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# Standing Committee on Veterans Affairs

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**NUMBER 091**

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Chair: Mr. Emmanuel Dubourg





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Monday, April 29, 2024

• (1105)

[English]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** I call this meeting to order. Welcome to meeting number 91 of the House of Commons Standing Committee on Veterans Affairs.

[Translation]

Just a reminder that we're continuing our study of the transition to civilian life.

[English]

I also want to welcome MP Doug Shipley to our committee.

[Translation]

Today's meeting is being held in hybrid form, in accordance with the Standing Orders. Members can participate in person or via the Zoom application.

I will now make a few important reminders, which are intended to avoid acoustic incidents.

[English]

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Mr. Chair, I'm sorry to interrupt. I'm getting nothing in my earpiece—no interpretation, nothing. Even when you're speaking in English, I can usually hear it in my ear. I've turned it up, and I've unplugged it and plugged it back in again.

**The Chair:** I'm going to try again.

[Translation]

Ms. Blaney, can you hear us?

There doesn't seem to be any audio, unfortunately.

Should we take a break to sort out this technical problem?

[English]

**A voice:** I heard it in English and French.

[Translation]

**The Chair:** Things are working fine in French, but Ms. Blaney isn't getting any audio so far. So we're going to suspend the meeting for a while. This will allow us to correct this technical problem and welcome our colleague Mr. Desilets.

• (1105)

(Pause)

• (1110)

**The Chair:** We will now resume our meeting.

As I started to say, I have an important warning to make regarding acoustic incidents. I'd like to remind all MPs and meeting participants in the room of the following important preventive measures.

To prevent disruptive, potentially dangerous and injury-causing acoustic incidents, I remind all participants to keep their earpieces away from all microphones at all times.

As indicated in the Speaker's press release of Monday, April 29, which is addressed to all MPs, the following measures have been taken to help prevent acoustic incidents.

All earpieces have been replaced with a model that significantly reduces the likelihood of an acoustic incident.

The new earpieces are black while the old earpieces were grey. Please use only an approved black earpiece.

By default, all unused earpieces at the start of a meeting will be disconnected.

When your earpiece is not in use, please place it face down in the middle of the sticker on the table to your right.

Please refer to the cards on the table for guidelines on preventing acoustic incidents.

The room layout has also been adjusted to increase the distance between microphones and reduce the risk of acoustic feedback related to a nearby earpiece. These measures are in place so that we can operate without interruption and protect the health and safety of all participants, including interpreters.

I thank you for your co-operation.

I'd now like to welcome our witnesses.

[English]

Before we start, I would like to apologize on behalf of the committee. I know we were trying to have you for another meeting and that because of our agenda, it was impossible. Today we are pleased to welcome you at the committee.

[Translation]

We now welcome the first panel of witnesses.

[English]

As individuals, we have have Mr. Phillip Lopresti and Mark Meincke. Mr. Meincke is a retired corporal and host of *Operation Tango Romeo*, a trauma recovery podcast for military, veterans, first responders and their families. He is here by video conference.

We also have, from Helmets to Hardhats, Major-General (Retired) Paul Bury, director.

You're going to have five minutes each for your opening remarks. After that, members of the committee will ask you questions.

I will start right away with Mr. Phillip Lopresti.

You have five minutes for your opening statement. Please go ahead.

**Mr. Phillip Lopresti (As an Individual):** Hello. My name is Phillip Lopresti. I want to express my appreciation for the invitation and opportunity to speak to the entire committee today. Thank you.

As some of you may already know, I was involved in the play *Contact! Unload*, which is a performance that brings to life the personal stories of veterans returning home and the difficulties they face when transitioning back to civilian life. While I am currently serving in the Canadian Armed Forces, I am appearing today as an individual in a civilian capacity to speak about my experiences as a postgraduate student at the University of British Columbia and my role in *Contact! Unload*. As such, I would like to advise the committee that I will not be commenting on my work in the Canadian Armed Forces given my junior rank.

I would now like to take this opportunity to further explain the play and its impacts.

The personal stories and invaluable data that emerged from the making of *Contact! Unload* are not just my own. Instead, they represent the shared experiences of countless brave service personnel who have devoted themselves to protecting the interests of their country and the well-being of its citizens. The moving scenes and dialogue of the play not only illustrate the struggles of military service and the difficulties transitioning back to civilian life, but also set the stage for the surfacing of more nuanced issues that have eluded public awareness for decades.

*Contact! Unload* allowed audience members, educators, practitioners and anyone who would bear witness a gateway into the lived experiences of our veterans and those of many other allied nations. Service personnel are exposed to trauma at significantly greater levels than the general population. By the nature of their work, these individuals are likely to be involved in extreme conditions that impact their physical, psychological and emotional states. This occurs through responding to a wide array of emergencies, both foreign and domestic. These soldiers will encounter repeated instances of human suffering, death and danger at levels greater than the general population, which increases their risk of PTSD and other mental health issues due to their duty-related exposures—if not by way of active duty, then simply via the mechanisms necessary to live and operate within the military.

The needs of the military place a great amount of pressure on its members to conform to and adopt a particular way of thinking and operating. While this mindset may allow its adopters to succeed within the military, it also creates barriers to transitioning back to civilian life when a soldier's military career has ended. Literature in this field suggests that military professionals are in a subgroup that, to a large extent, endures frequent negative outcomes that impact key areas of functioning and quality of life. Additionally, individuals with work-related PTSD are consistently challenged by poor long-term work outcomes, their careers often marred by extensive stress and sick leave, decreased work productivity and early retirement or unemployment.

In relation to how mental health professionals can best support this demographic, it is important to understand that these personnel, regardless of gender orientation, tend to endorse hypermasculine gender roles related to military discipline culture. This key factor exacerbates how they experience stigma. While the endorsement of some traditional forms of military ethos and culture has some positive aspects, it is also associated with a host of problematic issues, such as poor self-esteem, reduced interpersonal intimacy, depression and anxiety. Those who endorse these ideals are often left in a double bind such that if they successfully subscribe to these unrealistic and contradictory hypermasculine ideologies, they may in turn limit their coping repertoires, often by resisting help. If they deviate from the masculine norms, they often expect to be harshly judged or socially ostracized.

When these gender role violations occur, the resulting strain can be experienced as so overwhelmingly unpleasant that many compensate by subscribing even more rigidly to these unrealistic ideals. This is problematic, as a growing body of research suggests there's a strong association between the degree to which individuals endorse dominant masculine ideologies and poor health behaviours. Avoidance of therapy is one of these behaviours. When undertaken, it often involves disclosing weakness or problems, which for many is threatening to their identity as a soldier and may promote further emotional isolation.

● (1115)

While *Contact! Unload* did not attempt to correct these risk factors directly, its context was extremely effective in highlighting the difficulties that veterans face in dropping their military identities and reintegrating into civilian life. I am proud of my involvement in this project as a researcher, actor and advocate. I am happy to have had the opportunity to share with all of you a small amount of what I witnessed through my involvement.

Thank you again so much for this opportunity to appear before you. I'm happy to answer any questions you may have.

Thank you, Chair.

• (1120)

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

Now I'd like to invite Mr. Mark Meincke for five minutes.

**Mr. Mark Meincke (Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders and Their Families, As an Individual):** Thanks very much for having me. This is my second time here. The first time was in person.

To start, why is it me who's here in front of the committee today? The reason is that I went 23 years without being diagnosed with PTSD. PTSD is a neurological trauma that's encoded in terror. It is an actual neurological condition that you can see in a brain scan. It's not because you are weak. It's not avoidable. When it happens, there's nothing you can do about it.

In 2017, after 23 years of being undiagnosed, I entered the Veterans Affairs' system. I was lucky. The beginning of the Veterans Affairs' experience worked well for me. However, it was five years of clawing and scraping before I could actually see the benefits. The benefits that I was eventually able to access I didn't know existed, except through talking with others within the veteran community. The programs are there. Access to those programs is the issue.

I host *Operation Tango Romeo*, a trauma recovery podcast for veterans, first responders and their families. Because of that central position within the veteran community, I get a lot of stories. I get stories that are good, bad and indifferent about the experiences of the transition to civilian life and about the experiences with Veterans Affairs Canada.

Overall, the reputation of Veterans Affairs Canada within the veteran community isn't great. It's seen as predatory and as an insurance agency whose primary role is to "deny, deny until they die". That's the most common saying we have.

That being said, I know of good stories. I know of people for whom transition was relatively seamless, through their experience. Unfortunately, that is the minority. There are good programs. It's the access to the programs that is difficult.

One reason that access is difficult is that for post-traumatic stress disorder, one of the symptoms is a sense of being overwhelmed, especially with administrative burdens. As an example, even to join you here today, the bureaucratic process was significant. It's overwhelming for many.

