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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, September 22, 2016**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

Thursday, September 22, 2016

• (1530)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** I call the Standing Committee on Veterans Affairs to order, 42nd Parliament, meeting number 21 on service delivery review.

I would like to welcome everybody here today, and I hope everybody had a great summer.

First of all, I'd like to welcome a new member. We have Jean Rioux.

We'll give you a couple of minutes to give your background to the committee, and from there we'll move on to the witnesses.

**Mr. Jean Rioux (Saint-Jean, Lib.):** Thank you.

I am a member from Saint-Jean-sur-Richelieu, Quebec.

My whip asked me to be a member of this committee to replace Madame Romanado. I will be the link with defence as I am a member of the defence committee. I've heard about your committee and it looks very interesting, so I am pleased to join you.

**The Chair:** We've had a great committee so far, so if it falls apart we're going to put the blame totally on you.

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

**The Chair:** On behalf of the committee, if we are unanimous, we should all send Ms. Romanado greetings and thank her for the time she spent on the committee.

I'd like to introduce our guests today. First we have, from the Vanier Institute of the Family, Colonel Russell Mann, special adviser, now retired; and Nora Spinks, chief executive officer. I welcome both of you.

From the Veterans Emergency Transition Services we have Debbie Lowther, co-founder.

I'm sure some of you have appeared at or watched committee meetings. We're going to start off by giving each organization up to 10 minutes to explain what you do for our great men and women. From there we will start the questioning with Robert Kitchen who will do the first six minutes.

We drew straws and I'll call the Vanier Institute of the Family first.

**Ms. Nora Spinks (Chief Executive Officer, Vanier Institute of the Family):** Thank you, Mr. Chairman.

Good afternoon, everyone. It's a pleasure to be here.

The Vanier Institute of the Family is a national, independent, charitable organization dedicated to understanding the diversity and complexity of families and the reality of family life in Canada.

We're a national resource for anyone who is interested in or involved in families in Canada.

For those of you who aren't familiar with the institute, we were established by General The Right Honourable Georges P. Vanier and his wife Pauline, 50 years ago. Their Excellencies established the institute to study all families in Canada. Since Monsieur Vanier was a husband and a father as well as an officer, a wounded vet, and a commander-in-chief, we honour his legacy in our military and veteran family initiative.

At the institute, we seek to understand families and to enhance the national understanding of how families interact with and have an impact on our social, economic, environmental, and cultural forces.

We fulfill that mission through our research, our publications, our projects, our presentations, partnerships and collaborations, and of course, these days, through networks and social media.

I'm here today to share with you information about the military and veteran family initiative. I'm here to share insights from our round tables with vets and veteran organizations, families, and family support organizations. I'm here to inspire those who study, serve, and support families, to engage with and include military and veteran families in all of their programs and services across the country.

First, here's a little bit about the military veteran family initiative. About five years ago, following a round table that I had the honour to co-host with the current Governor General, the Right Honourable David Johnston, and his wife Sharon, we brought together a group of family experts from across the country, one of whom was a military representative. Of all the distinguished people at the round table, everybody knew a little bit about every aspect of family. Everybody knew a little bit about refugee families, indigenous families, and families new to Canada, and so on. Nobody around the table had a solid understanding of military or veteran families. These were the cream of the crop of Canadian experts and they were not aware of what military and veteran families were experiencing. We followed that with a series of round tables and, ultimately, a conference on military and veteran families, and we solidified this initiative.

The purpose of the initiative is to increase awareness of military and veteran families, their unique experiences, their perspectives, and what they bring to the table; and to bring together those who serve exclusively, or largely, military and veteran families with those organizations that may be serving military and veteran families and not even know it.

We have four primary goals in the initiative, namely to build awareness, to build professional competency, to build organizational capacity, and to build community. Regardless of where military and veteran families live—and we know they are in every community from coast to coast—should they reach out to access any service, whether it be education, health, mental health, or recreation, everybody will have at least a basic understanding of their experiences and their perspectives, so that they'll be able to access equitable services, regardless of what community they live in.

Our ultimate goal is to ensure that those families have equitable access to services in the communities in which they live.

In that past five years, we have been working specifically on building awareness by increasing military literacy. We want every community service provider, every teacher, principal, guidance counsellor, and mental health provider to have at least a basic understanding of military and veteran families—the lingo, the jargon—and to help them understand the reality of their experiences.

We have been working with organizations to build organizational capacity, so that organizations as a whole can begin to identify, recognize, and support military and veteran families.

We have been working on building professional competency, whether it's within the field of early childhood education, or teaching, or mental health.

● (1535)

We're about to launch a new awareness program specifically targeting building awareness for family physicians across the country. That will be launched in November of this year in British Columbia.

We're building community. We want every professional and every organization to know who in their community and who within their peer group is available to assist them when necessary. When a family, a veteran, or a military family goes to reach out for services or support, they are received and immediately start to get what they're looking for as opposed to being put in a paused state, or being referred to somebody else and having to wait for a longer period of time. Everybody will be able to meet their needs.

One of the major accomplishments of the military veteran family initiative has been the establishment of the Canadian military and veteran leadership circle. This was established almost two years ago, and it now includes 35 member organizations from the private, public, and non-profit sector. As you would imagine, some of the military and veteran organizations, like the legion and the organizations that serve veterans, are members.

What's unique about this particular leadership circle is that it also includes organizations like the Canadian Child Care Federation. We know that when a military family has a new child, like other families in Canada, they're likely going to be reaching out and accessing child

care services in their community. We're working with organizations like that to make sure they have basic awareness and understanding of the life of a military and veteran family.

We held the inaugural, first of its kind, meeting in 2015, and began to develop and establish collaborations, co-operations, and partnerships across and among organizations. One of the major outcomes has been to reduce duplication and to increase proper collaborations, so that if a family is participating in one program and slides over to another, then it's a seamless move. We've seen organizations pool their resources so that they're better together than they are separately.

The leadership circle was co-founded and co-chaired by the chief of military personnel. When he left it was taken over by the commander of military personnel command, the deputy minister of VAC, and the chair of the Vanier Institute.

Our purpose of the leadership circle is to strengthen the community of support for Canadian military and veterans' families through knowledge mobilization, relationship building, and coordination of existing services, emerging projects, and programs. What we're looking at is ensuring that the programs that are evolving and developing are evidence based, evidence informed, or evidence inspired. We're linking the research that's being done, the academic research, and the program evaluation research together to make sure what is being made available is of high quality and is based on evidence.

What we're doing now is leveraging the skills, talents, and expertise of the key community leaders, and we're continuing to build awareness, capacity, competency, and community.

As we begin to work together, we want people to understand the experiences of veterans' families and the life they've had while being in the military and in transition. We want the professional community across the country to have an understanding of the mobility, separation, and risk that military families have experienced, and what veterans are going through in transition.

We believe that we can accomplish more together and that we can extend our reach by working together. VAC and government don't have to do this alone. We are working across organizations to eliminate boundaries, to build a bigger picture, and to mobilize community support across the country.

Our members are passionate and diverse. We continue to discover interconnections and interdependencies among stakeholders and service providers, as well as family members. It's about relationships. It's about how we look forward to helping these relationships grow.

● (1540)

In addition to organizations like VETS and other organizations, we have wonderful advancements being made with school guidance counsellors in rehabilitation and integration, and with occupational therapists and physiotherapists across the country.

One of the things the leadership circle has produced is a compendium, which is a perpetual digital document. It is a summary to date of all of the partnerships and collaborations that are in existence across the country, and it is growing continually. The next meeting is this January, and we'll continue to see that grow.

It's our pleasure to be here and to work with you as you continue your work. We continue to work with those organizations that have shared interests and shared mandates, including those around the world in the United States, in Australia, and in the U.K.

We are a resource to you and to other organizations in Canada. We invite you to work with us as we continue to pursue our mandate and our objective to ensure that military and veterans' families have access to the services they need.

Thank you.

**The Chair:** Thank you.

Next, from Veterans Emergency Transition Services, is Debbie Lowther, and she is the co-founder of the organization. Thank you for coming in today, Debbie.

**Ms. Debbie Lowther (Co-founder, Veterans Emergency Transition Services):** Thank you, Mr. Chairman, and members of the committee. Thank you for having me here today.

It's my pleasure to speak to you today about this important topic of service delivery.

My name is Debbie Lowther, and I am the chair and co-founder of VETS Canada, Veterans Emergency Transition Services. I am also the spouse of a military veteran of 15 years who was medically released in 2005. My husband and I co-founded VETS Canada in 2010.

The aim of VETS Canada is to provide assistance to veterans who are in crisis, who are at risk of homelessness, or who are already homeless.

What sets us apart from other organizations is that we don't wait for the veteran to come to us to ask for help. We go out in search of the veteran and offer them help. We're a volunteer-led organization. We have teams of volunteers in every province and major urban centre across the country, and those teams, as I said, go out into the streets conducting what we call "boots on the ground walks". They visit the shelters, the drop-in centres, and the areas of the streets where the people who might need some help would be frequenting.

We also respond to referrals from shelters, from concerned family members, and from other organizations, including Veterans Affairs. In 2014 we were awarded a contract by the federal government, making us service providers to Veterans Affairs in the field of crisis and homeless veterans' outreach. To date, we've had the privilege of assisting over 1,200 veterans across this country.

