivors. I won't belabour that a whole lot, but it's definitely going to come into play a little bit. There are currently some issues going on that should be reasonably easy to fix. One is that there is a movement among transition units and transition centres right now attempting to stop survivors from going to the media. Official emails have been sent to survivors asking them to sign a document similar to an NDA, preventing them from bringing their own stories to the media.

As we all know, that is in direct violation of other guidance that already exists for the Canadian Armed Forces, so I would urge everybody within government to engage and stop this from happening, because it is, of course, causing survivors to not only feel continued shame but also be unable to bring their own stories and everything to the media and to tell their stories the way they want to.

Along with that, there is an issue right now that is affecting me personally and that I imagine will start affecting others. Prior to highlighting this, I want to share that the last StatsCan survey showed that one in five reservists will experience military sexual trauma within their careers. Right now, with low recruiting numbers and everything else, we are leaning heavily on the primary reserves to fill spots they didn't use to, especially in trades that are a little bit harder to recruit for.

I was a public affairs officer and I was a class B reservist for the majority of my career. I worked full time as a reservist and as such I worked in Winnipeg, Edmonton and eventually Ottawa. I was released at the end of March 2022 as a class B reservist due to military sexual trauma, a service-related injury.

A reservist who leaves the military is entitled to what they call a "return home move". It's a benefit that exists for one year after the time of release to allow the military to move the reservist back to the place they were moved from. It would move me back to Edmonton or to another location in Canada without exceeding the cost to move me home to Edmonton.

I cannot avail myself of that benefit because, when I exited the military, I was still undergoing therapy, which I'm in now. My condition has progressed to the point now where I was diagnosed with fibromyalgia this past September. However, my move benefit expired a year after service. I requested an extension and I was told that no policy existed to extend that move benefit for reservists.

Regular force members are allowed to extend what's called their "intended place of residence move". That is allowed for two years, and then they can have an extension for up to five years after release if they have medical support to support that. It is generally granted. It's considered an easy thing to grant as a show of support for people who have exited the military due to injury. Reservists do not qualify for that extension.

It's my understanding that this is a gap that has just started to come to people's attention. It's going to affect not only me. I'm regarding it in the same way as the gaps that came to our attention after the shooting on Parliament Hill, when we lost a reservist and people all of a sudden realized that reservists didn't qualify for the same death benefits that regular force members did. This is along those same lines.

Yes, there are very necessary gaps. As a class B reservist, I make a little bit less. I don't have to move. I can apply for positions that can require me to move. Therefore, I make a little bit less. I absolutely accept that, but the fact that I am not able to get a move back to, potentially, more support or out of a house.... The house I currently live in has lots of stairs. My fibromyalgia could develop to a point where I won't be able to move around my own home, but I don't qualify for that benefit because I was a full-time reservist. I'd like to bring that to the attention of the committee.

Along with that, there are also a few lighter issues. One involves the education training benefit. People who serve in the military 12 years or less, or plus 12 years, are entitled to a certain amount of funding for an education training benefit to go to university or to pursue further education, but the use of that money is very strict. You can use it only towards something like university.

I'd like to see that policy opened up to allow people to take other kinds of courses they may be interested in or potentially to use that money to help them fund a business or an entrepreneur program or something along those lines that would allow those people to become employers themselves. I think that would be a really powerful show of support that the government could give veterans.

• (1800)

The final piece goes back a little bit to entrepreneurs again. I know I'm biased because I am an entrepreneur, but in the U.S., there currently exists a system under which a certain percentage of each government's yearly contracts have to go to veteran-owned businesses. They also have a separate category for disabled veteran-owned businesses and another category for female veteran-owned businesses. They are small percentages in the grand scheme of things, and it doesn't necessarily mean that you're guaranteed, but it does mean that you can apply for certification as one of those businesses. That might open up a whole world of other opportunities to you.

Those are my points. Thank you.

**The Chair:** Thank you very much, Ms. Riguidel.

[*Translation*]

We'll now go to Mr. Fortier.

Mr. Fortier, you have five minutes.

**Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion):** Mr. Chair, ladies and gentlemen, thank you very much.

I'm testifying today as vice-president and service officer for the Royal Canadian Legion, but the examples I will give are those I've experienced personally.

There are probably a lot of veterans like me. So what I'm going to say today is typical of an injured veteran.

My name is Luc Fortier, and I'm an injured veteran in retirement. I am vice-president of the Quebec command of the Royal Canadian Legion. I look after the service officers.