For me to access my email at Veterans Affairs Canada, I can count the number of steps. At one point, it was up to 16 steps. I think we're down to nine right now. I have to click nine different things just to read an email. Things like that are simply overwhelming for many. That's one of the examples of where we can do better.

The majority of veterans I come across who are injured and who should be making claims at VAC are not. It's because either they've heard stories or they tried and were instantly overwhelmed, which was also my experience the very first time I tried to make a claim. It was just overwhelming and I popped out of the system.

One question I have for anybody in the committee who might know is this: What percentage of Veterans Affairs' claims are made

via service officers? Service officers tend to be volunteers at Legions or various veteran organizations that act as an ambassador between the veteran and Veterans Affairs Canada. It's really unfortunate that they're even necessary, but they are. Because of that sense of being overwhelmed, service officers are used to navigating Veterans Affairs Canada. The fact that this is required is alarming. It shouldn't be like that, and it shows the barrier to entry. Most of us can't do it ourselves. We need help just to navigate the system.

• (1125)

There are numerous fixes. There are a lot of good ideas that I hope I'm asked about. My show is an aggregate for healing modalities and different avenues towards help, tools and resources. I'm the guy. I'm probably the number one expert in the country for healing resources, because that's what my show has done in over 317 episodes, yet Veterans Affairs has never called me to say, "Hey, let's talk." Maybe you can use me as a resource. I would love to work with Veterans Affairs to do a series on what they offer and how it benefits the veteran community so that people can better understand what VAC is and how they can help.

Thank you.

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

Now let's go to Helmets to Hardhats with Major-General Paul Bury.

You have five minutes for your statement.

**Major-General (Retired) Paul Bury (Director, Helmets to Hardhats):** Good morning. I'd like to thank you, Mr. Chair, and the members of this committee for the opportunity to speak with you today about veterans' transition issues. As a veteran myself, I know how important the committee's work is, and I applaud you all for your efforts. Like many veterans, I look forward to the results of the committee's work and the various impacts it will have across the veteran community.

Today I'm speaking on behalf of Helmets to Hardhats, or H2H Canada. H2H is a national non-profit organization funded in part by the construction industry, supported by government and staffed by both military and industry veterans. H2H focuses on assisting armed forces veterans, serving reservists and members of the Canadian cadet organizations in finding rewarding civilian career opportunities in Canada's unionized building and construction industry.

Networked across the country, H2H has deep connections with trade union locals and their affiliated contractors. H2H connects registered participants with apprenticeship and employment opportunities in Canada's building trades. Skilled trades apprenticeship programs provide veterans with the training and qualifications needed to achieve journeyman status in over 60 occupations.

H2H provides professional and personalized services to registered participants by guiding military members as they transition to a new career and by assisting unions and employers in their search for potential employees. H2H opens doors for union memberships and benefits, including training and employment mobility across Canada.

When I appeared in front of this committee a little over a year ago, I spoke in general terms about the H2H program and the opportunities provided to Canada's veteran and military-connected community. I also discussed how our services are increasingly being sought out by veterans, including women, indigenous and other under-represented veterans. I'd like to assure the committee that this remains the case, with H2H continuing to see incremental positive demand for our services. In 2023, H2H referred 365 veterans to skilled trades apprenticeships with our building trades union partners all across the country.

Helmets to Hardhats continues to update its services to remain relevant and to ensure that we serve the veteran community in the most efficient and cost-effective manner. Through a grant from the Government of Ontario, we've been able to remove barriers to occupational success for veterans in Ontario by providing free safety training courses on such issues as working in confined spaces, working at heights and elevated work platforms. We're also able to provide free apprenticeship starter kits to our clients that include items such as hard hats, hearing and eye protection, safety boots and high-visibility clothing. These are all free of charge, saving the veteran approximately \$500 each and ensuring that they are able to participate in the construction sector regardless of their personal financial situation. Ideally, we'll be able to roll out these initiatives across the rest of the country over the next few years. These initiatives coupled with the zero cost to veterans for our services remove barriers to occupational success.

We continue to hear testimonials from many participating veterans about the positive impact that the H2H program has had on their individual and family circumstances. Leaving the armed forces for a civilian career can be daunting for many veterans. Many H2H registered veterans contact us prior to leaving the armed forces. H2H works with them and the union locals to ensure they have career options and, ideally, a confirmed apprenticeship start date as they transition. Working with community-based, veteran-focused organizations such as H2H allows veterans and their families to make that transition to civilian life with significantly less stress regarding potential civilian employment.

H2H believes that community-based organizations such as ours can play a large part in complementing government veteran programs as we collectively help veterans transition to civilian life. Working with Canada's building trades unions, H2H will continue to provide timely and relevant services to Canada's veterans and military-connected individuals seeking a career in the construction and related industries.

That concludes my remarks. I look forward to the committee's questions. Thank you.

● (1130)

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

I want to thank all three of you for your opening statements and for your service. We have with us a major-general and a corporal.

Now we're going to start the first round of questions of six minutes each. After that, I will calculate how long the second round is going to be. You can split your time.

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

Go ahead, please.

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

Thank you to each of you for your contributions today and for your service to our country.

I'll start with you, Mr. Meincke. You talked briefly about your experience in having to scratch and claw, as I think you said, for five years to get the benefits you needed for what you're dealing with. You mentioned your podcast. You speak to veterans quite frequently on your podcast, and certainly otherwise.

Can you tell me whether the experience you had of having to scratch and claw for five years is fairly typical?

**Mr. Mark Meincke:** It is. First of all, we're running blind. When I was facilitating a peer support group, I was the guy in front of the class with half a dozen regulars. Even with that group, we still didn't really know what the heck was going on, what was available or what we could access.

One of the reasons is that the names of programs are changing all the time. There are adjustments to them, and you can't keep track. The only way to have any clue... I liken it to a bunch of sixth graders teaching each other sex education. They really don't know what they're talking about. That's what it's like trying to navigate VAC. It's constantly changing, and just as soon as you have a relationship with a caseworker, they quit or get fired, and then you have a new caseworker. I think I've been through four or maybe five since 2017.

There's just no way to keep track of what's going on and what's available—

**Mr. Blake Richards:** I'm sorry to interrupt, Mark. We've heard many times about the inability to have a caseworker you can work and follow through with.

One of the other things we've often heard about is the challenge, especially when someone first leaves the armed forces, of getting access to a doctor. We often hear that a lot of doctors seem to be quite reluctant to take on veterans as patients given all the paperwork they have to deal with for Veterans Affairs. Is that something you've heard about from the veterans you speak with?

**Mr. Mark Meincke:** It's true. I've heard that and I've experienced it. Right now, I can't find a family doctor. I'm looking for one if anybody knows of one around Stettler.

The way the system works is you need a note from the doctor or a referral from an MD to access anything. If you want to see a chiropractor, or anyone at all, for service-related injuries, you have to have a doctor sign off on it, and good luck getting a doctor who will sign off on you seeing a chiropractor or getting float therapy. It's an almost impossible barrier.

● (1135)

**Mr. Blake Richards:** Sometimes these things that seem quite simple aren't that simple for whatever reason, and they need to be made more simple.

I want to ask you about something I've often heard, and I'm sure you have as well, which is that Veterans Affairs Canada grew old with its veterans. In other words, when we talk about veterans who fought in World War I and World War II, I think generally what we hear is that those veterans felt like they were pretty well served by Veterans Affairs, and it kind of grew older with them in order to meet their needs as they were growing older.

One thing we hear now is that, obviously, the average veteran is quite a bit younger, especially after Afghanistan. Meeting the needs of those younger veterans—the very different needs that exist when someone is trying to move on with the rest of their life and raise a family, deal with all these things, find meaningful employment, etc.—is something that VAC has not been so good at.

Can you tell us a little bit about what you're hearing from some of the younger veterans you speak with, particularly the Afghanistan veterans? Is that an accurate picture of what you're hearing as well?

**Mr. Mark Meincke:** I think so. Just to throw the Legion under the bus for a moment—even though that wasn't part of your question, I think it's a good example—at the last Remembrance Day ceremony I was at in Stettler, they were talking about World War I and World War II, and that was it. They didn't even mention Korea, the Balkans—where I was—or Afghanistan.

There are still a lot of people within the bureaucracy who don't even see us as veterans. They don't consider us to be veterans, and that's the problem right there. I would imagine there's some overlap in Veterans Affairs Canada. Even with my classification—I served in Croatia during the genocide in 1994, smack dab in the middle of the war—I'm not considered a war veteran because I was with the UN. It was a “special duty area”. I think that's what they call it. There are different classifications of veterans that entitle you to different levels of benefits depending on where you served. It's like not calling Korea a war. Well, it was a war, and I certainly served in a war zone, but it's one of the challenges—

**Mr. Blake Richards:** Can I interrupt you there? You mentioned Korea. Veterans fought for and were eventually given that wartime service designation, but there are many veterans, you included, whose service isn't considered wartime. We often hear about the Gulf War or Afghanistan, which are referred to as wars generally by the entire Canadian population, including by Veterans Affairs, yet they're not considered that way when it comes to benefits and services. Is that something you'd like to comment on?