The first thing we do when we come across a veteran who needs some help is to connect them to Veterans Affairs, because we want to make sure veterans are getting the services and benefits they may be entitled to from the department.

What does that mean? That means we deal with the department quite frequently, either on behalf of the veterans or with the veterans,

because they sometimes find that process very overwhelming. Our volunteers will act as a mediator, hand-holder, or whatever the need might be.

With that frequent interaction with the department, what are we seeing? We're seeing that over the past couple of years there have been a lot of improvements with the department. We're also seeing that there is improvement still to be made.

In the past few years, the department has reduced the number of forms it takes for a veteran to apply for benefits and services, and that's been a welcome change. The department has endeavoured to reduce turnaround times in processing applications for disability benefits. The goal is 16 weeks. It's been our experience that the majority of the veterans we assist are receiving their benefits in that time frame. Over the past year, for some reason, the cases we're seeing have become increasingly complex, and it takes a little longer for those folks to get their responses.

Over the past six months, we've had the opportunity to work with some of the new Veterans Affairs case managers who have been hired, and it's been noted that with the decreased caseload, or lighter caseload, our veterans are receiving a faster response time from their case managers. For veterans who previously may have had to wait 48 to 72 hours to hear back from a case manager, we're finding that now they're getting a call back in less than 48 hours, and sometimes in less than 24 hours. We do believe that the hiring of additional case managers has been a great improvement.

It has been our experience that there are inconsistencies in how information about benefits is communicated to veterans. More often than not, the case managers are helpful and forthcoming with the information on benefits and services, but there are times, if the veterans don't know the right questions to ask, then they don't get the information, and they don't know what they're entitled to. Imagine a veteran who is struggling with PTSD, and who can barely get out of his house to go to the grocery store, trying to navigate the process of applications for benefits. We would like to see a more standardized process of case manager and client or veteran interaction, with maybe a checklist of some sort.

We're aware that the department is making efforts to provide a more seamless transition from the military by strengthening partnerships with the Department of National Defence, which is a sensible move, we feel. One issue that is frequently brought up, and probably one of the most frustrating, is the fact that when a veteran is still serving, that veteran may undergo a medical assessment by a military doctor to determine whether an injury or illness is service related. When that veteran transfers over to Veterans Affairs, he may have to be reassessed by Veterans Affairs doctors for that same condition or illness.

• (1545)

We've seen cases where people have been released from the military, they've been followed up by military doctors, their conditions have been determined to be a result of their service, and then they are followed up by Veterans Affairs doctors and their benefits are denied. They say that it's not service related. That's one frustration that impedes the seamless transition, we believe.

In closing, I will repeat what I said at the beginning. We've seen a lot of improvements over the last little while, but there are still a lot of improvements that need to be made. We do believe in continued consultation with community groups and veterans themselves. As Nora alluded to, we need collaboration rather than duplication, and we believe there are a lot of organizations that can work together for the betterment of our men and women who served this country. I think it's important for the department to continue to consult with the community organizations and the veterans to get the feedback they need.

I would like to thank you for having me here today.

• (1550)

**The Chair:** Thank you.

First, with six minutes, we'll start with Mr. Kitchen.

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

It's great to be back, stepping up on this committee, and doing the things we want to do, which is to try to help our veterans and improve their lives with what they deserve.

Thank you, all, for your presentations, and I appreciate that.

I'm going to ask Nora a couple of questions, and to start off, please fill me in a little more about what you do. You're a charitable organization. Your funding comes from...?

**Ms. Nora Spinks:** When we were founded by the Governor General, he felt that it would be important to have a funding mechanism that would be there in perpetuity and not necessarily at the whim of either the economy or the government in power at the time. He was wise enough to partner with the prime minister at the time and the provinces to establish an endowment fund. Our funding comes from a portion of the interest earned from that endowment every year.

**Mr. Robert Kitchen:** Okay. Can you tell us roughly what that might run to? I don't need your financial statements or anything, but just an idea.

**Ms. Nora Spinks:** We have an annual budget of about \$750,000. That covers all of the projects and the things we do. We have some alternative sources of funds that come from projects and contracts in government, and that kind of thing. By and large the base funding is covered through the endowment.

**Mr. Robert Kitchen:** Okay.

You said you do research, presentations, and that sort of thing, and you're involved in social media, etc. Is that more in one part of Canada, or is it all across the country?

**Ms. Nora Spinks:** It's all across the country, coast to coast to coast, in both official languages in everything we do. The

presentations are at conferences, meetings, workshops, and in the private sector.

An employer, for example, may hire us to come to help their HR department or their senior executive team to understand modern families and what's happening in the research.

We do a lot of census analysis. We do a lot of work with academics, so for example we're working on a big national project called *On the Move* with about 30 different organizations and universities on families who live in one part of the country and work in another, which is living apart together.

We cover everything, including family violence, family formation, family functioning, and military veterans' families.

**Mr. Robert Kitchen:** I am a product of a military family, and I grew up in a military family. Until I became a member of this committee, I didn't realize to what extent...and now I have a chance to reflect on what went on. I am pleasantly surprised and happy to hear that someone is starting to express what a military family goes through, because a lot of time people don't realize that when a soldier signs up, the whole family signs up, even though they don't realize they're signing up. The country doesn't know that, and we need to make sure we educate people so they understand that.

We're talking about veterans here, and I believe the more we educate people, and the more we educate our veterans, the easier the transition is going to be. The whole purpose of what we're looking at right now is timeliness and that whole step from when they're in the service to when they become a veteran.

How do you see what you're doing is going to improve that timeliness?

**Ms. Nora Spinks:** I'll introduce my colleague, Russ Mann, who's a vet. He's working with us on this project, and he can perhaps add to the answer.

One of the things that happens is that the academic researchers who gather all this information report in their academic journals. It could be of benefit to people on the ground. We do a lot of knowledge translation from the research that's being done, so that the experiences can be translated to service delivery.

When I say "evidence based", it means taking that evidence and making it part of a new program, or a new way of delivering services, to better meet the needs of those who are seeking support. For "evidence informed", it might be something creative or innovative that nobody has ever done before, but we can bring it back to research and back to researchers. We make that bridge so that people aren't just going off with good intentions, but perhaps in the wrong direction.

•(1555)

**Mr. Robert Kitchen:** Knowledge translation is the important part here. A lot of times that's what happens. The knowledge is there, but it never gets translated. That's our biggest concern, I think, with Veterans Affairs. We're not seeing that translation when we have these great ideas and how we're moving that to our veterans so they can be provided with what they do.

Do you get involved with CIMVHR, with that organization at all?

**Ms. Nora Spinks:** Yes, we've been part of CIMVR since its inception. Annually, Russ and I have been playing host to a researchers' round table. Those round tables allow us to connect the researchers with the real life that's going on. We take that information back to the leadership circle and make sure that everybody is aware. It's a quick turnaround. Whenever anything new happens.... It's not just CIMVR, it's also the Military Family Research Institute at Purdue, and at Syracuse, and in California. There are a number of groups that we do that with. It's really important.

**Mr. Robert Kitchen:** Thank you. I appear to have run out of time.

Debbie, hopefully I might get a chance to ask you one a bit later.

Thank you.

**The Chair:** Mr. Eyolfson, you're up next, for six minutes.

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

Thank you for coming.

There's valuable information about organizations like yours that are providing these services. We need information on how to help optimize these.

**Ms. Spinks,** from your organization's experience with navigating veterans, how would you comment on how things are moving with both the Department of Defence and Veterans Affairs with the mental health issues they face? Would you say things are improving?

**Ms. Nora Spinks:** I can comment on the research, and maybe Russ and Debbie can add to this, as well.

I think there are good intentions. One of the challenges occurs when both the Department of Defence and Veterans Affairs try to handle the whole issue by themselves, when we already have community services, mental health services, counselling services, and supports that could be relied on if they had the appropriate training and awareness. I think, from our perspective, there are some good things happening.

To follow up on the previous question, what may be happening that's great in one part of the country isn't necessarily known in another. Trying to translate and mobilize that experience, as well as that knowledge, is critically important. We're getting better at it, but I think that's an area where we need better collaboration, co-operation, and partnership with community, and better sharing of information so that nobody has to duplicate services, nobody is competing for scarce resources, and where we can pool our energy, our experience, and our knowledge.

We learn from Debbie and her crew all the time. From Vanier's perspective, it's not just taking Debbie's experience working with homeless veterans to our military initiative, but it's also taking her experience into the world of homelessness outside of the military. There's an enormous amount of knowledge that Debbie is gathering that can be taken to other segments of the community dealing with other elements. What Debbie is learning on mental health issues and vets, we can then take to homelessness and mental illness somewhere else. It gives us a wonderful opportunity with this relationship.

**Mr. Doug Eyolfson:** You have been talking about how your organization is instructing and educating caregivers on what services are there, and how veterans and their families can access them.

What can Veterans Affairs do to help, from their end, in facilitating this? What kind of improvements? I can leave this open for everybody.

