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# Standing Committee on Veterans Affairs

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Chair: Mr. Bryan May





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• (1545)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** It's my pleasure to call this meeting to order.

Welcome to meeting 29 of the House of Commons Standing Committee on Veterans Affairs.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, 2020, the committee is resuming its study on service dogs for veterans.

Welcome to all the witnesses who have taken their time to join us today. I apologize that we're getting starting a little bit later than expected. Votes will do that, unfortunately.

I will introduce all of the witnesses, and then give everyone an opportunity to bring forward their five-minute opening remarks. Once the five minutes are over, I usually give you a one-minute warning, both during your opening remarks as well as during questions. They're timed as well.

To start us off, from Assistance Dogs International, North America, we have the chair Sheila O'Brien. From K-9 Country Inn Working Service Dogs, we have Laura A. MacKenzie, owner and master trainer. From National Service Dogs from Cambridge, Ontario, Danielle Forbes, executive director; and from Paws Fur Thought, Medric Cousineau, co-founder.

As I said, each witness will have five minutes for their opening remarks. We're going to start off today with Ms. O'Brien.

[Translation]

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

[English]

**The Chair:** Luc, go ahead.

[Translation]

**Mr. Luc Desilets:** I have a technical question.

We are starting the meeting 15 minutes late. So I would like to know whether the meeting will be extended by 15 minutes, so that we can adjust our calendar.

[English]

**The Chair:** Let me confirm that. I believe the technical services are going to be tight. Let me confirm that and I'll get back to you.

[Translation]

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

[English]

**The Chair:** I think we have to stop right at our normal time, but I'll see if I can push it a little bit.

Ms. O'Brien, the floor is yours for five minutes.

I think we might have a bit of a technical problem, so we're going to go on to the next witness.

For five minutes, Ms. MacKenzie, the floor is yours.

**Ms. Laura A. MacKenzie (Owner and Master Trainer, K-9 Country Inn Working Service Dogs):** I'm having trouble hearing, actually.

**The Chair:** I'm going to speak for a little bit here. Can you hear me okay?

**Ms. Laura A. MacKenzie:** Yes, there you are.

**The Chair:** Go ahead. The five minutes are all yours.

**Ms. Laura A. MacKenzie:** Thank you for having me come.

I'm just going to talk a little bit about how service dogs help people with PTSD. I'm going to speak about working with my clients, the things that I have seen and some of the basic things that a service dog can do.

There are a lot of studies out there that have investigated the affects of human-animal interactions that improve the welfare and quality of life of people.

We have found that generally PTSD sufferers suffer from negative moods, periods of depression, anxiety, flashes of anger, reckless behaviour and sleeplessness. One of the main things is that they disengage from relationships with others. They avoid public places. They avoid strangers and they detach themselves from society as a whole. Self-isolation and feelings of despair and hopelessness has led to a suicidal crisis within the first responder community right now.

One of the most significant benefits we have seen with implementing service dogs for individuals with PTSD is that it forces them to interact with society once again. We have found that many of them are embarrassed by their symptoms and they self-isolate. Being part of a group and knowing that others are dealing with the same issue creates a support system for them.

If a program is implemented correctly, it provides a support system to help the individual integrate back into society. The individualized and supported training leads to group classes, group activities, PA—which is what we call public access—and a support system with other handlers who are going through similar circumstances.

We actually don't implement a program dog, which is a dog trained within our program. We have found that self-training or owner training and having the person involved in the training has greatly increased the success of our program because the person is actually involved in the training. We have found that the public access work is even more important with a person with PTSD than the actual obedience training with the dog.

For people with PTSD, one of the main things we have found is that a lot of sufferers of PTSD self-harm. Some of the tasks of the service dog can help out with that. We use the dogs to bring them back to the present. We do an interruption of harmful behaviours. The dog can do this by nudging them, knocking their hands away or refocusing the person on the dog instead of the behaviour they're interacting with.

Once the person has a dog, they become more comfortable and outgoing in public. This allows them to participate in addiction group therapy. They feel more comfortable to go out by themselves and participate. The service dog group also makes them feel that they're not alone and helps encourage the handler to continue with their medical doctor.

We've also found that a lot of people with PTSD are hypervigilant and hyperaware. The dog can do a block. The dog can also be taught to recognize these symptoms. Flashbacks and night terrors are other things that the dog can be taught to recognize.

We can do it with a heart rate increase, a decrease in heart rate, if the person is sweating, if they are pacing, with jerking movements or with anger. The dog can cue in on any change in any kind of behaviour of the person. Once we identify these things, the owner has an opportunity.... The dog can take the person away from a situation or they can use DPT, which is deep pressure therapy, to help the owner feel comfort.