**The Chair:** You have only 30 seconds, Mr. Meincke. Please go ahead.

**Mr. Mark Meincke:** A war is a war. Whether you're serving as a UN peacekeeper or you fought in World War II, it's still a combat role. My friend Tommy Anderson lost both legs. Mark Isfeld was blown to bits and lost his life. I personally hit a tripwire. Other people hit landmines with their carrier.

A war is a war is a war, and calling what I did a “special duty area” as opposed to.... There shouldn't be different strata. We were all in it up to our ears, so we should be treated equally.

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

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

**The Chair:** We'll go to Mr. Miao for six minutes.

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

Thank you to all the witnesses for being here today, and of course, thank you for your service.

I'll direct my first question to Mr. Lopresti.

Thank you for coming here all the way from B.C. I understand that you're here in an individual capacity, but at the same time, you are also the officer in command at the transition centre in Vancouver for CAF. Could you share with us, as a committee, what kind of transition services veterans in B.C. are receiving at this time?

**Mr. Phillip Lopresti:** I can't answer the question as the OC of the TC in Vancouver. I can only answer questions on my role in the play *Contact! Unload* and the research we did.

● (1140)

**Mr. Wilson Miao:** That's not a problem. Let's talk about the play *Contact! Unload*.

As a postgraduate student of UBC during your time as a researcher, I believe you were also involved in the publication on the “Road to Civilian Life”. Can you share with the committee what kind of research was involved during the production of that review?

**Mr. Phillip Lopresti:** Absolutely.

The play didn't necessarily directly seek to answer questions so much as solicit information and stories from its participants and anyone who witnessed it. What we focused on was the idea of how a veteran must drop or change an identity when leaving their role as a CAF member and transitioning to being a civilian. Sometimes we like to call it, more casually, “dropping the baggage”.

There's a particular program that all of the participants in the play went through. It's called the veterans transition program, or VTP, funded through the VTN, the Veterans Transition Network. It uses a modality called therapeutic enactment, where we recreate and work through, in a group setting, traumatic scenes from a veteran's past, whether they're directly related to military service or something that occurred at home. That enables the veteran to drop their baggage and transition fully to civilian life. That is the focus of transition, and it's how we addressed the question and what we looked at through the play.

**Mr. Wilson Miao:** In the studies, we heard many witnesses sharing with us the difficulties of veterans transitioning back to their civilian life. Can you share some of the feedback you've gotten from your audience? How is the play helping with their transition after release?

**Mr. Phillip Lopresti:** I think there are two parts to your question.

The participants absolutely said they benefited from participating in the play. It was another way to be witnessed by the Canadian public. When you feel witnessed, heard and understood, the research on mental health, PTSD and trauma would suggest you're better able to process things. Just having a stage and a platform to be seen and heard was beneficial to the participants.

What it did for audience members, both family and veteran, is let them know that what they were going through was normal—that those families were not the only ones with their son, daughter or loved one living in their basement suite, or not leaving their basement suite for several months. That allowed them to feel more comfortable with talking about their story and seeking help, sometimes just by approaching one of us involved in the play immediately following the play, or following up with one of the resources we shared online after the play, like a link to the Veterans Transition Network or the veterans transition program.

That's what we saw and how we helped, if that answers your question.

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

You talked about family members, who are quite important in this process as well. Are there any recommendations you have in that regard to better the current process to help with veteran transition?

**Mr. Phillip Lopresti:** From the research and from what we noticed as part of feedback from participants, audience members and other collaborators, we felt that what might be most helpful is treating families with the same benefits and resources the veterans receive.

In a lot of the stories that emerge, the family often bears their own form of trauma, which they live through with their service family member. Sometimes processing that trauma requires either

the same resources or something different. We found that the families benefiting the most had access to the same resources their veteran was receiving, and the families struggling the most didn't have access to those resources.

**Mr. Wilson Miao:** Are these family members getting resources through the transition centre in Vancouver right now?

**Mr. Phillip Lopresti:** I can't comment about my work at the transition centre, but we heard stories throughout the performances and throughout engaging with audience members that they were receiving benefits through centres like the Military Family Resource Centre. Sometimes there would be outside organizations, like the veterans transition program, putting on separate programs for family members only.

In feedback, we heard some stories about accessing resources, but there didn't seem to be a central point for families.

• (1145)

**Mr. Wilson Miao:** As to recommendations for this study we're doing, what are some of your suggestions for how we can do better for our veterans and help them with civilian life?

**Mr. Phillip Lopresti:** Something that emerged from our work and in similar comments from witnesses was having someone like a paraprofessional walk you through the steps of transition, someone consistent who will guide you through that transition, whether it's to access resources through VAC or any other organization.

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

[Translation]

Mr. Desilets, you have the floor for six minutes.

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

Good morning to all my colleagues.

I thank our guests for their presence and service.

Mr. Lopresti, I find the literary process you've embarked on extremely interesting, but I want to try to understand certain elements.

Did you do your master's degree after your military service?

[English]

**Mr. Phillip Lopresti:** I actually did it at the same time. I was engaged in my master's and military service simultaneously.

[Translation]

**Mr. Luc Desilets:** What was your master's thesis about?

[English]

**Mr. Phillip Lopresti:** It focused on PTSD and trauma and how they impact transition from military to civilian life.

[Translation]

**Mr. Luc Desilets:** I see.

You tried to combine this and that's where the “Contact! Unload” essay came from.

[English]

**Mr. Phillip Lopresti:** I can't take credit for developing the script. That was done by Dr. Marvin Westwood and Dr. George Belliveau, who were my supervisors through the program. They collaborated. Counselling psychology and research theatre collaborated to come up with the script. Another key writer was Dr. Graham Lea.

[Translation]

**Mr. Luc Desilets:** I assume you put your psychology training to good use in this.

[English]

**Mr. Phillip Lopresti:** Yes, absolutely. I still put it to good use today.

[Translation]

**Mr. Luc Desilets:** Is the play still performed in theatres?

[English]

**Mr. Phillip Lopresti:** It's not currently going on. It started in 2015 and ended in 2018, with various different versions being created. It has been performed almost 20 times and is approaching 2,000 physical audience members.

[Translation]

**Mr. Luc Desilets:** I see.

I find this very interesting, especially because I went to see the *Monarques* project a second time. I don't know if my colleagues have heard of it. It's a piece that gives a voice to veterans. So we can draw a parallel between this one and the one you took part in. It's still being performed in Canada, in both French and English. I found it totally extraordinary.

As a matter of fact, the halls were packed, which surprised me enormously, because in Quebec, veterans are not the primary concern of the average person. There were a lot of non-veterans and civilians.

Was this also the case for the play you took part in?

[English]

**Mr. Phillip Lopresti:** That's correct. In the audience, there were both veteran and non-veteran witnesses who came and enjoyed the theatre piece. We performed for a lot of educators in the U.K. and Australia and even here in Ottawa.

One unique thing about the play—and I'm not sure about the play you're mentioning—is that the performers themselves were also veterans. It's difficult to spill your guts and share the most traumatic moments in your life 20 times, plus rehearsals. It wasn't necessarily something that could go on forever with the same participants.

If it were to continue, my guess is that you would need different participants. Also, there should be a time cap on how long they're participating in it, because it can be retraumatizing. There is a point where it becomes too much.

• (1150)

[Translation]

**Mr. Luc Desilets:** My question might sound silly, but what was the original purpose of the play?

[English]

**Mr. Phillip Lopresti:** That's a very good question, actually, and it's hard to answer because I didn't create it. However, my initial personal goal in the play was to better understand our veteran community myself. As a very junior member in the military at the time, I wanted to deepen my understanding and know what I was signing up for. It's this idea of informed consent. Do you know what you're signing when you sign on the dotted line? Do you know the type of career you're engaging in? Are you confident? Do you have the tools to survive it and provide meaningful contributions for the lifetime of a career?

[Translation]

**Mr. Luc Desilets:** What is your conclusion?

[English]

**Mr. Phillip Lopresti:** It was absolutely the right choice.

I strongly believe having more GPs in the military is important, as well as medical officers. My next career move, hopefully, is to be an MO in the CAF. I'm not going anywhere anytime soon, which is why I can't answer questions as the OC. If I do, I'll lose my job.

[Translation]

**Mr. Luc Desilets:** All right.

After having participated, as I understand it, in the writing of the play and having had some military experience in the field, did you determine that something was missing from your play?

What message did you find difficult to convey through the play?

[English]

**Mr. Phillip Lopresti:** The message that was harder to get through with this play was something called “invisible wounds” or “moral injuries”. There are some injuries that CAF members experience that no one can see on the surface. It's horrible to hear stories of people who have lost a leg or lost a life, but there are many other types of injuries that are invisible and no one can see. There's a new type, moral injuries, where people go against what they believe is morally right in the line of duty.