•(1600)

**Colonel (Retired) Russell Mann (Colonel (Retired), Special Advisor, Vanier Institute of the Family):** I'd be happy to jump in on that. I want to be careful that I don't sound too blunt, but I do have a military background. I was told to cut things fairly short.

We need to invest. We need to invest in providing resources to caregivers that don't put more burdens on caregivers. The people I know who are dealing with veterans who have post-traumatic stress, TBI, complex cases of rehab, and mental wellness issues don't have the time, necessarily, to do full-time classroom studies, for example. They may have time to pull up an app, and they may have time to go pull up resources when they have a quiet moment in their day.

It's important those resources be there. I think DND and VAC are both doing a good job of trying to make the dialogue easier to have. We've seen more people coming forward now because we are seeing progress on reducing stigma. For caregivers, it's especially poignant, because at the very moment they're being asked to do more for their loved one, their own mental health suffers. Self-care becomes a very important aspect. Investment in self-care is one of those ways to help sustain the circle of support around that military or veteran family.

A number of initiatives have come out in the States that are promising. We need to make sure that we can vet them adequately, to say, does this have merit in Canada? What are the things that work there? What are things that might be challenges or not working so well? Let's have a critical eye and not necessarily just adopt it because our allies use it. Let's find out how well it works, and then take the best of breed, bring it home, and make it work in a Canadian context.

Is that helpful?

**Mr. Doug Eyolfson:** Very helpful, yes. Thank you.

Did you have anything to add?

**Ms. Debbie Lowther:** One thing I will say, which Mr. Kitchen mentioned earlier, is that when a person joins the military, the whole family joins. At the end of that career, if the member is struggling with PTSD, the whole family also suffers.

One thing I know the department has done is they've increased psychological counselling to include spouses and children, which I think is a great, positive step. I do agree that we could be taking better advantage of the other resources that are available, instead of, like Nora said, letting them try to do it all themselves. Why reinvent the wheel? If the services are there, then access them.

**Ms. Nora Spinks:** We need to make sure that we balance the prevention and early intervention with the crisis intervention. We want to prevent people from ending up on the street. We want to prevent people from ending up in the emergency department. When they do, we want the emergency department to be ready to embrace them, to serve them, and to link them to the appropriate services.

If we're able to do that, then we can catch our breath and relax a bit, because we know that they're getting the services that they need. Then we can start proactively working with them to ensure that we can focus on prevention.

We have to have a balance between the two.

**The Chair:** Ms. Mathysen.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you very much, Mr. Chair.

Thank you very much for being here.

I want to say that the work of the Vanier Institute is known across the country. I've had the privilege of working with local representatives of Vanier. Ms. Lowther, thank you for caring about vets and acting on that care.

I have a number of questions. I hope I can get through some of them. It's a very impressive description, Madam Spinks, of what Vanier is doing in terms of cobbling together services and bringing organizations together to focus on what can be done. I found it almost exhausting, thinking about what needs to go into that.

What services are currently available that have been provided? What's lacking? Where are the holes in what we have currently?

•(1605)

**Ms. Nora Spinks:** Let me answer the second part first: what are we lacking?

I think what's really clear in the research we've been doing, and in the consultations and the round tables that we've been privileged to be a part of, is that families often feel isolated and alone.

This is about being able to create a sense of community both within and among the military and veteran community, but also within the neighbourhoods within which they live and work, so that if you have a child who has autism, or a child who's interested in hockey, or a teenager who's interested in drama, you know you can access those services in your neighbourhood. Also, it's so you know that those service providers will understand when you get relocated, or are new to a neighbourhood, or are dealing with a family situation such as trying to adjust to a transition or managing a mental health issue.

That's a big gap right now, which a lot of families have been identifying. They're not feeling connected. They're feeling isolated and alone, and they're feeling that they're the only ones who are experiencing what they're experiencing. As Debbie mentioned, when you're living it, it's really hard to find the extra energy to go out and create that community, so we want to make sure that it's available prior to that.

**Ms. Irene Mathysen:** The well-being of the family assists the well-being of the veteran.

**Ms. Nora Spinks:** Yes, and the research shows very clearly that the health of the family is critical to the health of the veteran.

**Ms. Irene Mathysen:** That makes sense.

Also, in terms of the experiences of reservists and their families, are they different from those of regular CF members, from that personnel?

**Ms. Nora Spinks:** We've identified a couple of things with the reservists. When we talk about military and veteran families, we include reservists in that umbrella. For us, when we talk to military families, they consider themselves a military family regardless of their status, whether they're released or not—a military family once, a military family always.

The reservists were actually one of the catalysts that got us sparked into working in this area in building community, because reservists are everywhere, and they can come from any town and any village. They're our neighbours. They're everywhere. They're not just near a base, a wing, a military family resource centre, or even a veterans centre. In particular, it's really about the reservists who need, more than any other group, access to community resources. If you're in Hudson Bay, Saskatchewan, and you're a reservist who's just come back from theatre, you need to access services in Hudson Bay, Saskatchewan.

**Ms. Irene Mathysen:** We've heard a great deal about the tragedy of suicide. In fact, there was a presentation on the Hill just this week that dealt with the fact that veterans are coming back and feeling not just disconnected but as if they cannot possibly reach out. On the impact of suicide on the families, have you taken a close look at that? What can you tell us?

**Ms. Nora Spinks:** There are a couple of things. Suicide is tragic. It can often be prevented if the right services and supports are in place.

Often, we hear that for people who have attempted suicide, one of the things that makes it seem impossible is the pressure that they feel their families are being put under because of their illness. If we can support the family, and if we can strengthen the family and the community, then we're in a much better position to ensure the necessary resources are there as a significant part of suicide prevention.

**Ms. Irene Mathysen:** Colonel Mann.

**Col Russell Mann:** If I could just back up to your very first question about reserves and regular forces and whether there are differences, I would like to put one thing out there that is a bit of a challenge for all of us who are trying to reach out, collaborate, and care. That's the fact that a lot of the research we have is helping inform us about the families of regular force members.



There is a research gap. We're trying to work with CIMVHR and with the director general of military personnel research and analysis, and any organization out there that is willing to try to research more on the reserve family experience.

We have a lot of anecdotal evidence. We have some reserve and National Guard experience from the States, and some territorial army evidence from the U.K., but we're lacking a good set of hard evidence on our reserves here at home that would make an apples-to-apples comparison.

• (1610)

**Ms. Irene Mathysen:** I appreciate that.

**The Chair:** I'm sorry, but we've run out of time.

**Ms. Irene Mathysen:** I knew you were going to say that, Mr. Chair. I forgive you.

**The Chair:** Mr. Bratina.

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

First of all, Ms. Spinks, the concept about not understanding is very interesting. Nobody knew about military families. One of the common things that we would be able to understand is the notion of the "military brat". I was a military brat. What does that mean? That means we moved all the time. Is that still a common denominator for military families?

**Ms. Nora Spinks:** Certainly, moving is a common denominator, although that's changing as families are changing. Modern military families are no different from modern families in Canada who aren't in the military, so there's a greater likelihood that both spouses will be working, and the upheaval is not just about a trailing spouse with trailing kids, but often about straddling two different cities in two different parts of the country.

The other piece that I think is really important to understand is that the lack of knowledge or awareness isn't out of ignorance; it's out of opportunity. It's not that they don't want to know. They've just never had any pause or opportunity to actually learn.

We hear three things. One is about the military brat: that it's a small proportion and they all live on base. There's still that myth out there. The second myth is that the government takes care of everything that the military ever needs. The third one is that if you've been deployed you're going to be experiencing PTSD. There's that leap from one to the other, which we know isn't true. What the research shows is that it's not PTSD that's the number one issue. It's sleep disturbances, depression, and other things before and including some of the more severe experiences.

What's really important for us is to help people know what they don't know, undo the things that might not necessarily be true, and replace those with real knowledge and awareness.

**Mr. Bob Bratina:** In terms of the work you do in reviewing the literature, the research, and so on, we have this rather unusual country in terms of its vastness. I've just visited my son, who's posted in Dawson Creek. I flew to Edmonton and drove the five hours to Dawson Creek. You can't take pictures of it because it's staggering, the breadth of our country, and what struck me, working as we do on this committee, were the little Legions here and there.

I'm wondering about it. It can't be the same as Germany, as an example. Do we have to create our own literature and research? Is there anything we can take from other countries? Should we be putting more into the unique characteristics of a Canadian military family?

**Ms. Nora Spinks:** I think there are two things, and I'm sure Russ has a lot of things to add.

We are all biological human beings, so anything related to that is universal, and we can learn from other countries quite easily. The actual military experience, and even the language we use, are very different from those of even the United States or the U.K., so that needs to be Canadianized or culturalized, or to be more local.

What we're trying to do is identify around the world the resources that are available and are of universal application. We don't need to start from scratch. We don't need to redo. Mental health is mental health worldwide, so let's learn from what's being done. Let's bring in what we can bring in. Let's partner where we can partner. Let's pool the resources, including the intellectual resources, the financial resources, and, increasingly, the technical resources—these apps and the tools that are available online—and make the best out of all of that.

We don't need to reinvent anything. We may need to culturalize—for sure—but we don't need to start from scratch.