As you know, there are many programs available to veterans, including the Veterans Affairs Canada assistance service, the peer support program, which offers the operational stress injury social support, or OSISS, program and operational stress injury clinics, or OSIs, to name a few.

All these fine programs are of little use if veterans aren't able to tick box 1, meaning have access to a doctor. To access a program, you have to have a doctor. It's that simple.

During my testimony, I'll use myself as an example to describe the typical veteran. My own efforts will help other veterans go further.

Right now, I'm experiencing a lot of anxiety, just because I'm here among you, but it still feels good to be here. We can also say that veterans are all like that.

I have 32 years of service as an infantryman for the Royal 22nd Regiment. I've been on eight deployments. During my career, I suffered a lot of physical and non-physical injuries that required a lot of medical visits.

In 2012, I was diagnosed with severe PTSD, along with numerous mental health issues. One of the symptoms that really bothers me is agoraphobia.

It was therefore extremely difficult for me to leave my home today. Getting out of the house on a daily basis is almost impossible for me. To be here—thank you for inviting me—I took on a big challenge.

Going to see a doctor was easy when I was still serving. All I had to do was go to the sick parade, go to triage, and away I went. An hour later, I was back at my unit or at home, depending on my condition.

The day we're told that we're being released from the armed forces for medical reasons, we're also told not to forget to apply for our health card.

I've never had a health card. When I joined the armed forces, I was told that it was prohibited.

It took me much longer than three months to receive my health card, because we were in the middle of a pandemic. So I have a card without a photo.

In my case, I was told that it was time for me to look for a doctor, which I did in 2018. Now, in 2024, I still don't have a doctor.

When I got out of the military, I got a ton of prescriptions, and they were useless. Unless we have a doctor or an organization to help us, we can't get them renewed.

We're also told that there is an app for our phones called Maple. You can use it for free for a year. If you ever have a medical problem, all you have to do is use it and see what the results are. I did because I had a major medical problem, and I was told to go see my family doctor. It's a bit annoying.

At least what's reassuring when you leave the armed forces is that you get a 24-month prescription for all your medications. In

my case, because I don't have a family doctor, it's almost impossible to renew my prescriptions.

At the moment, the pharmacy has been renewing my prescriptions to meet my needs since last November. I need my medication to live, or I wouldn't be here today. What am I going to do at the end of the month? The pharmacy will continue to help me and won't let me down.

When a member leaves the armed forces for medical reasons, a number of requests are made for various conditions. The good thing is that, if the member is still serving, he can go see his doctor on the base and get a report that will be consistent with his injuries.

When a request is made to Veterans Affairs Canada, the requests are accepted most of the time, but the response doesn't necessarily reflect the actual extent of the injury. So the decision will be appealed.

Again, the appeal process requires you to have a doctor. So you can check off the appeal process, so to speak, and you wait.

It's the same thing with Manulife. When you leave the system, you're told that you're covered by Manulife for two years, but Manulife doesn't answer the telephone. The company sends you an email 18 months later to say that you have to go back to work, unless you have a doctor who says otherwise.

I don't have a family doctor, so I lost my coverage.

Making appointments with a doctor is another mess. You're told to call a certain number, which is the rapid access office.

• (1805)

Once we get an answer, and I emphasize “once we get an answer”, we're asked all kinds of questions about the reason for our request. Once the information is gathered, we're told that a doctor will call us the next day, that we must wait for the call and, above all, that we must not miss it.

If no doctor calls us the next day, especially if the person is like me and is experiencing anxiety, it's hell. You walk around in circles, pace back and forth, look at the phone. You don't even want to move for fear of missing the phone call. If the doctor doesn't call the next day and you have to start over the next day, you give up. I did it twice, and then I gave up. Try to imagine what it's like not being able to go and see a doctor because the process is unbearable.

Earlier this year, there were two new doctors in the town next door, 10 minutes from my house, not far. They wanted to build their clientele. So I asked if I could give my name to be part of that clientele. Surprise, surprise: the medical system is sectoral. That means that if I stay in Chicoutimi and the doctor is in La Baie, only 10 minutes from my home, I can't go there. I will never have a doctor in Chicoutimi. It's not easy.

What I'm looking for as an injured veteran, and what most veterans are looking for, is a solution so that our injured veterans can take care of themselves instead of gritting their teeth and using alternative medicines, which aren't necessarily legal. All of this is necessary to prevent us from continuing to grit our teeth and making the problem worse.