[Translation]

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

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

[English]

Let's go to Ms. Blaney for six minutes.

Please go ahead, Ms. Blaney.

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

I thank all of our witnesses today so very much for their testimony.

I'm going to start with Mr. Lopresti.

I'm really fascinated by a lot of your testimony today. I was very pleased with some of the language, like observing the play as a way of having informed consent about serving, which I think is really profound, and calling it a therapeutic re-enactment. I know from a lot of my studies that this really can make a difference for people, so thank you for using that language. I think it's really important.

In the work I have been able to do with multiple veterans in my role, one thing I have seen again and again.... I'm not interested in blaming or shaming. I'm not going to blame any past government. I think it's something that's wrong in our society. What I don't see in VAC workers is really strong trauma-informed training, so when they're addressing the issues, they don't always have the correct way of managing really big things. I think one thing we all agree with is that the veterans who come back again and again are the veterans who have the biggest struggles, so making sure they're supported in a way that is trauma-informed is really important.

We've heard testimony today from one of our witnesses—thank you, Mr. Meincke—about the changeover of caseworkers and not having people who follow you through the process. You have to retell and retell, which can be very challenging. We also know that VAC is hiring people on short-term contracts, which means the turnover is really high. We don't want to see that for this particular group of people.

Based on the play you did and the research you have done, can you talk to us a bit about your thoughts around how important it is to have service providers on the other side, regardless of their role? That's really important, because if you don't have everyone trained on how to provide trauma-informed care, things fall apart eventually. I'm just wondering if you could talk about that and if you saw or did anything in your studies that was, in particular, about how important that is and, of course, how important that is during the transition period.

• (1155)

**Mr. Phillip Lopresti:** Thank you for your question, ma'am, and for putting it in the context of the research. That helps me answer it.

One interesting thing about going through the performance as many times as we did is that, even with someone as experienced as Dr. Marvin Westwood, who has been working with veterans for a long time, we were still constantly learning. Just as some of the other witnesses mentioned, there are different generations of veterans and different needs. Even their learning abilities—how we're taught in school to learn, interpret, share—50 years ago were different from what they were 10 years ago and are today. What we noticed when audience members would come up and we'd have conversations with other practitioners in the field is that they were constantly having to adapt and change to the group.

It's difficult. It's really challenging to have one course per se, and for all people working with veterans to take this course to be certified as trauma-informed, because how trauma is perceived and how people manage it and work with it are changing.

What I personally witnessed in the play was the importance of immersing yourself in the community. You can't do it every day or all day, but at different parts, you can immerse yourself in the community, have a sense of what's happening today with the population

you're serving and then inform your practice based on what trends you're seeing today. You might have to do that at regular intervals to have the best approach and be trauma-informed for today versus yesterday.

**Ms. Rachel Blaney:** No, that makes sense. In my office, almost all of my team have been trained by veterans—people who are very educated—around trauma-informed care, and it's really made our lives a lot better. Hearing those stories is really hard, so I think trying to find that balance point is important, and self-care is very important if you're trying to care for others.

You talked about hypermasculinity across gender expression, so I'd like to hear a bit more about what that means to you. We are in the process of finishing up, hopefully soon, a study on women veterans. We heard again and again how they felt extremely invisible and how their reality wasn't reflected. In fact, the general public seems to think that if they are wearing medals with civilian attire, those medals belong to somebody else—to a man who is in some way connected to them. I'm curious about hypermasculinity across gender expression, what that means and the impact.

The other part I'm curious about is whether in the play you have any stories that are women-specific. Were there any challenges in getting women to speak out in relation to their service, as compared to men? What was the reality on both sides?

**Mr. Phillip Lopresti:** Please let me know if I misunderstood the question, but the first part was on the idea of hypermasculinity and how that impacts veterans in transition and their service.

As I mentioned, one of the things we noticed was that the more strongly a person adopts an unrealistic idea of hypermasculinity, the more rigid their belief system becomes and the greater the barriers to accessing help they create in front of themselves. Accessing help often leads us to take an approach whereby we admit to ourselves that we're injured, we need help and we need assistance. That's an extremely brave and difficult thing to do.

A lot of participants who have gone through the VTP often say it's the hardest thing they've ever done. Harder than any course, pathfinder or service they've done is sharing what they've gone through, because it makes them so vulnerable. They've expressed that nowhere in their training leading up to that was it something they were taught. Often in their education, as a student in elementary school or high school, there was not necessarily a course on emotions and how we process trauma, so adopting hypermasculinity in that role and being very rigid are very difficult.

That is a focus for me, and the lens I take to counselling is a feminist lens. That means we explore social gender roles and how those shape someone's path in their career and even in accessing help. Where do they go to access help based on the social gender norm they adopt? That's something very close to me in my current practice and in my interests.

The second part of your question, ma'am, was on female participants. We had a female participant who was a non-veteran, and she worked closely with the families and some female veterans to try to weave in those elements of the story. She was doing a doctorate in psychological counselling at the time, and she was able to provide that voice. Nowhere in our discussions following the play did we feel that the female veterans or witnesses in the room felt any barrier to approaching us. We didn't notice any barrier.

• (1200)

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

It's already 12, but because we had technical issues at the beginning and we have a procedure regarding acoustics, I can offer one minute each before we start with the other group, if you have any other questions.

Mr. Tolmie, please go ahead.

**Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** I'm going to talk fast. Thanks to the panellists for joining us today.

I would just like to ask if you agree with this. The traditional view of war combat service was to send our military to a conflict zone, with the consequences being death, loss of limb and other physical injuries, which a lot of people could see. Then World War I came along and we started experiencing shell shock, and with modern-day conflict, it's PTSD.

Canadians live in a peaceful society. Most of our conflict has happened overseas, so our civilians and civilian organizations have difficulty accepting veterans into the workforce because they don't understand them and haven't experienced what veterans have experienced. These people have a lot of skill sets, as we've noticed. They are hard-working and organized.

Mr. Bury, would you agree with that statement? Would you point out, maybe from your perspective, some of the challenges that vets have when they're transitioning with their skill sets into the civilian workforce?

**MGen (Ret'd) Paul Bury:** That's a great question.

We've seen over the last 100 years a number of different conflicts. They went from the trench warfare situation in World War I to a counter-insurgency conflict in Afghanistan. Not a lot of Canadians will put their hand up and volunteer for service, so you're right that there are a limited number of individuals in the civilian workforce who understand the operational stress injuries and the PTSD consequences of Canada's conflicts.

From my perspective, one of the things I've noticed is an overwhelming desire on behalf of the construction industry to embrace veterans. They understand what veterans bring to the table, and they're cognizant of the fact that there may be issues involved when accepting veterans into the workforce—OSIs, PTSD or perhaps a medical issue. There are procedures to deal with that.

**The Chair:** Thank you so much, Mr. Bury.

Let's go right away to Mr. Sarai.

You have one question in one minute.

**Mr. Randeep Sarai (Surrey Centre, Lib.):** Thank you. I actually have two.

Well, the first one is not a question. It's just to ask if Mr. Lopresti can submit the paper he did with others called "Mental Health and Well-Being of Military Veterans during Military to Civilian Transition: Review and Analysis of the Recent Literature". If you can submit it to the chair, that would be great. Then we can add it to our study.

My question is for you, Mr. Bury. In your opinion, how can we better improve employers for veterans integrating into a new workplace culture? You've seen a lot, done a lot and continue to do a lot. What are better ways to help transition CAF members and veterans into civilian life?

**MGen (Ret'd) Paul Bury:** I think there are a number of points I would make on that question.

I would say continue with VAC's veteran and family well-being fund. That grant process is ideal for not-for-profits and other community-based organizations working with veterans at the coal face. Currently, I do not believe there are any grants in play, but that is a specific tool that's extremely beneficial to those of us in the communities working with veterans every day.

I think the other thing, perhaps, would be a regional-based forum hosted by Veterans Affairs that could get not-for-profits together to try to cover some of the gaps that exist when helping veterans and their families with ongoing issues, or to ensure a successful transition. There are many organizations out there. I think there needs to be better coordination to ensure those gaps are covered off.

• (1205)

**Mr. Randeep Sarai:** Thank you.

**The Chair:** Thank you so much, Mr. Bury.

[*Translation*]

Mr. Desilets, do you have a question? You have one minute.

**Mr. Luc Desilets:** I have thousands of them, Mr. Chair.

Mr. Bury, my question is for you. What does a successful transition mean to you? You mentioned that earlier.

[*English*]

**MGen (Ret'd) Paul Bury:** I would say that a successful transition is when veterans and their families are able to move from the military to the civilian world with a minimum of issues, and when they feel supported and can benefit financially from that transition.

We see many cases—we heard this today from the other witnesses—of the effects of a negative transition, with financial, mental and emotional impacts on veterans. There are organizations within the community that can work towards alleviating or lessening those stressors on veterans and their families. I say that pointedly, because it's not just the veterans. Their extended family is also involved.