• (1615)

**Col Russell Mann:** I can add to that.

It's exactly what Nora said: traumatic brain injury is a common injury, with common diagnostics and common presenting symptoms. How the veteran or the family will access supports to deal with that consequence of service can be very different in Canada.

I speak from the experience in my former employment of trying to make services accessible for military families in particular and for some of my peers. What's different is the legislative context. What's different are the organizational frameworks that veterans and their families have to access.

Take just a simple thing like provincial health care. All of a sudden, I can't rely on what I know from the States, or the U.K., or Australia. I have to work with 10 different provinces to try to get those provinces to understand. Then there are the provincial chapters for the Colleges of Physicians and Surgeons and provincial chapters for registered nurses.

When you talk about a family health team, you're dealing with an organization and a circle of support that is provincially regulated at many different layers: at the government layer, but also at the professional and organizational layers. That's the piece where we need to work I think very aggressively in this country to build awareness, understanding, and mindful interaction and engagement with veterans and their families.

**The Chair:** Thank you.

Mrs. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** Thank you, Mr. Chair.

Ms. Lowther, I had the opportunity in Fredericton to participate in the boots on the ground walk. I don't want to say we weren't successful because we didn't find any homeless vets that day, because I think it's a good thing that we didn't; however, my take-away from it is that I had a lot of time to talk to the vets involved in that program. I found that their sense of purpose and having, as you say, a community to work on this together was very therapeutic for them. That's what they told me. They were able to get better and to help others.

Can you tell us a bit about how impactful you think it is for veterans to be reaching out to veterans? Is that a key part of the program?

**Ms. Debbie Lowther:** Yes, it is. The majority of our volunteers are still serving members, veterans themselves, or military family members, so instantly you have that peer support, that connection, and that bond. It is very impactful, not just for the veterans we serve, but for our volunteers who, as I've said, are veterans and serving members themselves.

Oftentimes, the veteran we're helping looks at the volunteer and says, "Wow, he transitioned out of the military successfully, and maybe I could learn from that." What that person doesn't realize is that the volunteer sometimes is saying, "I'm really struggling myself, but I'm better off than that guy." It goes both ways. We provide a service to our veterans, and, while they don't realize it, they're providing something for our volunteers as well.

We have a lot of volunteers who were that veteran who couldn't get out of the basement. They saw one of our brochures or heard something on the news and thought they would give it a try. It has been very therapeutic for them. I'm not saying that everybody feels that way. We have had volunteers who jump in with both feet and find that it's too overwhelming for their own recovery. But definitely, peer support is key.

**Mrs. Alaina Lockhart:** On that note—and any of the three of you may want to speak to this—do you feel there's a role, whether it's at the case manager level or another level, for more veterans to be involved in Veterans Affairs and service delivery?

**Ms. Nora Spinks:** Peer-to-peer supports can be very successful. We've seen, both at a program level and at a service delivery level, peer-to-peer supports, both within veterans services and within mental health services. We're also evaluating those. For example, there has been a long-standing peer-to-peer program within and among forestry workers. They have some of the characteristics of a military family, in that they live away and there is some risk, so we're learning from that peer-to-peer program to see if we can apply that learning to peer-to-peer programs that are targeting or focusing on vets.

The challenge, though, as Debbie mentioned, is that sometimes it's just really hard, so it's not the be-all and end-all, but it certainly has a role to play in the fabric of the supports that need to be available.

•(1620)

**Col Russell Mann:** I will underline one important point. Hiring more veterans who are going to be reaching out to other veterans, and who are a good fit and can handle it, is absolutely critical because of trust. As Debbie has said, just being from that community means there's an instant rapport. A whole lot of things don't need to

be said or explained over and over again when you get a new case manager or when you get moved to a new city. There are a lot of benefits that come from having folks on the other side of the table who have walked the walk and are trying to reach out and help.

**Ms. Nora Spinks:** It's a way to leverage the knowledge and life experience. If we can find a way to capture that, both in peer to peer...but also by getting advisers to Veterans Affairs and other organizations that military and veteran families come in contact with....

One of the things that is absolutely clear in the literature is that, by and large, military and veteran families are courageous, resilient, strong, and capable. We just need to be there when they need some additional support. We're not suggesting that all military and veteran families are needy or in trouble. There is an enormous pool of strength and experience that is unique to this community. If we find a way to harness that within Veterans Affairs, but also within the community and the kinds of programs that Debbie has been leading, then it's a win-win situation for sure.

**Mrs. Alaina Lockhart:** Thank you very much.

I think the research is very important. I myself witnessed the impact of the work on the ground.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** I really appreciate having you here today. From both perspectives here, the amount of work that's being done independently and yet with VAC is really encouraging to me, especially what you're doing, Debbie, as volunteers with that personal...and yourself Russell. You know like none of us how to deal with these circumstances and to see the big picture.

The whole homeless issue... I'm from the Prairies. We have veterans. This younger generation is very hard to find, even for our Legion, although they're out there working hard. I heard someone say that a lot of them are so hard to find because they do not want to be found. That's obvious, right? They've made that decision for some reason. Do most of them come from a scenario where there are, as you said, family members, referrals, or people who they could be interacting with, but where it may just have become too much, and they felt, for whatever reason, that they had to go to the streets?

**Ms. Debbie Lowther:** We see a lot of different situations. When we do get a referral from a family member, it's often that the family member has done as much as they can. They just don't have the capacity to do any more, yet they still love that person and care for them.

With respect to the veterans being hard to find, veterans have a unique set of survival skills, so they can easily hide themselves away. Having said that, we have a lot of veterans who aren't homeless who hide themselves away in the basement. It's been our experience that if you can find the ones who don't want to be found—I think they think they don't want to be found—and if you can crack through the wall that they've built up, then they realize what they've been missing out on in life.

•(1625)

**Mrs. Cathay Wagantall:** Okay, thank you. I appreciate that.

How many has your organization been able to...?

**Ms. Debbie Lowther:** Over 1,200 since 2010.

**Mrs. Cathay Wagantall:** Are these success stories for you, or are they in-process like any other scenario?

**Ms. Debbie Lowther:** They are every different scenario you could imagine. There are some that are huge success stories. For us, the biggest success stories are when we get a veteran back on their feet, and then they turn around and volunteer with us. That's the whole pay-it-forward thing.

We have veterans who are still struggling, but they're making their way through, and then we have veterans who fall off the rails and go back to previous habits. But we don't give up on them. If we can maintain contact with that person, our goal is to let them know that there's somebody there, and that there will always be somebody there.

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

You mentioned some good things. Turnaround time is much better. There are fewer forms to deal with. You did say as well, though, that it seems the time frame has changed somewhat, because now cases seem to be more complex. Do you have any idea why?

**Ms. Debbie Lowther:** I don't know why they've become more complex. I don't know if it's because the veterans we're seeing are opening up more. One example I can give you is that in the last year, it seems as though every female veteran who's come to us in need of assistance has been the victim of military sexual trauma. They're coming out freely talking about that. I think it's probably as a result of the Deschamps report that came out and a lot of the media coverage surrounding that. I think it's probably why that situation is being talked about more.

I don't know why the increase in the complex cases, but we do see cases—again, to give the female veteran example—where they're struggling with mental illness, substance abuse, fleeing a domestic violence situation, or having to lose their children to children and family services. That sounds like a hopeless situation, but we've had that situation: we now have a mom who has her kids and who has a stable environment.

**Mrs. Cathay Wagantall:** Right.

I'll just mention I was on the HMCS *Fredericton* for a day, a night, and a day. I would recommend that you all—

**Mrs. Alaina Lockhart:** I did it.

**Mrs. Cathay Wagantall:** I had the most green moments of my life for a while there. I didn't realize that the majority of the people on that ship are nauseous most of the time. I just thought anybody out there obviously doesn't have that problem. Why would you go do that otherwise, right?

So yes, if you haven't had an opportunity, I would really encourage you to take that on.

**The Chair:** I think we're all going out on a submarine later.

**Mrs. Cathay Wagantall:** Yes. The submarine, I'm still...but anyway. You have such a high level of respect when you have a chance to really engage, at least a little bit.

I have one more thing. We're here to study service delivery. There's both National Defence and Veterans Affairs, and we're trying to develop that seamless transition. You mentioned how frustrating it is when someone's injury has been determined and assessed, they

know what it is, and then they go to VAC, where it's reassessed...and they said they don't. We've heard witnesses from both directions, that they were released to VAC way too soon, that they weren't ready, and then of course the other situation.

Do you see a way that this could be resolved? I still don't understand who makes that final decision. If it's National Defence, should it be both sides coming to a decision together —i.e., everything's in place, the house ready for someone with no legs, they're not addicted to anything? I'm wondering what your perspective is, because you have that experience.

**Ms. Debbie Lowther:** We keep throwing around the word “collaboration”, but I think there needs to be more collaboration between VAC and DND. We believe that sometimes it can take a whole team of people to support a veteran. What's wrong with a veteran having a case manager from DND and a case manager from VAC working together to determine what's best for that veteran, working with the veteran and his family too? I think that would be of benefit.

• (1630)

**Col Russell Mann:** When the goal is to provide better service to the member and family, they absolutely should be sitting together discussing the case together. I feel very strongly that Debbie's hit the nail right on the head on this one. It would make things so much easier to simply make that a joint effort and deliberately say, for the medical release process in particular, that it has to be joined.