• (1550)

It's a pressure therapy. It's a tactile therapy that will provide comfort and warmth and also helps the person to just regroup. For night terrors, the dog is taught to understand when the person is in distress during sleep and the dog can stop the person—

**The Chair:** That is time, but if you want to wrap up your thoughts, that would be great.

**Ms. Laura A. MacKenzie:** Those are some of the ways the dog can help. Regarding standards, I think we need to decide if standards should be established for training, or if standards need to be established for the outcome on how the dog performs.

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

Next we have Mr. Cousineau.

You have five minutes. Go ahead, sir.

**Mr. Medric Cousineau (Co-Founder, Paws Fur Thought):** Thank you, Mr. Chair.

Five minutes is a bit of a surprise, considering that the notes I have are five to 10 minutes; however, we shall prevail.

Ladies and gentlemen, thank you for the opportunity to assist you in establishing the requirements for a federal service dog standard.

The best possible solution to a problem comes from asking the best questions to determine the root cause and decide on the best course of action to solve the problem.

As a direct result of a life-threatening military search and rescue mission off the coast of Atlantic Canada, I am a veteran living life with PTSD. I have battled the demons for over 30 years. I was one of those people who are amongst the 30% to 50% of PTSD survivors who are treatment resistant. My life was an unmitigated disaster, and my family suffered horribly as a result of my injuries.

The best pharmacology and therapist interventions failed to provide me with any relief. I was isolating and cut off from pretty much everyone in my life. I had night terrors every single day. At 4:30 a.m., I would awake shaking uncontrollably, totally soaked in sweat and in a state of extreme panic and anxiety. My life had spiralled to the depths of hell that you cannot begin to imagine, let alone survive. Life seemed hopeless with no way out. I felt abandoned by VAC and, to this very day, information on my case file shocks me. Suicide seemed the only appealing option to end the hell I was living with. Fortunately, by the grace of God, I failed when executing this terminally irreversible decision.

Two factors will separate me from the other witnesses. First, I know this enemy well. Second, and absolutely paramount, is the fact that for eight years and 305 days I have lived on the end of a leash as a service dog handler.

In our house we celebrate "gotcha day". August 6, 2012, is the day that Thai, my yellow Lab service dog, came into my life. I started to have hope, to laugh, to love and to live again, but inside my left wrist you will notice tattooed "*Invictus*" with a paw print and a semicolon. This tattoo is my daily reminder to myself that, thanks to Thai, the suicide card is no longer in the deck. However, VAC and the CF are well aware of the high suicide rate of veterans suffering from PTSD.

An extremely important fact is that to date there is no known case of a veteran with a fully trained service dog who has gone on to self-harm. These dogs are a valuable therapeutic adjunct to the war on PTSD. If you ask my wife, she will openly admit that Thai's night terror interventions are one of her most endearing attributes. Thai is so good at her job that she has not missed, and she has become so adept that she can wake me up before things deteriorate.

There is evidence of efficacy. Yes, they work. Scientific studies have proven this, yet certain folks keep demanding more proof and holding out that what a service dog does is not treatment. In fact, you could make the same claim about wheelchairs. They do not treat the underlying injury, but they allow the disabled individual to strive for a quality of life that's unattainable without a medical assistive device. This is not an unimportant distinction.

The Purdue University research study found that veterans paired with trained service dogs experience greater relationship satisfaction and fewer problems in family functioning. Having experienced first-hand the difference that the difference makes, what started as a desperate attempt to reclaim my life morphed into Paws Fur Thought.

To date, Paws is coordinated with organizations like the NS/NU and Ontario commands of the Royal Canadian Legion, along with Wounded Warriors, in funding of agencies like National Service Dogs for the training certification and placement of over 200 service dogs.

Researchers have been asking the wrong question. They keep asking, "Do service dogs work?" when, in fact, they should be asking, "How do they work?" Thanks to science, there's an answer.

MP Doherty recounted an event where a PTSD service dog ratted him out for anxiety, and it does not surprise me, as service dogs do not have an off switch. They do what they are trained to do. I am about to explain in layman's terms what happened.

When MP Doherty started to feel anxious, his reptilian brain, which we cannot control, kicked in. Cortisol is released into your body with other neurochemicals. Dogs have a sense of smell that is unrivalled. They can discriminate a teaspoon of sugar in an Olympic-size swimming pool, a concentration that measures in parts per trillion. Take a moment to think about the employment of dogs' noses: search and rescue, drug detection, bombs, diabetic alert, cancer detection and, most recently, studies to detect the presence of COVID.

When an individual is triggered by a stimulus outside of their control, the reptilian brain activates and you sweat cortisol out of every pore of your body. A dog can detect cortisol and be taught to interact with the handler to mitigate the circumstances. Note the last paragraph on page one of the prescriber guidelines. Cortisol and its links to PTSD have been known.