[Translation]

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

[English]

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

Ms. Blaney, the last word is yours.

Go ahead, please.

**Ms. Rachel Blaney:** I love getting the last word. Thank you so much, Mr. Chair.

Mr. Bury, this seems to be your round, so I'll ask you a question as well. More specifically, I'm curious about the transition and how that connects to H2H.

In terms of people coming to work with you to be connected to the building trades, is there anything that can happen before someone leaves the military, in their transition phase? How do they connect to you and how does that go? If that doesn't happen, how could that happen?

**MGen (Ret'd) Paul Bury:** We are engaged with releasing individuals. Ideally, it's prior to their release. We attend the Canadian Armed Forces base and wing SCAN seminars or what used to be a SCAN seminar. Now they're transitioning over to career fairs. We're proactively engaged prior to the release of the member.

As I said in my opening comments, we talk to those I have identified as releasing prior to their release. We talk to their families. We offer spousal employment opportunities also. Ideally, when the individual makes that transition, they already have an apprenticeship or a support occupation lined up within the construction industry. That helps to alleviate any stressors pertaining specifically to civilian careers.

A lot of individuals, if they joined the army or the Canadian Armed Forces at 18, will not have had any other civilian career until they release at 32 or 34 years old. If they're married with two young kids, that is a significant stressor.

We get in prior to the release, ideally, and deal with the individual to help guide them through that process. The system works well now. We're always looking for efficiencies on how to make it better as we go, but right now the system does work.

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

[Translation]

On behalf of committee members and on my own behalf, I would like to thank all the witnesses for participating in this study on the transition to civilian life.

We were joined by Mr. Philip Lopresti, who testified as an individual, and Mr. Paul Bury, a retired major-general, who runs Hel-

rets to Hardhats. We also had Mr. Mark Meincke, retired corporal, who hosts the podcast *Operation Tango Romeo*, about trauma recovery for service members, veterans, first responders and their families.

Once again, we thank you for your contribution.

We'll take a short break to welcome the second panel of witnesses.

• (1205)

(Pause)

• (1215)

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

I just want to reiterate that we must continue to be very careful with acoustics, microphones and earpieces to protect the health of our interpreters.

[English]

It's my pleasure to welcome two witnesses for the second panel.

On behalf of the committee, I'd like to apologize to you, because I know you were at a previous meeting, especially Ms. Aristocrat, and we were unable to have that meeting. This time, we're going to discuss transition to civilian life.

I'd like to welcome both of you.

As an individual, we have Rima Aristocrat, the president of TeKnoWave and by video conference, we have Stephanie Hayward, who is also here as an individual

You are going to have five minutes each for your opening statements, and members of the committee will be pleased to ask you deeper questions for the study.

Let me start with Ms. Rima Aristocrat for five minutes.

Please go ahead.

**Ms. Rima Aristocrat (President, TeKnoWave Inc., As an Individual):** Thank you, Chair.

Good afternoon, everybody. I would like to thank each and every one of you for allowing me to share my observations and experiences.

I held the position of president and CEO for over 35 years at Willis College before retiring. It's a private career college located in Ottawa. As I am now retired, I'm busier than I have ever been, with grandchildren and great-grandchildren. I was honoured to be appointed as an honorary colonel of the Canadian Armed Forces Network Operations Centre, CFNOC. I sit on advisory boards and am starting my eighth global forum on engaging women in cybersecurity. There's also my pride and joy: TeKnoWave Inc. I'm the founder and president of TeKnoWave Inc., which is Canada's first national IT non-profit organization. It will celebrate 25 years next year.

During my tenure as the president of Willis College, I created the veteran friendly transition program, or VFTP. A question was asked today about the transition, and I am so pleased that I can answer it.

The VFTP was brought to fruition after seeing the many hardships that Canadian veterans studying at the college experienced and were still experiencing in making the transition from our armed forces to civilian life. I brought together former students who had served in the Canadian Armed Forces and experts in the fields of career development, employment, mental health, education and training.

The veteran friendly transition program was a transition program for veterans that provided a flexible and supportive veteran-friendly career and learning environment that helped enable veterans to find gainful and meaningful employment following their service to Canada. Developed by and for veterans, the program included three components: a career and employment support program, a personal support program and a training support program.

The VFTP helped to ensure that veterans had the skills and abilities needed to effectively transition from military to civilian life. Veteran support coordinators, who were themselves former members of the Canadian Armed Forces, were hired full time to assist and guide the students from the moment they entered the college to when they successfully graduated—and in some cases long after they graduated.

Our guiding principles were to be veteran-centric and hold the veterans at the centre of all decisions, to be compassionate and ensure that veterans were treated with compassion and respect, to provide veterans with the necessary support and services to succeed while in a program, and to form partnerships. The VFTP team formed many wonderful partnerships to help veterans succeed.

While developing the VFTP, I began to realize the importance of the military family unit. They are the unsung heroes behind those who serve and have served in the Canadian Armed Forces. They are the families left behind while their loved ones are on a deployment, not knowing if they will return safely.

With that knowledge, I formed the “Soldier's Hero” scholarship. Each year, this gave a military spouse the opportunity to take the programs of their choosing at Willis College completely free. The selection committee was made up of two members of the military family resource centre, a mayor with a large base located on the outskirts of town, an executive director of an organization that provides equine therapy to members, and serving members of the Canadian Armed Forces.

I would like to point out the importance of supporting our military families, for they are the backbone of our veterans' success, and I would like to share some of the observations from my years of working with veterans.

• (1220)

When our program began, the biggest issue I saw for veterans was employment. However, in recent years it has changed to homelessness, addiction, the cost of living and mental health. Essentially, the work of upskilling veterans and helping them in their transition is being set back due to the current cost of living crisis. I keep hear-

ing that the supports are there for veterans. However, not all veterans are in a position to access those supports.

As an immigrant, I'm fortunate, and I'm proud of our country. However, being here for the past 50 years, I have also witnessed hardships, especially those our veterans are enduring—the cost of living crisis, inflation eating into veterans' affairs, the government delaying construction of the national monument to the mission in Afghanistan, the housing crisis, homelessness and too many others to mention. Many veterans who attend the college served in Afghanistan. The day after the last Remembrance Day, I recall them discussing how their monument was still not completed. Some were upset; they served their country, and wanted their fallen comrades to be remembered.

I never served in the Canadian Armed Forces. However, I see how proud members are about serving their country. We owe them so much for their service. We cannot forget the sacrifice they made.

• (1225)

**The Chair:** Excuse me, Ms. Aristocrat. You are over the five minutes, but I can give you 15 seconds to conclude.

**Ms. Rima Aristocrat:** Thank you.

I read an article about DND and the lack of training. It's so important that we provide opportunities for military services. For them, offensive and defensive are things they're familiar with. They come with secret clearance. Most importantly, they still want to serve their country.

With that, Chair, I will honour your timeline. Thank you again for inviting me. I'm ready for any questions that I can respond to.

**The Chair:** Thank you so much for your opening statement.

Now let's turn to Ms. Stephanie Hayward for around five minutes.

**Ms. Stephanie Hayward (As an Individual):** Hello.

A common theme that women veterans experience through the transition to civil life is to be left with little support or concern about their gender conditions related to service, or to be forgotten, frankly, or pushed to the side. In terms of asking for help, you shouldn't have to lay down all your pride, or be so low in life that suicide is the only option to remove the pain, to finally receive help from CAF or Veterans Affairs.

I understand that CAF, Veterans Affairs and most people don't consider me a veteran because of my short service. They like to highlight that I'm an "employment casualty", as some Veterans employees have stated. I can't speak on the transitions of women veterans who have served full careers in the military, whom I highly respect, but I have highlighted, in the written statement I've submitted with my opening statement, that I reached out to some women veterans' networks and received from them the direct barriers they've faced when transitioning to civil life.

I never had transition services when I was released from the military. My human rights and my employment rights were extremely violated. I was silent out of fear that I would be killed, raped again or put in military corrections, as it's in the best interests of national defence that Canadians don't know there's a serial rapist group in the Canadian Armed Forces.

I was 19 years old when I started with the Canadian Armed Forces. My whole life was ahead of me. I signed up to see the world. Instead, I was left with debilitating trauma that affected every aspect of my life. Both my labours were high risk because of my untreated military service injuries. My daughter developed neonatal subcutaneous fat necrosis with hypercalcemia caused by me having to push at nine centimetres due to scarring from my sexual assault. She spent the first two years of her life in and out of hospital and developed food restrictions after that. She became stable at three years old.

I was on bedrest for the majority of my second pregnancy. At 20 weeks, I was contracting with high-risk premature labour. I was put on bedrest and had long stays in hospital, with no one to care for my four-year-old child at home. At 33 to 34 weeks, I was bleeding, with a risk of developing infection, and it was safer to deliver him at this point. When he was delivered, he wasn't able to breathe on his own and had to stay in the NICU.