**The Chair:** Thank you.

Mr. Rioux.

**Mr. Jean Rioux:** Thank you for sharing your knowledge on what is a new experience for me.

You said that all over Canada there are different needs and different experiences for organizations. They don't have the same experience. If we talk about French speakers in Quebec and French speakers outside Quebec, that's two million people. Do you see a difference between the English family and the French family?

[*Translation*]

**Col Russell Mann:** I have experienced both situations. As an anglophone, I was transferred to Bagotville. I was a minority in a culture that was very welcoming and patient.

[*English*]

That said, I think there is a duality of existence. However, many of the services for those who are serving and who do move around the country are very deliberate in their efforts to reach minorities as a priority, regardless of whether that is inside Quebec, where there is arguably a large majority of francophones, or outside of Quebec, where you might be in Moose Jaw, Saskatchewan, but you can be served by the family resource centre in the language of your choice. They will help you find access to child care services that are in the language of your children. There are tremendous efforts, institutionally and with their partners, to try to make sure that minorities feel at home, regardless of where they live.

That is a general statement. There are gaps. There are cases I personally dealt with when I was in uniform where it didn't work and we had to intervene to try to restore the sense of feeling community and feeling connected, especially for those of a different language.

**Mr. Jean Rioux:** I think there is less of a military culture in the province of Quebec. Mrs. Lowther, you said you help 12,000 veterans. How many of those people are from Quebec? Another thing, you spoke about volunteers. Is it easy in Quebec to find volunteers to help veterans? Is the Legion an organization that is involved with veterans as well?

**Ms. Debbie Lowther:** To be honest, Quebec has been the hardest nut to crack, if you will. We have helped veterans in Quebec. I wouldn't say that this is our busiest province, by any means.

Recruiting volunteers has been a challenge as well. I don't know why. Having said that, we have a new person who just came on board in Quebec, who is a veteran herself. She is reaching out to the reserve units as we speak. We have been drawing on her knowledge of the culture in Quebec.

One of the things she herself has experienced, being born and raised in Quebec, but having served in different parts of the country throughout her military career, is that a lot of the military members in Quebec don't go around in their uniform and that kind of thing, or even say they are in the military. When they are done for the day, they take their uniform off because they are not respected there as they are in other parts of the country. She has said she has experienced that herself going out in her uniform.

I don't know what the reason for it is, but that is what we are seeing and what we are hearing.

•(1635)

**Mr. Jean Rioux:** I won't give the answer, but in part history can explain that—but it is changing a lot.

On the question about the Legion, is the Legion a good reference for veterans?

**Ms. Debbie Lowther:** It depends on the Legion branch. The Royal Canadian Legion's structure is unique in that you have dominion command, then you have the provincial commands, and then the individual branches. You would think that dominion command governs all of them, but that is not the case. Even provincial commands don't govern the branches. The branches govern themselves.

You could go to one Legion and get the best service, and then you could go to another Legion and not get any service. That is a difficult question to answer because it depends on the branch.

We work with the Legion all the time, because sometimes we don't have the resources to help, so we will reach out to the Legion. Sometimes we have a great result, and sometimes we don't. We've had Legions that have stepped up and said, "I can help pay this person's first month's rent and their damage deposit", etc. Then we have other Legions that will say, "We gave that guy a grocery card a month ago. We can't help him any more." It is very inconsistent.

**Mr. Jean Rioux:** Thank you very much.

**The Chair:** Thank you.

Mr. Clarke.

[*Translation*]

**Mr. Alupa Clarke (Beauport—Limoilou, CPC):** Thank you, Mr. Chair.

I would like to thank the three witnesses with us here today.

Wearing a uniform in Montreal is not easy, but it is not as difficult in Quebec City.

My first question is for Ms. Spinks.

Your institute deals not only with veterans' families, is that correct?

[*English*]

**Ms. Nora Spinks:** No, it's all families.

[*Translation*]

**Mr. Alupa Clarke:** Okay.

In families other than veterans' families, have you seen the same kind of symptoms and crises as in veterans' families?

[*English*]

**Ms. Nora Spinks:** Really, when you look at military veteran families, they're like a microcosm of all other families. Whatever they are going through, whether they have trouble finding child care or they have trouble finding housing, is an example of what other families are doing.

The difference with military veteran families is that on top of what everybody else is dealing with, they're also dealing with the military experience, the transition out of the military. They are not necessarily connected to non-military as much as others are, although that's changing very dramatically. In the past when everybody lived on base, they had their own community; the army brats stuck together. Now, more than 85% of military families live off base while they're serving, and so the transition for the family is not as dramatic as it once was, because they're already in the community. Something we can learn from, and I really believe there's a lot that the rest of the country can learn from military families, is the way they are able to handle the situation they're living with.

One of the things we're interested in studying is families that are very successful, and what it is that makes them so successful.

•(1640)

[*Translation*]

**Mr. Alupa Clarke:** Thank you very much but, unfortunately, due to time constraints, I have to move on to my second question.

When you talk to veterans' families, what are the three recurring problems they face with respect to service delivery?

You may also wish to provide your answers in writing and by email.

**Col Russell Mann:** We don't have that information right now, but I can tell you that, for 25% of those who leave the Canadian Armed Forces, the transition is challenging. They were used to a military culture that provided support. As said, it might be difficult for the family, but the transition is a tremendous challenge for us.

Taking someone out of uniform represents a transition for that person. The person wonders who they are now and how they can access services. They have not had to use the health system or dental services on their own for all these years. It is all new, so the transition is the first priority.

As to accessing the services offered to veterans, the number of forms has been reduced. Progress has been made in that regard, but there is more to be done to simplify the process and how to navigate through everything available.

The two ladies seated near me said earlier that it is not always easy to know which question to ask. In my opinion, the second priority is accessing services that people do not know how to request. I do not have the research in front of me, but I check the information.

Finally, it can sometimes be difficult to contact people if there is no connection with the community.

[English]

I can live in a civilian house but I may not be connected to my civilian community. I have to reach out and become involved as a volunteer or as a member of that community. I have to get to know my neighbours and get to know the people who aren't in my military tribe. That could be a third challenge most military members face when they get out.

[Translation]

**Mr. Alupa Clarke:** Thank you.

Ms. Lowther, you said you are constantly dealing with veterans in crisis. What type of crisis do you see most often?

[English]

**Ms. Debbie Lowther:** The veterans we find in crisis may be at risk of becoming homeless. They may have an eviction notice in their hand. They could have failed to pay all of their bills for the past six months because they are struggling. Financial management can sometimes be a struggle when somebody leaves the military if they're dealing with a mental health issue. There are different forms of crisis. With regard to mental health crisis in and of itself, we have veterans who will reach out to us strictly for peer support, and our volunteers are happy to provide that.

There are so many different types of crisis. The biggest one, I would say, would be somebody who is at risk of losing their home.

[Translation]

**Mr. Alupa Clarke:** Okay.

[English]

**The Chair:** Ms. Mathysen.

**Ms. Irene Mathysen:** Thank you, Mr. Chair.

For this question, I'd like a response from all three.

Ms. Lowther, you talked about the increasingly complex cases.

Madame Spinks and Monsieur Mann, you talked about prevention and how important prevention is.

Madame Lowther, you talked about sexual abuse and trauma. This strikes me as very upsetting. We had the Veterans Review and Appeal Board here. I asked them about sexual trauma and sexual

abuse, and they had no real answers regarding whether they tracked it and whether they were pursuing it.

What do we need to do? Have you any insights into this particularly distressing reality for female veterans?

**Ms. Debbie Lowther:** I think steps are being made in the right direction. We have the centre that's now available. They are trying to put resources in place. I think that talking about the issue and bringing the issue more to the forefront is a big step in the right direction.

With regard to the Veterans Review and Appeal Board, I'm not sure if you're asking if military sexual trauma should be classified as an injury related to service. We believe that it should be if somebody is sexually assaulted while they're in the military and their mental health suffers as a result of that. Even a physical injury that could happen as a result of that, we believe, should be considered a service-related injury.

• (1645)

**Ms. Nora Spinks:** Again, the military experience is a microcosm of the rest of what Canadian families are experiencing, and we still have a long way to go with respect to sexual harassment in the workplace, sexual trauma in the workplace, sexual assault, and sexual abuse. We have a long way to go outside the military as well as inside the military. It's a big issue that needs to be considered, and when it is considered outside, we need to consider and not forget that the military experience may be a little bit different. When we're dealing with sexual abuse or sexual harassment in the workplace, we can't just assume that necessarily all the military or veteran cases will fall under what our understanding of what sexual abuse is, because the military is quite different in its hierarchy and its structure and its codes. We can't make the assumption that if we deal with it outside, it will be dealt with inside; but you can't deal with it inside without dealing with it outside.

**Ms. Irene Mathysen:** It's a catch-22. I understand.

Monsieur Mann.

**The Chair:** Thank you. That went beyond the time, so we'll start the second round. We should be able to get half of it in. These will be six-minute rounds, whether you want to split or not, we'll start with Mr. Kitchen.