In conclusion, I would like to add that we, the people at the Quebec command of the Royal Canadian Legion—I'm not speaking for all of Canada, but only for Quebec—we recommend that representations be made to the Quebec Minister of Health to authorize military members who are medically released to go to the neighbouring city for care. We ask for this only when we are medically released from the Canadian Armed Forces. The transition groups could manage it.

With a doctor, it's possible to benefit from our programs. So it creates less complexity. In addition, this solution doesn't cost anything until a better solution is found. This is really important for me, because a number of veterans and I are starting to feel discouraged in life. I could go on and on.

I'm now ready to answer your questions.

**The Chair:** Thank you for your courage. You come here and tell your story, and I imagine other veterans can relate to what you just said.

Thank you again for being here, and thank you for your service.

Before we go to questions, I would like to ask the committee members a question.

[*English*]

I'd like to know if I have unanimous consent to go past 6:30.

Mr. Miao, go ahead.

**Mr. Wilson Miao:** I have a flight to catch, but I'm happy to find someone to cover.

**The Chair:** Okay.

Mr. Casey.

**Mr. Sean Casey (Charlottetown, Lib.):** I'm chairing a meeting a seven o'clock. If I can be out of here by 6:50, I'll give my consent to it.

**The Chair:** Members of the committee, what I suggest is one round of six minutes each until the end. That's great.

I'll start with Mr. Blake Richards for six minutes.

Go ahead, please.

[*Translation*]

**Mr. Blake Richards:** Mr. Fortier, I'll start with you.

Thank you for your service to the country, and thank you for your testimony today.

My French isn't perfect, so I'll ask my questions in English. I have two questions for you, one about doctors and one about housing.

• (1810)

[*English*]

The first question is about housing.

We heard from a previous witness here and the defence committee also heard from the executive director of the Legion in Nova Scotia about many problems. We're hearing not just about veterans, but certainly about veterans in terms of having a lack of housing, for example. There are many homeless veterans—far too many of them, and the number seems to be growing. However, we're also hearing now about even serving members of the Canadian Armed Forces in some places who do not have housing. They can't afford it. They're living in cars or they're couch surfing, etc.

I wonder if, in your work with the Legion in Quebec, you've heard about these issues with veterans who are homeless or struggling with housing.

[*Translation*]

**Mr. Luc Fortier:** Thank you for the question.

Yes, indeed, it's a hot topic, because it's a growing problem. An increasing number of veterans are homeless. That's somewhat understandable in the current context, especially in some places in Canada.

You say that there are active military members who are homeless, and I have no difficulty believing that, especially if those people are in places where the cost of living is very high. Thirty-two years ago, when I was a soldier, I needed a second job to support my family, whereas people in the west were entitled to social assistance. That's just to give you an idea of the cost of living compared to the military salary in some places. So it can happen to serving members.

With regard to the transition from military to civilian life, we have to look at the reasons why veterans end up on the street. Where does that come from? Why are they homeless? Why did they suddenly decide to stop being at home and live on the streets? We have to find the reason behind that. Once we've found it and solved this problem, we'll be able to work with individuals.

I live in Chicoutimi, which is at the end of the road, so to speak, in the Saguenay. It's a long way away. When you get to Chicoutimi, there's nothing after that. If you keep going, you'll end up in the water. We spoke to two homeless veterans. After listening to them and trying to understand why they were in this situation, we learned that they were veterans of the war in Afghanistan. When they were in Afghanistan, they were under the influence of a substance naturally produced by the body. When they returned to Quebec, their bodies stopped producing it. This pushed them into what I called secondary medicine. For them, it's their place, and to follow that way of life, you have to not have any possessions. I'm talking about what happened in my neck of the woods, in Saguenay.

In short, to help you find an answer, I would say that it's important to first determine the why and then support veterans in their journey, without forcing their hand. Otherwise, they often sink deeper.

What was your second question?



[English]

**Mr. Blake Richards:** It sounds as though it's a growing problem. I think what I'm hearing is that it hasn't been as big a challenge in your area or in Quebec in general. However, recently you've been seeing a lot more homeless veterans given the cost of living crisis we're facing and things like that.

Would you say that's a large part of it—the cost of living crisis? Are there other things that you think are part of it?