Even being on the Veterans Affairs rehab program—only for a short period of time—I received no support during this time. I was left to figure it out for myself. While fleeing domestic violence, I received very little help—

**The Chair:** Excuse me, Ms. Hayward. You're going too fast. The interpreters are having problems. Can you go a bit slower? You have more than three or four minutes to go.

Please go ahead.

**Ms. Stephanie Hayward:** When fleeing domestic violence, I received very little help with securing housing or furniture. I had to wait for five months, until I received my first pain and suffering award for PTSD, to pay movers to move me out of public housing to my safe home. My daughter and I slept on a blow-up mattress for three and a half months, while my son slept in the bassinet. Honestly, all that mattered was that my children and I were safe in a beautiful, warm home.

Even though I'm extremely grateful for the income replacement benefit that has supported me in providing shelter and food for my children, being at the lowest threshold of 90% of the lowest amount, I'm not entitled to the 1% career progression, even with the diminished earning capacity, or DEC, decision. Unable to have

gainful employment makes me fear for my future stability to provide for my children.

In 2022, I was approved for the CAF long-term disability benefit, or LTD, from the date of my release. Veterans Affairs doesn't honour the same rate of pay as SISIP for a basic corporal. In 2011, veterans who were medically released were struggling financially and taking their own lives, so the lowest pay was changed to \$4,500 in 2011.

For the lowest paid 90% threshold, Veterans Affairs uses the threshold of \$4,500 with no increased pay for lost career progression and DEC, so I have the same rate now as I did in 2009. I am struggling to provide for my children and cover the high-cost needs of a single mother. Inflation is also at an all-time high. I can't afford to pay for a full-time child care spot for my son. I need child care to attend my medical appointments for my military injuries, which were denied for 15 years, until the beginning of April 2024.

The truth is that updating women's health benefits is an amazing achievement, but not supporting child care to attend medical appointments is just another huge, invisible barrier that women seeking treatment face. Veterans Affairs will pay for someone to take me to my appointment, but won't cover upfront child care service expenses, which are safer for the mother and the child. I have to choose to pay my mortgage or pay for child care.

I understand that the majority of women veterans are past their child-bearing years or, because of their military injuries, have fertility issues and a higher risk of labour complications, like stillbirth, or are completely unable to have children. However, in 2025, there is going to be a massive release of medically injured Canadian Armed Forces women of child-bearing age. If Veterans Affairs doesn't make women's health a priority now for current and future women veterans, we're going to have an epidemic of children and women suffering.

I went 15 years without pelvic floor treatments. I had to take my young son to assessments earlier this month for physical therapy. I was physically ill because of the number of triggers during the assessment. I had no choice. If I don't start treatments as soon as possible, I will be at high risk of having to get a hysterectomy. My son watched me vomit outside my vehicle and cry uncontrollably, and he shouldn't have to.

Hearing the experiences of all women veterans, the government's silence makes me feel forgotten. To be frank, I feel it's a numbers game. The longer veterans go without receiving essential medical care, the more it highly impacts their quality of life and results in a shorter life expectancy. However, for the Canadian government, that's a saving in the long haul for the bottom dollar.

All women veterans' human rights, medical rights and labour rights will continue to be violated and ignored if the women veterans study isn't tabled in Parliament as soon as possible. Our Canadian Armed Forces are faced with extreme global threats. This is a small window in which members sitting at this table have to make a huge impact on the quality of life of women veterans. Even though it is difficult to discuss my gang rape and my life experiences after that, I speak up to help other women not have to go through the same extreme harm.

I would like to end my testimony by honouring the lives of women veterans who have been lost due to not being medically treated for their military injuries, the women veterans who did not receive their rights and benefits and the women veterans who lost their battles with mental health, their medical conditions and poverty related to service. My heart goes out to the families of our lost but not forgotten servicewomen. I pray for the Canadian Armed Forces women and women veterans who have struggled with fertility, miscarriage and stillbirth, and all the little lives we have lost because of the unfair treatment of women's reproductive health while they serve and after service.

I ask this committee to table the women veterans study as soon as possible in Parliament to help protect the safety of women veterans and their children.

Thank you.

● (1230)

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

Thank you to both of you for your contribution to the country and for your courage to be a witness and share your situation. I can assure you that the committee is working hard on the report you're talking about on women veterans, and it is going very well.

Let's start the rounds of questions. Members of the committee are ready to ask both of you questions.

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

**Mr. Blake Richards:** Thank you to both of you for your testimony today.

I wanted to particularly thank you, Ms. Hayward. I know how incredibly difficult it must be to share that sort of testimony and your experiences. You've now done that on a couple of occasions with this committee. I certainly share your desire to see the report you

mentioned tabled as soon as possible, because it is incredibly important that we honour the courage people such as you have shown in sharing testimony with us.

Ms. Aristocrat, in your opening remarks, you talked a lot about what you've been seeing more and more among our veterans over the last several years: the struggles they're facing with the cost of living crisis we're seeing in this country, the homelessness, the addictions and the many other challenges faced by our veterans. I wonder if you could talk a bit more to some of those effects you've seen on our veterans. Also, do you have any specific examples of what some of the veterans you've worked with through your work are struggling with in terms of the cost of living crisis, homelessness and so on?

● (1235)

**Ms. Rima Aristocrat:** Thank you, Mr. Richards.

As I've said, I've been retired from Willis for three years now and have not really been in touch with my veteran students, but during the five years that I was there, it was enormous for me to learn that veterans actually were suffering. I learned all about PTSD, what veterans were going through and what they needed in order to be comfortable, even in the arrangement of classrooms. I did not realize, as somebody mentioned, the personal invisible scars they had. I had veterans who were suicidal.

My practice was to see everybody in person. I wanted them to come. I wanted to hug them. I figured that I was old enough and nobody was going to take that in any discriminatory way. At that time, I worked with my mentor, retired Lieutenant-General Walter Semianiw, who some of you probably are familiar with. I was learning a lot from his lessons about how to deal with things and what to do.

I remember one particular student. When we announced the VFTP on Parliament Hill, I wanted all of the Willis graduates, who included Mr. Sparks, a graduate from 1958 and a World War II hero, and the new VFTP students, to be proud on Parliament Hill regarding the VFTP. One particular student said that he wouldn't come. I asked why, and he said, "All your healing, all your hugs and all your making me believe that life is worth living paid off." I asked what he meant. He said, "I'm going home because I haven't seen my mother for Christmas, and I'm going to give her a hug."

When we heard this, both Mr. Semianiw and I had tears in our eyes. It's about understanding the human side of showing kindness to people. It doesn't need to be big, but they need to be remembered. They need to be respected. They need to be loved for what they've done for our country.

There were many other situations where students could not afford to go places because financially they could not afford it. It was very hard for me as an immigrant to see this. Never mind that we see homeless people on the street, and never mind that we see people in retirement homes passing away with nobody there for them to hold their hand. I've witnessed a few of these things as well. There are young people, full of life and full of wanting to do something more, who should not be experiencing that.

**Mr. Blake Richards:** I think that's unfathomable to all of us. It's the idea that veterans who served this country and were willing to lay their lives down for this country come out of service—and we hear stories like the ones you're talking about—and end up homeless or can't afford food.

I've visited veterans' food banks across this country. They're seeing record numbers among veterans. Is there any excuse for our veterans to ever end up in that situation? Does the government need to be doing more to ensure veterans don't end up homeless and relying on food banks?

**Ms. Rima Aristocrat:** I cannot find any excuse, and I believe each and every one of you would say the same. There is no excuse.

For somebody who gives us the life we have here.... The liberty and freedom we are so proud of did not come by themselves. They took a lot of sacrifice—people's sacrifice.

I have to mention families as well. It's not only veterans. Their families are unsung heroes. They sacrifice so much for them. What do we do? Once a year we say thank you to them. What about the rest of the time when they cannot afford to pay rent? What about the times when they cannot feed or clothe their children? What about the times we have to pick up homeless veterans who are freezing out on the streets?

There's no excuse for it. Our country is too great. We are too powerful. We are too kind to let this happen. In this room, you have the power to make changes. Let's do this together. It's so important.

● (1240)

**Mr. Blake Richards:** I don't think anyone could have said it better. Thank you for that. Those words were incredibly powerful.

You also mentioned in your opening remarks the impacts that you've heard of from some of the veterans you know who served in Afghanistan. You talked about the importance of honouring those veterans every single day and making sure we're there to provide what they need.

You mentioned the importance that many of them put on the monument that honours the sacrifices that 158 Canadians made in Afghanistan and the memories that their families have, and how important that is for all the others who served over there. Can you speak a bit more to the importance of making sure that those veterans are honoured with the monument they deserve?