**Mr. Robert Kitchen:** Thank you, Mr. Chair.

Now come the tough questions. Actually, Ms. Mathysen alluded to this a little earlier. We had the pleasure on Tuesday night of seeing *Contact! Unload*. It is a very powerful play, done by soldiers who have the experiences. It is extremely powerful.

For someone like me, who comes from a rough-and-tumble world, it struck me immensely. I encourage you to see it, if you get the chance. Hopefully, the Vanier Institute might even take a look at that as something to use in their presentations, to show Canadians what this means. It is a very powerful thing.

It brings up the issues of how you deal with military families and the experiences they have, how they relate to their life experiences when they come back from the theatre, how everyone deals with things totally differently, and what they experience.

Mrs. Lowther, you are in the process of trying to deal with a lot of these soldiers who haven't necessarily recognized or don't want to recognize at this point in their life that there is an issue with mental issues they are dealing with. You are looking at ways to solve that problem.

I, too, come from Saskatchewan. I live right on the U.S. border. I have a number of veterans who are saying to me, in Saskatchewan that we do not have psychologists for our veterans. They have no access to it, yet two hours south of us is Minot air base, in North Dakota, which has a huge, immense service in that area. They are asking, "Should we be going there to access that service?"

I realize that maybe you can't answer that part, but how do you access these mental health services for these people?

**Ms. Debbie Lowther:** For our organization, we will often refer our veterans. We work with Veterans Affairs, first of all. We have a number of mental health care providers in different areas across the country who have been very kind to us and who will provide services to veterans—pro bono, in some cases. We have a lot of veterans, who, when they are first released, don't have health care benefits. I am sure you have already heard about that.

We have had situations where veterans in Saskatchewan actually fly, every month, to Edmonton to see their psychologist. I don't know what the solution to that is, and why there are no mental health providers in Saskatchewan. I don't know.

With regard to their crossing the border and receiving that care in the U.S., I think that would be wonderful. If it is closer than going to Edmonton, why not? However, working out the logistics of who pays and whatever would probably prove to be quite difficult.

**Mr. Robert Kitchen:** We heard earlier in our studies from a number of individuals who suggested that we need to educate our soldiers from the day they sign up on how they are going to transition out of the military, and those steps.

When I look back at my life—I am an army brat, and I have travelled all over the world, base to base and country to country, because of what my father did—I don't recall my dad ever actually talking about how he was going to transition out.

My question is for you, Colonel. Can you give us your experiences as you went through that transition? Do you feel that if you had had those services earlier, that would have been of some benefit for you?

•(1650)

**Col Russell Mann:** At 17, I made decisions that I am benefiting from today. I can tell you I didn't talk about it throughout my whole career, but, holy-liftin', I am so grateful for the chief warrant officer who threw forms in front of me when I was 17 and said, "This is important; pay attention."

Now the problem is they didn't do that with Veterans Affairs, My VAC Account. My VAC Account hadn't been invented when I joined. If those decisions are made at that young age, when bad

things happen during your career, you are instantly going to get that relationship being developed while you are still serving. Automatically, at transition, it is not a sudden, abrupt cut, but a move into something you are already familiar with.

Whether you want to, say, take the service number and it goes with you post-release, or get a service number and a My VAC Account number that carries with you in release, it is absolutely critical to build relationships early to make the transition a less stressful and less abrupt process. I don't want to jump in the deep end; I just want to swim to the other end.

**Mr. Robert Kitchen:** Ms. Wagantall?

**The Chair:** You're allowed 34 seconds.

**Ms. Cathay Wagantall:** I'm done.

**Mr. Alupa Clarke:** We always hear about the delay-and-deny culture inside VAC, and that happens wherever I go to meet veterans, in whatever province. Is this based on a false impression? Is it based on incomprehension on the part of our veterans in terms of how the system is working? Is it because of their PTSD? According to you, is it true that in some cases there is a delay-and-deny culture?

[Translation]

**Col Russell Mann:** Are you referring to the Department of Veterans Affairs?

**Mr. Alupa Clarke:** Yes.

[English]

**Col Russell Mann:** For VRAB, I've had my folks talk to me about things, but for Veterans Affairs I have a different impression, both personally and from what my friends have told me. Are we talking about VRAB or are we talking about Veterans Affairs?

**Mr. Alupa Clarke:** Veterans Affairs.

**Col Russell Mann:** My own experience is that it's largely a myth. I had a bad transition experience but I had outstanding follow-up. They didn't forget me, they didn't leave me alone, and they made me feel connected. That's all I needed.

**Mr. Alupa Clarke:** That's a good answer. Thank you.

**The Chair:** Ms. Lockhart.

**Mrs. Alaina Lockhart:** I'll follow up on my colleague's question and give you an opportunity to talk about VRAB.

**Col Russell Mann:** Do I have to recuse myself because a classmate of mine is the acting chair?

I've heard about a lot of frustration with VRAB, and I think there are a number of far more educated colleagues who have appeared before you to give you far better detail than I ever could. I don't feel that I can give you the insight you're looking for.

**Mrs. Alaina Lockhart:** That's fair enough. I just wanted to give you the opportunity to answer.

Ms. Lowther, you mentioned that a lot of the veterans who have fallen between the cracks and are homeless at this time have felt overwhelmed with accessing Veterans Affairs services. Can you give us some examples of things that trigger that? Do you have any insight there?

**Ms. Debbie Lowther:** For some veterans, just walking into a Veterans Affairs office is a trigger for them. We often talk about the "brown envelope syndrome". When you get communications from Veterans Affairs, they're in a brown envelope. We have veterans tell us that they have a pile of brown envelopes, and they don't open them. There could be important stuff in there, but they just don't open them. A lot of the veterans who are overwhelmed have already applied for benefits and been denied, and due to their frame of mind at the time they just don't have the fight in them to continue that.

Usually when we come in contact with a veteran we say that the first thing we're going to do is take them to Veterans Affairs, and they say no, they want nothing nothing to do with Veterans Affairs. We have to explain to them that it's kind of cutting off your nose to spite your face. That's where we come in at times to act as a buffer, and it usually makes the process a little smoother.

• (1655)

**Mrs. Alaina Lockhart:** Based on a lot of what we've heard, I think we understand why they have that reaction.

I am curious about the brown envelope, though. What is it about brown envelopes that's so negative? Is that always the way bad news is delivered?

**Ms. Debbie Lowther:** Well, everything that comes from Veterans Affairs is delivered in a brown envelope, and people are accustomed to getting bad news, I guess, from the department at times, such as the people who have applied for benefits and been denied.

**Mrs. Alaina Lockhart:** One of the things we've talked about is the personal touch versus brown envelopes. In your opinion, would that be helpful?

**Ms. Debbie Lowther:** Yes, absolutely. One of the things we hear about as the most common reason for delays in decisions being made is paperwork not being completed properly. If the case manager could sit down with the veteran and help them with that paperwork, so that they make sure it's completed properly, I think that would go a long way.

Yes, I think the department has to tailor their communications style depending on the veteran they're dealing with. The 95-year-old probably doesn't have a My VAC Account. He probably doesn't have the app on his phone. Then there are some of the homeless people we deal with who just don't have access to the Internet or who go to the library to access the Internet.

Everybody has a different communication style, so I think it would be beneficial to—

**Ms. Nora Spinks:** If they're relying on their family as a source of support, families don't have access to My VAC Account. They don't have their own account, so they can't help them answer the questions.

**Mrs. Alaina Lockhart:** That was my next question, actually. From a family perspective, do you have any recommendations for families to be able to access services? If we're talking about veterans

who are trying to hide, whether it's in the basement or wherever, they're not going to make that call, so do you have any recommendations on how we get the families connected to services?

**Ms. Nora Spinks:** We're hearing from families first and foremost who want to have the family as a designated client so that they can provide and receive information on behalf of themselves and the veteran, and so that they will also have an identifier that will identify them as a military veteran family so that they can advocate on behalf of and they can go along with and they can be that facilitator between a case manager and the veteran. We're hearing this not just from spouses but also from parents, because it's often those young men and women who are in the basement and not coming out. Most of the family support is structured around spouses and partners and not parents, so that's another element that needs to be taken into consideration.

**Col Russell Mann:** But the research does tell us that caregivers are not just partners. A caregiver is part of a pie chart of friends, aunts and uncles, and parents; it can be a brother or sister; it can be an older sibling. It can also be a spouse. A veteran identifier, a My VAC Account, and the family getting access to work with the veteran as part of the circle of support are all absolutely critical, and I think these things could achieve the kind of outcome you're after, which is faster, more efficient, and more effective support.

If we look at it from an outcome point of view, it makes a lot of sense to grant the family access. The evidence tells us they're impacted by military service. They're impacted by injuries to veterans. That presents the linkage for policy and programming to step up and say, "We can do this. Give them an account and let them be part of the solution."

**Mrs. Alaina Lockhart:** Thank you very much.

**The Chair:** Ms. Mathysen.

**Ms. Irene Mathysen:** Thank you, Mr. Chair.

We've been talking about family as client and family as advocate. I wonder if you have any insights or advice with regard to veterans who don't have that family network. How are they supported? Is there something that VAC should be doing in terms of making absolutely sure that this lone veteran is supported?