[Translation]

**Mr. Luc Fortier:** First of all, I'm not an expert in this area, but I have spoken to veterans and their families. I would say that most of the time those two things—

**Ms. Donna Van Leusden Riguidel:** May I make a quick comment?

**Mr. Luc Fortier:** Yes, Ms. Riguidel.

[English]

**Ms. Donna Van Leusden Riguidel:** I might have a little bit of input here.

The cost of housing crisis is not new for the CAF. I worked at IRP in 2006, and I can remember people coming back from house-hunting trips in Edmonton in tears because they knew they couldn't afford anything out there, especially those in the junior ranks. They just weren't making enough. To add to that, it used to be that homelessness was a problem involving predominantly male veterans who were on the streets, but women are quickly catching up. Statistically speaking, women are suffering from homelessness at greater rates.

There's also a hidden homelessness piece for those who don't have their own home. They have to stay with family members or friends, which opens them up to potential abuse, not to mention the dangerous situations in which female veterans remain because they can't afford to leave or because they have children they're primarily responsible for.

I've spoken to padres. On some bases padres have access to emergency housing in cases of domestic violence. On bases like Esquimalt, they don't have that housing. Because the cost of living is so high, they don't have a place to put people in crisis, so they have to work through domestic violence shelters on the civilian side, which of course is a very imperfect solution.

• (1815)

**Mr. Blake Richards:** One veteran who is homeless is too many, and one member of our forces who is homeless is too many, but there are far more than that unfortunately. Thank you both for your contribution on that.

I want to ask you about doctors, Mr. Fortier. You mentioned that there are lots of programs and services available. Sometimes veterans say there are so many different programs that it's confusing. It makes it hard to access any of them, but one of the challenges to being able to access any of them is that you have to have a doctor who can understand the darned paperwork and who is prepared to actually accept doing all the paperwork that the government finds necessary in order to provide benefits and services.

You talked about your own experience, but can you talk about some of the experiences you've heard about from other veterans you've worked with as well?

[Translation]

**Mr. Luc Fortier:** My experience is probably the same as that of most veterans.

In my region, in Saguenay, we're often told to go to a private clinic. I did, and I brought my medical file, but I was told that they couldn't accept me as a patient because it was too complicated, even though I paid out of my own pocket.

After 32 years of service in the forces, I'm leaving sick, but it's too complicated for the private sector.

[English]

**Mr. Blake Richards:** It's pretty sad when it's so complicated to deal with the forms that even a doctor won't take a veteran on because of that. It's something we have to change.

**The Chair:** Thank you, Mr. Richards.

Now on the Liberal side it is Mr. Sean Casey for six minutes.

You can split your six minutes. Go ahead, please.

**Mr. Sean Casey:** Thank you, Mr. Chair.

I'll start with you, Ms. Riguidel.

Welcome back.

I was shocked at the first point you raised in your opening statement, when you said that people seeking out the services of the transition units were essentially being told not to go to the media. The first I've heard about that has been at this committee. I'm very concerned about it, and I believe it's something we should act upon.

My question for you is what the best sources are to find out more about this. If we're going to put this in the form of a recommendation, we need more information. Can you tell me where we're most likely to find that?

**Ms. Donna Van Leusden Riguidel:** Honestly, I'd say it would be through plugging into the supports that are currently in place.

I could definitely source that through my channels and find stories. I know it was something they attempted to do with me when I released. My release came through in March of 2022, but as early as that summer I received direction from my CO at the time that they were floating a draft media policy that said that no member of the transition centre could do a media interview without a minimum of 24 hours' notice.

I am a major, a public affairs officer, so I was able to push back with the appropriate references and say, "Absolutely not. This flies in the face of all of this guidance", after which I was immediately dismissed and told that I was obviously feeling very emotional about this issue and that, being a woman, I was sensitive to this concern.

That resulted, honestly, in that CO's being investigated and removed from his post. However, clearly that problem continued, because I have received reports from other, more junior, members, who have told me they have friends who have been asked to sign a document saying that they wouldn't go to the media and they wouldn't tell their story in public. They're scared to come forward now because they're worried they're going to lose benefits.

Benefits have already been pulled away from people going through the transition centre as MST survivors. I'm sure everybody remembers the news story of Vicky Cox, who went forward to the media and said that she was pushed out of the military. CDS introduced a policy that said that those self-identifying as survivors of MST would have a final approval process in which the CDS's office itself would reach out and ask, "Is your file complete? Do you have any investigations? Is there anything outstanding?" and they'd have that last moment to say, "I'm two years away from my pension. Can I extend to get that?" or "I'm in line for a promotion. Can we get that done?" That was quietly lifted away earlier this year, so people are back to pushing people out of the military without that final approval process.