**Ms. Rima Aristocrat:** When I was at Willis, I talked to many veterans who served in Afghanistan. I was actually learning a lot about where veterans were serving and what they were doing. I can only share what I heard because I'm not a veteran. I'm not in that area, but if I hear something, as a mother and as a woman it touches my heart and I want to share. They were actually very upset that the monument was delayed.

It was not until later on when I became an honorary colonel.... Last week, I had the honour, as part of my role, to give medals of promotion to some of the veterans serving. It was 350 people, I remember. It was only 11 medals. As I was presenting the medals, there was pride and happiness on their faces. Their wives came up and were standing beside them because they were proud.

Even little things like this give them hope. It makes them realize why they did what they did and why they were sacrificing their lives. They are remembered. They are recognized. They are honoured. That's why I think it's so important. They want to see that their comrades who fell and passed are honoured. I don't blame them.

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

**Mr. Blake Richards:** I want to thank you for your testimony and for the work you do for our serving members and veterans. It's appreciated.

**The Chair:** Now I'd like to invite Ms. Hepfner to go ahead for six minutes.

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

I want to turn back to Ms. Hayward.

Thank you for your testimony and the emotion and story that you bring behind it. It's clear how much this has affected you. I'm new to this committee, so I haven't been here for the other times you've testified. It's really impactful to hear from you.

I want to assure you that I have learned a lot from this study we're completing on women veterans. I don't foresee any delay on the report. I think it's really important that everyone sees what's in the report as soon as possible.

When it comes to military sexual trauma, I know that you don't feel you had enough support when you were trying to leave the military. What in particular can we offer to veterans who leave the military with sexual trauma?

**Ms. Stephanie Hayward:** I think what's most important is not to be looked at as a liability. I wasn't treated like I was a human. I was treated like I was a liability, because the number games weren't in my favour. It was a group of men who were powerful, who could do what they wanted and get away with it and who knew the systems and policies. However, if I had had a third party away from National Defence, like a social worker or somebody sitting with me, and wasn't completely exiled to the other side of the unit in the medical place where I was contained, I wouldn't have been so.... It was such a scary, traumatic experience, and I didn't even trust the medical providers providing care to me.

At that same time, I didn't have rights, even to a rape kit. I had no rights to anything because, to me, I was so new that I was a selected out victim. I was selected out because they could get away with it; they could release me with no benefits. Who would want to stay when you first start at an employment and that happens?

I was told during the process that if I just kept quiet, I would have a comfortable career within the Canadian Armed Forces and would get through training. However, at that point I was scared that it was going to happen to me again, or I was going to die this time or end up in prison, because that's what they said: If I didn't shut up, they would charge me with going AWOL—all of these things. However, I didn't speak French, know how to catch a cab or have a driver's licence at that point, so how could I get anywhere? How could I end up in a location without knowing where I was?

At the end of the day, I think there should be more safety by making sure there are no drugs on campuses, there are no illegal pharmaceutical drugs on campus, there are support systems in place and there's a governing peace officer for women or male veterans who have experienced sexual assault who is a third party and can protect these people.

Just because my injury happened doesn't mean my military employment should have ended. I could have been treated with dignity and respect and had treatment after it. If I had been treated like a human.... There are bad people in every single situation you go into. In every single workforce there's somebody who's questionable, but if I had been treated with dignity and human respect.... I know that had a huge impact on how I looked at the world and at the government because I was just a liability to them.

• (1245)

**Ms. Lisa Hepfner:** That makes a lot of sense. I think what's shocking is how often this happens to women in the military. It's very shocking.

I can tell that this is not just a mental trauma for you. It's also been physical. It was a physical reaction when you had your children. I can see in your testimony how much it's still affecting you, your children and your relationship with your children.

When people get out of the military with this trauma—I think you spoke about getting financial support because it's not possible for you to work right now—what other kinds of supports, after they

leave the military, do you think should be in place for women in your situation?

**Ms. Stephanie Hayward:** Well, the problem with my situation was that because it happened in the military, I wasn't able to access any victims' services in civil life. I couldn't access anything. I was basically told to go to the military to ask for help, and then I did. There were multiple times over the span of 11 years that I asked for help. I begged for help. I was homeless in a pregnancy shelter and it was asking for help from Veterans Affairs, and they said I wasn't eligible for any benefits and wouldn't even let me apply.

Maybe we should have someone actually talk to somebody, sit down with them if they're a victim of sexual assault within the Canadian Armed Forces and make sure they're entitled to the right to appeal or to make a separate application to somebody who's a third party. I just know that for 11 years I was barred from even applying for benefits, so I can imagine how many lives we have lost of women who didn't make it through.

**Ms. Lisa Hepfner:** That's fair enough.

Would you offer any suggestions on supports for families? This is not just about veterans, as we've heard today. Their families also serve. I think we've heard them called "unsung heroes" today. What other supports would you offer to the families of veterans?

**Ms. Stephanie Hayward:** The blunt truth, to be frank, is that my children had more assistance while I was on social assistance than I have had with VAC. They have no medical coverage. They have no coverage of any kind for treatments or benefits. Even though my income is sufficient and I can provide those things, it is a big chunk of change, especially when they have mental effects from me. I had to pay for therapy out of pocket for my daughter to go to 12 different sessions, but I'm glad I did because it helped her tremendously.

Generational trauma is a huge factor. I know that my grandfather had PTSD. He served in the military during World War II, and the generational effects it had on my mother and my aunt are huge. He never had support. Their family never had support. For my own family, I have very little support.

I'm currently begging Veterans Affairs to help me with child care so that I can go to my appointments and my son doesn't have to witness inappropriate appointments and his mom being in pain. It's a hard thing for him to see, and he's a boy. I find it odd that Veterans Affairs would pay for an escort to take me to my appointments and sit there with me, but won't pay for my child to be in a safe environment while I'm in my own safe environment, decompressing from a traumatic treatment. It's good for my health, and I have to do it, but at the same time, I find it odd. Once again, it's one of those programs that was designed from a male perspective.

I totally agree that the program should support veterans, but it needs to look at the women's side as well and realize that there haven't been any updates for child care, services and family supports or any treatment benefits for military children.

• (1250)

**Ms. Lisa Hefner:** That's an excellent suggestion. Thank you very much.

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

[Translation]

I will now give the floor to Mr. Luc Desilets.

Mr. Desilets, you have about six minutes of speaking time to ask your questions.

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

My questions are for Ms. Hayward. When did you leave the armed forces?

[English]

**Ms. Stephanie Hayward:** I'm sorry. What was the question?

[Translation]

**Mr. Luc Desilets:** I'll repeat the question.

In what year did you leave the armed forces?

[English]

**Ms. Stephanie Hayward:** I can't hear the interpreters.

**The Chair:** I'm sorry. Wait just a minute. We're going to make sure we hear the interpreters.

Ms. Hayward, on your computer, did you choose—

**Ms. Stephanie Hayward:** I just did it now. I apologize.

**The Chair:** It's no problem.

[Translation]

I'm speaking in French now. Do you hear, in English, what we are saying in French?

[English]

**Ms. Stephanie Hayward:** Yes, I can.

**The Chair:** Mr. Desilets, please start again.

[Translation]

**Mr. Luc Desilets:** We'll continue.

My question is for you, Ms. Hayward. In what year did you leave the armed forces?

[English]

**Ms. Stephanie Hayward:** It was 2009.

[Translation]

**Mr. Luc Desilets:** Can we say that you have stopped trusting the armed forces and Veterans Affairs Canada?

[English]

**Ms. Stephanie Hayward:** I lost hope for a long time, because I was at the bottom. I was in poverty. I was forced to live in conditions that were not suitable. I have lived in fear for most of my life and I still do.

At the same time, I see the changes that are happening at National Defence and VAC. I think it takes voices like mine for them to understand there's a human perspective behind what we need to be changing, because it's not just affecting my life; there's a ripple effect.

I see changes that are happening, I'm just nervous that they're not being implemented soon enough. I feel like women continue to get hurt without supports in place. At the same time, there are men getting hurt as well, but I feel like the sexual misconduct.... To my knowledge, there are at least eyes on it. There are at least people asking the questions, asking for protocol policies and trying to help.

The problem is that I come from a family of serving members, and it breaks my heart that I haven't been able to serve my country as I intended to. However, I believe that my testimony today is helping me gain that back and will help other veterans as well. I have hope, and I guess that's all I can hope for.

[Translation]

**Mr. Luc Desilets:** So it's safe to say you're starting to trust the system again.

[English]

**Ms. Stephanie Hayward:** Yes, I am, especially with the women's study on the table that you are going to be presenting to Parliament. I believe that if it's followed through on, our stories aren't going to be for nothing. It's going to protect the veterans who are standing behind us, and the current serving members who are standing behind us as well.

[Translation]

**Mr. Luc Desilets:** We thank you very much for your confidence in us. Like you, we hope that our report will bear fruit. This long report contains 54 recommendations arising from the 23 meetings we held with veterans.