• (1700)

**Ms. Debbie Lowther:** We've had situations in which a Veterans Affairs case manager will contact us and refer her veteran to us for peer support. The case managers, I think, also utilize OSISS a lot for some peer support. I think that goes a long way and it ties back into what we were talking about earlier, using the resources that are already there, using the community resources. There are people who don't want their families involved because that's where their head is at the time, but they would like to have a peer involved.

**Ms. Nora Spinks:** I think the challenge here is to try to balance between the “high touch” and the high tech. We have lots of high-tech solutions and strategies and information resources and forms online and those kinds of things. High touch is about the trust, the personal, and the respectful relationships. If we marry those two, then we will be much further ahead and we will be able to realize greater efficiencies than if we just rely on one or the other.

**Ms. Irene Mathysen:** Thank you.

Madame Lowther, you talked about boots on the ground and how you find veterans who are living on the street. Could you walk us through the process? You find the veterans and then you put them in touch with Veterans Affairs. What happens then? What does VAC do?

**Ms. Debbie Lowther:** I have to say that with a majority of the veterans we have taken to VAC, the ones who are in that state of crisis and are actually homeless, the case managers have been really good in trying to expedite their applications for benefits. We've seen some of our veterans have a turnaround time of two weeks for ELB, which is practically unheard of. Veterans Affairs does present the benefits that might be available to that veteran.

We also work with other organizations, because sometimes the veteran isn't entitled to anything from Veterans Affairs. They don't have a service-related injury, or they may have served only a short period of time. Then we rely on other provincial social support systems. For the most part, however, Veterans Affairs tends to provide for the needs they have.

**Ms. Nora Spinks:** If you're interested in seeing boots on the ground, the program *16X9* did a wonderful documentary. They followed Debbie and her volunteers on the streets in Edmonton. It's a wonderful documentary. If you want to just get a sense of the power of the program, it's really a must-see.

**Ms. Irene Mathysen:** Okay.

One of the things said in regard to this homeless vet who's on the street and in a rather desperate situation is that it's hard to understand how looking at what's happened to this individual could not be regarded as a service-related injury. I'm having difficulty understanding that. I also wondered about the issue in regard to the military doctor examining the individual and saying, yes, they have a service-related injury, but then once that individual is released, and they're reassessed by a VAC doctor, they're not seen as having a service-related injury.

There has been evidence at the committee that VAC and DND are working on that, but the very fact that you raised it makes me very concerned that it's still there. How does that happen? How do we change that reality?

**Ms. Debbie Lowther:** It would probably require policy changes. That is, I would say, above my pay grade.

**Voices:** Oh, oh!

• (1705)

**Ms. Nora Spinks:** I think it comes back to this whole concept of collaboration. We have to get rid of the silos in order to get efficient allocation of financial resources but also human resources in order to get the results we're all aiming for, where it's no longer, “This is

mine, and this is my case.” That would be a more systemic focus, a focus on the system, as opposed to....

Let's flip that and focus it on the individual who's needing to access services, and have the services adapt. As opposed to having the individual try to squeeze into one of the few peg holes available, let's have the peg holes adjust to the people who are trying to access services.

**Ms. Irene Mathysen:** Thank you. I think that's an important recommendation, and it leads me to ask what other recommendations you would make. We're writing a report. What would be your top recommendation?

**The Chair:** I'll have to give you just 20 seconds on that. We're running out of time. Sorry.

**Ms. Nora Spinks:** I would say family-centred, individual-focused, and a blend of high touch and high tech.

**The Chair:** Thank you for that.

Mr. Bratina.

**Mr. Bob Bratina:** Thank you.

Ms. Lowther, I'm sorry, I haven't seen the video presentation yet. Could you tell me where the encounters take place with homeless veterans? Is it on the street, in shelters, or is it the whole range?

**Ms. Debbie Lowther:** It's on the street and in shelters. Often, if another person refers that veteran to us, we'll meet with them at a Tim Hortons or wherever the veteran is comfortable meeting.

**Mr. Bob Bratina:** How often is there an identifiable mental issue with people in that circumstance?

**Ms. Debbie Lowther:** I don't have statistics in front of me, but I'm comfortable in saying that about 90% of the veterans we've served have a mental health issue.

**Mr. Bob Bratina:** What assistance is given at that point, when you've seen that someone is in mental distress? You're talking about someone who can't manage their finances, who doesn't want to open an envelope, or whatever. I can see someone being perturbed like that, but once you get into real mental issues, how does that work? What happens in dealing with a veteran in that situation?

**Ms. Debbie Lowther:** When we encounter a veteran who has very serious mental illness, we consult with Veterans Affairs and try to bring in mental health care providers. Again, that goes way beyond what we have the capability to do. We aren't medical professionals. We aren't health care providers, so we cannot diagnose that person, but we will try to bring in the resources and the people who can help that person. Not that long ago, one of our volunteers sat with a veteran in the ER for 36 hours to make sure he received mental health care.

**Mr. Bob Bratina:** Are there hotline types of resources that are available to you for those people? A homeless individual who is resourceful can kind of get by, but these people must be hanging by a thread.



**Ms. Debbie Lowther:** Yes, they are, but you have to consider that that's their normal. They've adapted to living that way. We might think it's unusual behaviour, but to them, that's their normal. Even though someone has mental illness, they still have the right to decide for themselves whether or not they want the care. We can only point them in the direction and make recommendations.

**Mr. Bob Bratina:** In your experience in working face to face, do you almost have a preordained kind of script in mind as to how the conversation will go, or is it different for every individual?

**Ms. Debbie Lowther:** It's different for every person. I don't think we've ever encountered any two cases that have been the same. Everyone is different. Everybody's situation is different.

**Mr. Bob Bratina:** That makes it difficult to bring new volunteers into the fray, since they have not had the experience that you and some of your colleagues would have had.

**Ms. Debbie Lowther:** Yes. I'll go back to what I said earlier, that most of our volunteers are former military or still-serving military, so a lot of them have some key training already, like suicide intervention training, non-violent crisis intervention, and those kinds of things, as well as the peer support aspect of things, which can solve a whole lot of other problems. When we bring a new volunteer on board, they're always teamed up with a more experienced volunteer.

• (1710)

**Mr. Bob Bratina:** In the transition from homelessness to an active file, that must be one of your biggest rewards, to have someone agree that they should accept this help. Tell me about that.

**Ms. Debbie Lowther:** Yes. When someone who has been living on the street for a number of years finally decides that enough is enough and they're going to accept the help... We have a veteran right here in Ottawa actually who, as I said earlier, we helped transition from the shelter to his own apartment, to a job, and now he volunteers with our team here in Ottawa. That is the biggest reward: when they say that they'll accept the help.

**Mr. Bob Bratina:** Is there any assistance from the operators of shelters like the Salvation Army themselves? Do they have an eye for the people you're trying to find?

**Ms. Debbie Lowther:** Yes. We've developed good relationships with the majority of shelters across the country. We work with the Salvation Army quite closely. Some shelters have better systems in place than others do. I know the Salvation Army here in Ottawa, for example, has a housing specialist who will help a person staying there to navigate housing. They will usually call us and bring us in to collaborate with them to try to solve the situation.

**Mr. Bob Bratina:** I think all of us on this committee are really keen. We understand the need for more resources. That's not the direction we have; it's moving people into the situations that are available to them in terms of services, and so on. I think we need to put a lot of thought into the kinds of things you're doing and the Vanier Institute is doing, and blend them all into a cohesive package. The past experience of many of the veterans we have talked to, especially younger veterans, is that there are gaps that are being filled with stopgaps. We need to bring them into a full, cohesive program so that we can give our veterans the confidence they should have that they are part of a family and that they will be looked after.

Thank you all for your presentations today.

**The Chair:** Thank you.

We're just going to split up the second round to get out of here in time. We'll start with Doug. He'll have three minutes. I believe Cathay and Alupa are going to split three minutes. Alaina would have three, and then, in fairness, we'll bring in Ms. Mathysen for one minute at the end.

Let's start with Mr. Eyolfson.

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

There was a study done at the University of Western Ontario that referred to how the transition from military life to unstructured life was a very vulnerable period. We may have touched on this. I'm assuming that if you intervened at this point, from the Veterans Affairs point, you might help to minimize the number of people becoming homeless, or decrease the chance that they would become homeless.

What would be the biggest impact that Veterans Affairs could have? What's the biggest thing they could do to help during this vulnerable transition period?

**Ms. Debbie Lowther:** I think one thing they could do is bring in the resources that are available to them early on. It goes back to what we were saying earlier about the department trying to do everything itself. A case manager is not going to be able to solve all of the problems a veteran has. That case manager might have to rely on outside help, like our organization, for example, the legion, or OSISS. It's basically a matter of taking advantage of the resources that are there, and doing it sooner rather than later.

• (1715)

**Ms. Nora Spinks:** We can also learn from a lot of the research that's being done on helping people transition into retirement from non-military jobs. We know that those who are most successful start five to 10 years ahead of retirement. We can take that learning and apply it to this environment as well.

**Col Russell Mann:** I think families will tell you that investing in communication and investing in keeping those families together will greatly increase the odds that they'll stay together through transition and post, and will reduce the odds of homeless incidence. We know the evidence says that families will offer support, but families tell us to help them learn how to handle communication.