• (1820)

**Mr. Sean Casey:** Just to be crystal clear, the policy you're talking about is one that applies to people who are seeking services from the transition units, and not those who are providing them?

**Ms. Donna Van Leusden Riguidel:** That is correct.

**Mr. Sean Casey:** Okay. Thank you.

I want to talk about your business for a minute. I looked back through the testimony you gave before about training a couple of thousand people in uniform—

**Ms. Donna Van Leusden Riguidel:** It was roughly 3,000, including at Fort Leavenworth, which we did in November last year.

**Mr. Sean Casey:** I'm trying to figure out how the work you do in that regard can fit in with transition.

**Ms. Donna Van Leusden Riguidel:** Absolutely.

We can help train the people—caseworkers and everyone else—who are dealing with how to support people. Our entire business is built around supporting at first disclosure. In a lot of cases people don't voice the fact, don't disclose the fact, that they've been victimized in this way until the eleventh hour, because they don't feel as though they can.

We help train people to better receive and better honour that courage when a person is ready and able to say that this thing happened to them so they can start that process of healing. Along with that we start to attack the bias and everything else that can contribute to this toxic culture.

It's an elegant course. I am very proud of it. We've trained, as I said, about 3,000. We just delivered our first fully francophone series in November, so now we have capability in both languages.

Again, we've had a lot of interest. One of the biggest problems we've run into is the procurement process, the bottleneck that is trying to work through contracting, which is the other reason I am trying to push for more supports for entrepreneurs. We're a female vet-

eran-owned business, and it's very difficult right now to get through that process.

[*Translation*]

**Mr. Sean Casey:** Mr. Fortier, thank you for your service to the country.

From what I've read, you're currently working on a project to open a therapy home. Can you tell us a little bit about that?

**Mr. Luc Fortier:** Do you want me to talk about mine?

**Mr. Sean Casey:** Yes, please.

**Mr. Luc Fortier:** I'm working with a team in Saguenay to open a therapy home for people in uniform. Ultimately, it's like the La Vigile therapy home or the CASA centre, but it's taking place in a remote region. It's the same thing. It takes a long time to set up such a centre. I've been working on it for 10 years. I should be able to have an operational location and provide services to the people who need them by the end of the year.

It's a \$3-million project. Some of it, \$1.7 million, comes from funding, and the rest comes from grants. If all goes well, we'll have 12 beds. The beauty of this project is that we'll be able to offer our services to our clients. I'll be able to provide healing services, and veterans will also be able to access them.

**The Chair:** Thank you.

**Mr. Sean Casey:** Congratulations on the work you're doing.

Thank you very much.

**The Chair:** Thank you.

I'll now give the floor to Mr. Desilets for six minutes.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

Thank you to the witnesses for being here and sharing their experience and knowledge with us.

Mr. Fortier, to hear you tell it, the Veterans Affairs Canada health care system would be like the famous madhouse in the Asterix album *The 12 Tasks of Asterix*.

Could you explain to me the difference between the Royal Canadian Legion and the transition centres? I see the difference, but I would like to hear you talk about it, because as part of the legions' mission, I think you're also working in that direction.

**Mr. Luc Fortier:** That's absolutely the case. To go back to what you were saying earlier about *The 12 Tasks of Asterix*, once you've found the permit A-38 mentioned in the album, everything is fine.

The transition centres are new; they've been around for a year or two. In the past, it was referred to as the service personnel holding list, or SPHL, and the centres had a different name. In short, I think they are slowly finding their vocation. It is important for the Royal Canadian Legion to work with transition groups, because helping veterans is part of the Legion's role. It serves veterans.

As I said, transition groups are new. The people in these groups are still serving, and they don't have time to explain how to fill out all the forms and explain to the veterans who are going to be medically released what's going to happen.

Three weeks ago, I met with the lieutenant-colonel of the 2nd Canadian Division transition group and his chief warrant officer. I'm talking about the 2nd Division, not all of Canada. I met with them to propose a partnership in which we, the service officers of the Royal Canadian Legion—there are many of them and there are several levels—help veterans who are medically released six months before they leave. If they provide their telephone number, we'll be able to contact them and help them fill out the famous service income security insurance plan, or SISIP, and Veterans Affairs Canada documents.