Can you explain to me why you left the Canadian Armed Forces without any pay or benefits?

• (1255)

[English]

**Ms. Stephanie Hayward:** I wouldn't change what they wanted me to say. They wanted me to say that it was a hazing and that I would heal. They wanted me to say that it was a misunderstanding and it wasn't a criminal act.

At that point, I looked back on my life and realized that I should have just shut up. My life would have been a whole lot easier. I don't know if I would still be alive today, because it probably would have happened again. Once you invite abuse into your life, it just continues to happen. Even though I was a strong-minded 19-year-old woman—I was just a fresh, new adult—I left out of fear that I was going to die.

At the same time, the criminals who perform these acts know that if something back then happened off base, it's early in your career, so the chances of your following up within the Canadian Armed Forces are very slim. They target young women who are entering basic training because they know they're not going to have any ability to prosecute or get benefits. There's no reason for us to stick around. We're easy targets.

Honestly, to be very frank—and I hope this doesn't give people any hard feelings—people should look at National Defence as one of the largest human trafficking rings out there, because they get away with it.

[Translation]

**Mr. Luc Desilets:** Subsequently, and until the end of your service, did you come across any of your assailants in the positions you held?

[English]

**Ms. Stephanie Hayward:** I was threatened every day. They were sitting outside my room at the hospital. They were on guard to make sure I didn't talk to the RCMP and to make sure I didn't take off and talk to somebody else. They escorted me home on the plane. However, they didn't say, "Hey, let's give her some mental health support and get her an appropriate doctor."

My accusers were fully blown into the.... That's their game, though. That's their ability to get away with what they did, because it was supported throughout the system. It was very common. They had a system to deal with it, and their way of dealing with it was containing it.

[Translation]

**Mr. Luc Desilets:** Ms. Hayward, approximately how many aggressors are we talking about, or even precisely, if that's possible?

[English]

**Ms. Stephanie Hayward:** It was a group of eight.

[Translation]

**Mr. Luc Desilets:** Eight! Have any of these assailants been court-martialled?

[English]

**Ms. Stephanie Hayward:** No, because the evidence was destroyed, and I was contained, so I didn't get a rape kit. There was no way of proving who was involved; there was no way of proving

anything. They contained the information and removed me from service, so it was easy for them to get away with it.

I fear and know there are other women out there who experienced the exact same trauma from the exact same group of people who are still sitting at home. The truth is, and I don't know why, but one of the people who hurt me came forward and reported it. The CAF was more concerned that he lost his life than it was concerned about my statement. At the end of the day, VAC and CAF believe criminals are more entitled to fair pay than their victims, and that's the sad part. Lots of people who helped cover up the crimes are still working because there's...implication of the government.

At the same time, I'm not trying to get blood from anyone. I just want to move on from this. I want to get the services I need to heal and move forward, because I know there's no chance of me criminally charging anybody. I just want to move forward.

[Translation]

**Mr. Luc Desilets:** I understand you completely.

In the civil system, a rape victim can sue her attacker years later. Would you be able to sue your attacker fifteen years after the fact?

• (1300)

[English]

**Ms. Stephanie Hayward:** It would be like a goose chase, because I would have to figure out the names of these people and their ranks. I don't even know if it would endanger my life. To be honest, because of the high rank of the individuals who were involved, it would put my life at risk.

I fear talking about it now, because I know I'm not the only one. I heard from the sexual resource centre that there were people charged within the military system who were related to rapes similar to mine, and they can't be prosecuted twice. I believe that some of the people were caught. It's just that they will never tell me directly.

[Translation]

**Mr. Luc Desilets:** Thank you very much, Ms. Hayward.

I can assure you that we all have a great deal of empathy for you.

I congratulate you on reporting your assault.

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

We'll end the round of questions with Ms. Blaney.

[English]

You have around six minutes to ask questions. Please go ahead.

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

I want to thank both of the folks here who testified, and of course, I thank Stephanie for her service. My questions are coming to Stephanie.

Hi. It's good to see you. Thank you for doing this while you're looking after your kids. I've seen one of them run in and spend some time with you. I appreciate your time and appreciate you making this space for us today in your home.

My first question for you is around the women's study. We heard again and again that women felt invisible. As I was listening to your testimony and your responses to questions, I felt that I was hearing that your transition out of the military was not what you wanted but that the circumstances made it happen. I feel like there was an intention to keep you invisible during that transition.

What would be useful for us in the committee to know is what a helpful transition would have looked like for you with the circumstances you were faced with.

**Ms. Stephanie Hayward:** If they had flown me to a different hospital or a completely different treatment centre with someone who was a third party and not biased, I know for a fact that I wouldn't have been treated the same way as I was, and at least I would have had a case. I should have had a rape kit. I don't think any woman or any person signs up to have multiple people's DNA in her body at the same time. Then they would have had the criminals. They would have had the people who did it.

That's the point. They didn't want the evidence to have to argue it, and I had no leg to stand on. I believe that if I had been treated medically for my rape, even if it didn't come with compensation benefits, I would have had the right to put these people behind bars. I would have had the right to dignity and respect, and I wouldn't have medical negligence as a PTSD trigger for me. I wouldn't have fear of doctors. I wouldn't throw up outside my car after trying to get a pelvic exam done. I wouldn't have those things inflicted on me because of the harshness of the military medical system. They treated me enough to keep me alive, but they didn't treat me with dignity.

**Ms. Rachel Blaney:** Thank you so much for sharing that, and thank you for being so incredibly brave. I'm really sorry, because I understand that there will be consequences for you for this level of honesty. I just hope you have a lot of love supporting you through this time.

There's another thing I'd like to discuss with you, Stephanie. The longer I'm in this committee and the more veterans I spend time with, the more convinced I become that on the VAC side—and I think the CAF side is another place that should have it as well—we need more trauma-informed care. Also, we need people at all levels to be educated, probably continuously, and to keep up to date on all the ongoing training and information they need in order to provide trauma-informed care.

Looking at your history and at the challenges you face even today, you talked a lot about child care and not being able to access

child care or get the health benefits or health supports you desperately need. I'm just wondering if you think having people better trained in trauma-informed care would allow them to understand the process you're going through and the complexity of it and would maybe influence policy on that frontline level.

● (1305)

**Ms. Stephanie Hayward:** I've had four case managers since I started at VAC in 2020. It was a battle with one case manager. It was like butting heads on just about everything that was awarded or overturned. It started with the critical injury benefit and then with SISIP. It was like a fight, a personal fight. I don't understand how it became personal.

There was no trauma-informed.... This woman sent somebody to the house to tell me that I'm choosing to be a victim over being a survivor. That was while I was holding my one-year-old son. I couldn't understand how a woman could look me in the eye and say that.

It's because they don't understand where I come from. They can't possibly believe this happened. They think it must be fabricated, because it couldn't happen on Canadian soil. This is something you hear about in a third world country. This couldn't possibly happen here, as if I must be blowing it out of proportion; I must be making it bigger than it is.

None of these people have lived the experience that I've lived. None of them have been through what I've been through in my circumstance. They have their own, but at the same time, I believe that veterans trigger Veterans Affairs employees, and this triggering leads to a battle of wits. I feel like I was doing more of the job of case manager than my own case manager. What made them mad is that I was doing more of the work—by reading the policies and applying for things—than they were doing for me.

They even tried to get me barred from SISIP, saying there was no way that I was totally disabled from the time of my injury. They tried to get them to overturn the decision, to the point that, while acknowledging that I was not receiving my benefits, they were trying to take away potential future or past benefits because they didn't believe that I was totally disabled, even though every other doctor and provider believed that I was totally disabled.

Why is the case manager determining medical conditions, ignoring providers in the community and going against what's best for a veteran? Those at VAC say they depend on things, but they don't depend on them for medical treatments. They allow the case manager to decide who is eligible for them. That's just absurd to me, because if any other insurance policy did this, they'd be charged. That's just my opinion.

**Ms. Rachel Blaney:** Thank you for sharing your opinion.

My time is about up, and I know we need to go. I just want to say again, Stephanie, that I really thank you for taking this time. I thank you for being so open and vulnerable. I hear what you're saying and I believe what you're saying. I look forward to us continuing to work together to make sure that you have the most success you can in your life.

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

We're going to end this meeting right here.

On behalf of the committee, I'd like to say thank you to both of you for your courage.

Ms. Hayward, I hope you're not alone. If so, please take time to relax a bit. I know that your kid is with you. Take a big breath and drink water, because this was so tough. I can assure you that we are working very hard on the report on veteran women. I hope it will be ready soon.

We had with us Ms. Rima Aristocrat, the president of TeKnoWave Inc., and, by video conference, Ms. Stephanie Hayward. Thank you once again.

I'd like to ask members of the committee if we can we adjourn the meeting.

**Some hon. members:** Agreed.

**The Chair:** Thank you. The meeting is adjourned.

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