In the military cultural context, there's a host of baggage, whether it's mental health, reintegration post-deployment, or learning how to communicate again after we return home. That could go a long way towards making transition work better, and unfortunately, reducing Debbie's number of clients, which I don't think would be a bad thing.

**Mr. Doug Eyolfson:** As you said, there are many veterans who transition well and don't have problems, and you have the other ones who do. How could you better detect the veterans who are at risk?

**The Chair:** You'll have to make this a short answer, please and thank you.

**Mr. Doug Eyolfson:** Did I just ask a really difficult question?

**Ms. Nora Spinks:** There's some research being done right now on what the indicators of success are. When those indicators are absent, there is an increased risk of failure to transition well and failure to thrive. Your question is probably three to five years ahead of its time. That research is currently under way. We'll get back to you.

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

**The Chair:** Thank you.

I'll just stress that if there are any answers you have after you leave, please email them to our clerk. He'll get them to the whole committee.

Ms. Wagantall.

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

Very quickly, we need to make recommendations as a committee, and we want them to be substantive. We hear about the issues concerning trust. I know one of them is with never seeing anything really happen. You don't turn a dinosaur around on a dime, but things need to happen to change the culture.

You talked about DND and VAC working together. Would there be value in us, as a committee, recommending that a case study be done of a scenario where we say there are joint case workers in this circumstance here and here, and try to put some framework to that and suggest we give that a try as a case study—obviously you're not going to implement it right away—to see if that would make a substantive difference?

**Col Russell Mann:** I don't think that's a bad idea at all. We definitely want to take the insights gained from that case study and definitely have the long view in mind.

**Mrs. Cathay Wagantall:** Right.

**Col Russell Mann:** What policy and program implications does that generate for us? I don't think it's a bad idea at all.

**Mrs. Cathay Wagantall:** You have to start somewhere. I feel like we can't figure out where to start.

**Col Russell Mann:** Big change starts with small steps, and a case study starts to build evidence that might generate a pilot, which builds a bigger body of evidence and then leads to implementation.

It's just frustrating for me because I recognize the timeline. I'm just working the math in my head thinking that's really long, but in government terms, that's really fast, so let's try for a case study and see what happens.

**Mrs. Cathay Wagantall:** So it's a case study, then a pilot project.

I had my staffer try to go on My VAC—he can't set up an account—and he was pulling his hair out. This is a smart young man with eight languages, and he just said it was impossible. Would it be wise for us to also do a case study where we had an individual who had to work through that process come alongside us so we could experience it with them to see part of that? I don't know.

**Col Russell Mann:** Some of my past experience is in software development, not for Veterans Affairs but for other purposes. One of

the things I learned from the industry is you don't develop in isolation. You develop with users influencing the decisions. You have great smart minds who build nice tech things, but if they can't be used, they're not valuable. You need users in there helping to influence that decision.

• (1720)

**The Chair:** Mr. Clarke, you have about 34 seconds.

**Mr. Alupa Clarke:** Ms. Lowther, when you said that policy proposals are above your pay grade, it's not true. Policy proposal belongs to all Canadians, so if you have some, there's an email and there's a clerk here.

[Translation]

Colonel Mann, I will have to move along very quickly, unfortunately.

Even if the culture of denial at Veterans Affairs is a myth, it seems that the trust has been broken.

Do you think the members of our committee are influenced by the people they meet who are in complex situations, people who are in a state of panic or crisis? Do you think the vast majority of veterans believe in that myth?

**Col Russell Mann:** That is an excellent question.

It is like the myth that all military and veterans' families are strong and resilient. That angers families. One day, my wife might be very strong, confident, and able to deal with various situations, but not be able to do so the next day.

[English]

She's a bag of worms and doesn't know what to do because too many impacts, both social and due to lifestyle, have piled up at one time. What we've done is create an environment where families never feel they can come forward because they always have to adhere to the myth of being strong and where veterans never come forward because they adhere to the myth that Veterans Affairs doesn't care, that it's faceless.

As Madam Spinks has said, we need more high touch to go with the department. The department needs a face. The department needs to become personal. When we say care, compassion, and respect; care and compassion are what veterans need to feel. When they feel that, trust will be restored. I think they feel it with case managers. Policy and program is not a case manager thing.

I'll leave it there.

**The Chair:** Thank you.

Ms. Lockhart.

**Mrs. Alaina Lockhart:** I always like to ask this question because sometimes when we look at change we throw the baby out with the bathwater, so to speak. From each of your perspectives, what should we not do? What is working well that shouldn't be changed?

**Ms. Nora Spinks:** I think there are enormous commitment, passion, and conviction from the people we've come in contact with in the research community, at VAC, at DND, and within the veteran community. We don't want to minimize, diminish, or water down that passion, enthusiasm, and commitment by overburdening people or by over-focusing on policies, programs, and systemic stuff.

I think we have to make sure that the relationships—the personal side of the service—don't get watered down, but in fact get enhanced and brightened and do not become either over-focused or bureaucratized with respect to policies and programs. We have to make sure that we really find ways to facilitate and strengthen those relationships, to highlight the success stories, to dispel the myths, and to find the nuggets of knowledge and the pockets of excellence and really build on those. There are some extraordinary experiences, and we need to figure out what it is that made them so extraordinary and replicate that. There are a lot of those stories out there as well.

**Mrs. Alaina Lockhart:** That probably speaks to your point about starting the relationship with Veterans Affairs much earlier in a career, too, and having it be a positive and not just something that happens to you at the end of your military career, I guess. Would that be fair?

**Col Russell Mann:** Yes, absolutely.

**Mrs. Alaina Lockhart:** Thank you.

**The Chair:** Thank you.

Ms. Mathysen will conclude, with one minute.

**Ms. Irene Mathysen:** Thank you.

I think it's more of a comment than a question. I'm very taken with what you have said, Madam Spinks, about finding those pockets of excellence. They must be there.

I'm looking at the report from the DND ombudsman, Monsieur Walbourne. He said in his report that the bureaucracy is just so overwhelming and there are so many hoops to go through that veterans end up frustrated, and they just don't know what to do because of stress and depression, which lead to, I guess, that lack of trust. If we're looking for those pockets of excellence, can you help us find them? If you can, we'd be very grateful.

• (1725)

**Ms. Nora Spinks:** Yes, absolutely. I think this goes back to the comment earlier about being veteran-centric as opposed to system-centric. Instead of having the veteran try to find a way within the bureaucracy, have the bureaucracy designed in such a way that it meets the needs of the veteran, so that the veteran doesn't have to try to figure out the mass of service supports, but rather, it goes in the other direction.

That sounds like a little thing, but that is a very big thing. It starts with respect, trust, recognition, individualization, and customization instead of trying to find these unique and complex individuals a spot in a box that doesn't necessarily exist.

**Col Russell Mann:** A specific example happened just this week. The ombudsman published that transition process for regular forces and for reservists, and it's a wonderful thing. It must have taken months to do.

However, if a veteran or a veteran's family is looking at that and does not relate, you've created expectations that cannot be met. Even though you had great care, compassion, respect, and intention, the way it's perceived on the other end is that they have to fit into those boxes, that they have to fit into that cookie cutter.

I can tell you that everybody I know who has transitioned has not followed that process the way it's mapped, so the message becomes... the big term would be "cognitive incongruence". If I have mental health issues and I'm not working through those boxes the way I need to, I'm in trouble. I may even be triggered. I might disengage.

Great intentions, great work, and important work must be done behind the scenes, but that's not what you want to present to families. An individual, family-centred, and veteran-centred process has to be the way to go, not a cookie cutter and boxed process.

**The Chair:** Thank you. That concludes our time today.

What I can do is allot each group a minute if you want to give a quick summary or speech to the committee.

We'll start with the Veterans Emergency Transition Services and Ms. Lowther, the co-founder.

**Ms. Debbie Lowther:** Again, I'd like to thank you for having me here today.

I would like to focus again on the collaboration piece. I've probably said it here today already, but one of our sayings is "collaboration, not duplication". I think it's really important for organizations and groups to work together with the veteran at the core of what we're trying to achieve. If we can do that, then we'll have success.

**The Chair:** Thank you.

From the Vanier Institute of the Family, Ms. Spinks.

**Ms. Nora Spinks:** Thank you so much for this opportunity to share our experiences with you.

For us, I think the real value will be in having that combination of programs, services, and supports at the community level that are responsive and reactive as well as proactive and interactive, the interactive being the partnerships and the collaborations. Debbie can't do what she does without the Salvation Army and without the veterans. We can't do what we do without CIMVHR and without the community organizations. You can't do what you do without all of the others.

Making sure that we have the proactive, the interactive, and the reactive as part of the package I think will lead all of us to success in our respective perspectives, and we'll be able to actually meet the needs of the families and the military men and women in this country who deserve and have a right to the services and supports we've all been talking about.

**The Chair:** That's great.

On behalf of the committee, I'd like to thank both organizations for all you do for the men and women who have served our country. Also, I'd like to mention again that if there's anything else you have—when you get home tonight or during the next couple of weeks—get it to us. We're going to try to wrap up the service delivery review this fall.

With that, I'll take a motion to adjourn from Mr. Bittle. All in favour?

**Some hon. members:** Agreed.

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

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