We could help them understand these complex documents, guide them and tell them that the time to act is when they're still active and have a doctor. That's why we want to be present at this stage to try to reduce the impact of medical release on veterans who are going to leave the forces and who won't have a doctor.

We have a 50-50 partnership. If we become 100% partners, that will really help the veteran community.

• (1825)

**Mr. Luc Desilets:** What is missing from this partnership?

**Mr. Luc Fortier:** Obviously there is no love lost between the Royal Canadian Legion and the army in Quebec, for many reasons. These two organizations were simply never integrated. I am not sure if they waited 98 years for Luc Fortier to arrive. Maybe some things were done in the past that no longer exist, but the transition group is new. All the partnerships being made now are more or less new.

**Mr. Luc Desilets:** In Chicoutimi you are one of the most dynamic legions in Quebec. Were you consulted before transition houses were put in place?

**Mr. Luc Fortier:** In Chicoutimi, no, there was no consultation. As far as the Quebec command is concerned, I do not know because I have been there for only a year. I think so, yes. I would not be surprised if the legion had been consulted on this, but I am not sure.

Obviously, if so, we would be pleased because the legion needs to take part in everything involving helping veterans.

**Mr. Luc Desilets:** Okay.

In your speech, you obviously made several references to the health care system and the related problems, as other witnesses have today.

In your opinion, what is the difference between a civilian and a veteran looking for a doctor or needing health care?

**Mr. Luc Fortier:** Thank you very much for the question.

As I mentioned earlier, in 2018, I was told that I was leaving the army for medical reasons and I was asked to take the steps to obtain a health insurance card and to find a doctor.

The last time I saw a health insurance card I was 18, when I had a physical exam to join the army. That was the last entry in my civilian record. I left the army 32 years later. I am 55. That is a difference between a military member and a civilian.

Whenever something is not right, the civilian has the chance to go see a doctor, keep a medical record and have follow-up appointments accordingly. For military members, that is a bit more complicated.

I could say that is the difference right there.

**Mr. Luc Desilets:** Many legions are struggling, at least in Quebec. Yours is a bit outside the norm in the sense that it is truly very dynamic. It is a legion that is growing, that has plans. You could tell us about your motorcycle club, among other projects.

Do you believe it would be possible, for an average-sized legion in Quebec, to coordinate its operations with what is happening at the transition houses?

**Mr. Luc Fortier:** I am working on it. Two weeks ago, I started doing preliminary work on this.

Obviously, we could knock on every door and ask for all sorts of partnerships, but first we need to make sure that the ideal conditions are in place. We can present a partnership somewhere and receive a negative response. It depends on when this happens and with whom.

**Mr. Luc Desilets:** Do you have enough money to meet the more complex demands, where an unending list of forms need to be completed when a military member leaves the army?

• (1830)

**Mr. Luc Fortier:** When a military member leaves the army, people at the legion may be the last to take care of him. When he leaves military life, there are all sorts of services available to him. That is why we really do not become part of a veteran's life until things start to go poorly. Often, the military member does not know what the legion does and only turns to us when someone suggests that he come see us, that we might be able to help him.

By the time he lands at our doorstep, it is sometimes too late. However, there is always a way to make up for lost time because we have a good partnership with Veterans Affairs Canada, with stakeholders at OSISS, and with all the other stakeholders.

**Mr. Luc Desilets:** Thank you, Mr. Fortier.

**The Chair:** Thank you, Mr. Desilets.

I want to welcome Brandon Hanley.

[English]

I invite Ms. Rachel Blaney to take the floor, please.

You have six minutes.

**Ms. Rachel Blaney:** Thank you. I appreciate that, Mr. Chair.

I want to thank both of the folks here for testifying, not only for your amazing testimony and for showing up, which I think is really important, but also for your service to the country. I appreciate it deeply.

I'll come to you first, Ms. Riguidel, about a couple of things. I am going to lean on your expertise. Do you have any feedback or thoughts on how members who are transitioned out are screened for MST? If they aren't, could you tell us a little bit about that?

It does worry me, because I've heard a few times that some CAF members talk about military sexual trauma as a women's issue. It is not just a women's issue, and that concerns me because it brings up that stigmatization. When people are leaving, it's a good time to feel safer to disclose things.

Is there any process that happens during that time that you're aware of?

**Ms. Donna Van Leusden Riguidel:** It is entirely the responsibility of the member to self-identify if they are a survivor of MST and require support. Like you said, it's not a gendered issue. I just had a situation where I travelled out of town to help a male survivor who suffered an incident in 1987 to finally put in a claim for it and finally start to get some help. That person has been suffering with PTSD since that time and although, from many viewpoints, he's been quite successful professionally, he recognizes that he's been struggling. It's only now that he's coming through this that he's finally able to say that it had been scarring him the whole way along.

The male survivors I've worked with have issues around the question of their own gender identity at that point sometimes. They struggle a lot with that as a result of what happened. There are a lot of other pieces that come into play, especially when you're talking about the "old guard", the biases and everything else that existed back then. It's very difficult for them to come forward.

When you talk about supports for homeless people, a lot of those are built around the male population. When you talk about support for people who have suffered sexual trauma, by and large the support is built around the female victim because, as we know, it's often biased that way, even though there are a lot of men out there who are suffering in silence and people who identify as male who are suffering in silence. They don't know where to turn.

**Ms. Rachel Blaney:** This is concerning for me for many reasons, but also because, if you do not acknowledge it at that final step, then supports at the VAC level could be blocked.

Can you give us any suggestions about how the transitioning process can be a safer process for people to come forward, so this can get captured and they can get the supports they need, regardless of where they are in their transition?

**Ms. Donna Van Leusden Riguidel:** One way would be to make it a routine to make sure that the caseworkers at transition have

training on how to provide those supports and that they're open to it.

I've talked to a lot of military people who make it quite obvious. They'll have "positive space ambassador" signage on their cubicles and that sort of thing. It's not difficult to do that sort of thing and to be very open to the fact that you've had this training and that you're available and ready to listen.

I think offering service providers in all the genders as opposed to just having those who identify as men or those who identify as women being the sole point of contact is very important, because you might have a much easier time approaching somebody of a gender that you feel comfortable with. I think that there are a couple of things like that we can do to make things a lot easier for people to come forward. As lot of it is educating that it is okay to come forward, that it won't cost you everything.

For this particular survivor I'm using as my story point, it was a very uphill battle to reassure him that people didn't have to know, that this wasn't going to be something people were going to find out about and abuse or anything like that. The chain of command doesn't have access to the files of VAC.

Even when he first put the claim in, he called to make sure that they had received it, and the response back from the person was, "That's an old claim. It probably won't get approved." I had to go and tell him that MST is different. It's not the same as breaking an ankle and then claiming 20 years later that you have ankle pain. This is a different type of injury. We need to make sure that the people who are answering the phones aren't saying things like that, which can be discouraging.

● (1835)

**Ms. Rachel Blaney:** That's very concerning. What a horrible thing to happen.

You also talked about your reality. I am concerned, because we know that we're having a hard time attracting people to the service. Being a reservist is another pathway. We're blocking opportunities for them, especially after they've faced trauma.

In terms of the transition process, what are your recommendations on this particular issue?

**Ms. Donna Van Leusden Riguidel:** I recommend taking a really close look at the policies. Return home moves weren't something that was really examined, because it used to be a little more of a rare occasion. Class B contracts used to not happen very often. They've become a lot more commonplace, especially if you're talking about moving to the NCR. It's very common that reservists will get moved here to take over positions to backfill for active duty people who are on deployment.

Enable them to apply for an extension on that benefit based on need. Obviously you can't necessarily throw the doors open, but when somebody has a diagnosed service-related injury, that should be a fairly easy call to make. I was surprised to find out that the policy didn't allow for it. Hopefully we can figure it out.

**Ms. Rachel Blaney:** Thank you. I know I don't have any more time. I wanted to ask you a little more about the app, because I think that was really important feedback.

If there's anything you want to add, please send it to us, because I think, if something is not working so profoundly, we really need to see that fixed.

**The Chair:** Thank you so much, Ms. Blaney.

[*Translation*]

We will stop there today.

On behalf of the committee members and myself, I want to thank you for taking part in this meeting.

Thank you to the witnesses who were here with us.

I want to thank Luc Fortier, Vice-President, Quebec command, from the Royal Canadian Legion.

I also want to thank Donna Van Leusden Riguidel, Director of the Survivor Perspectives Consulting Group.

I also want to thank you for your leadership and for everything you do for veterans. You continue to be active. Do not give up, please.

I also want to thank the entire technical team, the interpreters and the clerk of the committee.

The meeting is adjourned.

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