• (1555)

The science lesson does not stop there. It may seem intuitively obvious that de-stressing the handler in these types of situations is a good thing and a desired result. One of the simplest ways to do this is to flood your system with a neurochemical called oxytocin— a.k.a. the trust hormone. Science has proven that petting your dog

has exactly that effect. Your service dog is the readily available all-in-one solution that is both the detection mechanism and the antidote.

Thai and dogs like her allow us to become aware of issues that we are having and mitigate the magnitude and severity of our symptomology using our body's inherent defence mechanisms—no pharmacology required. You can call what a service dog does for their handlers whatever you want, but "effective" heads the list. Thai does not solve the issues of why I am having the episodes I do. That work is done with my mental health care team. She is there to alert me that I am heading for trouble.

Why have I been so passionate and unrelenting in my mission to provide service dogs to others? If you read my book, *Further Than Yesterday: That's All That Counts*, then you'll understand that all of this was to help the others. As a military leader, our troops are first and foremost our most important asset. Without them, we are capable of nothing. However, this fight has come at the expense of my health. My unrelenting push has seen my trauma issues exacerbated by institutional betrayal, compassion fatigue and survivor's guilt variant.

I could easily have done nothing after I reclaimed my life and broke free from the chains of hell that bound me. Nobody could deny me that—except for myself. The voices in my head will not let me sleep. I carry a huge burden of guilt and shame. I got my life back, and I have not been able to move the yardsticks and provide our troops the relief that I have gotten. This means that my brothers and sisters in arms continue to suffer, battling the demons that I know all too well, but my brothers and sisters in arms are somebody's mother, father, brother, sister, son or daughter. Everybody is somebody's somebody. They are also your constituents.

As I close my remarks, you get two final questions to ponder. If it were your mother, father, brother, sister, son or daughter, would what we're all doing be enough? Would you be satisfied with our country's response?

I await your questions.

• (1600)

**The Chair:** Thank you very much, sir, for your comments today.

Now we will go to Ms. Forbes for five minutes.

The floor is yours.

**Ms. Danielle Forbes (Executive Director, National Service Dogs):** Good afternoon, everybody.

Thank you for providing me with the opportunity to speak to the committee on this important issue. I am currently the executive director and co-founder of National Service Dogs. We're based in Cambridge, Ontario. Over the past 25 years we've successfully deployed over 550 service dog teams across Canada.

National Service Dogs was the first program in Canada accredited by Assistance Dogs International to deploy dogs through a PTSD service dog program to veterans. We provide our dogs and our eight years of ongoing support services at no charge to our clients.

NSD values standards and has voluntarily availed itself of the Assistance Dogs International accreditation process, which you're going to be hearing a little bit more about from Sheila. The process in and of itself, though, just so the committee is aware, involves a very intensive, two-day, in-person audit of our programs. These in-person audits occur every five years. They include random reviews of our files, interviews and reviews of our staff, volunteers, clients and dog training processes, our governance model and our financials. We're also required to supply Assistance Dogs International with annual compliance reports.

NSD has also achieved and maintained accreditation with Imagine Canada standards. Not many people are aware, but Imagine Canada sets the standards for charities in Canada. We are one of only a few hundred charities to achieve accreditation with Imagine Canada—out of 85,000 Canadian charities. National Service Dogs along with the Lions Foundation of Canada Dog Guides are the only service dog producers in Canada to achieve accreditation with Imagine Canada.

As I am sitting here with you today, I am actively involved on the Assistance Dogs International standards committee, and have been for almost a decade. I also sit on the legislative and advocacy committee of ADI, North America. Previously I have co-chaired the CGSB technical committee, tasked with developing a service dog standard.

When the topic of standards for service dogs comes up within the community, pretty much everyone agrees that we need them. We need to ensure the dogs being deployed to Canadians are specifically trained to minimize the limitations of a person with a disability. We need to ensure that the dogs are healthy, temperamentally and physically fit for service, and safe for their handlers and the community at large. We need to ensure that service dog providers are ethical, safe, responsive and responsible, not only to their clients but to the dogs they are deploying out. We also need to ensure that the public can feel confident that when they see a dog in a service dog jacket or a guide dog harness, that dog will not interfere with them, their property or their business.

What I have found over the years in conversations on the topic of standards is that there is an assumption or a misconception that somewhere out there is a one-size-fits-all solution that will adequately meet everyone's needs, and there just isn't. Any discussion about standards for the service dog community must recognize the need for a multi-pronged approach, as Laura mentioned. Do we want an outcome standard that looks at the teams and the dogs, or a training standard that regulates programs?

Creating standards and regulations for organizations will help ensure that the training of the dogs is ethical and will help reduce fraud. The sad truth is, though, that organizations like National Service Dogs that are dedicated to providing service and guide dogs can't meet the demand within the greater community. We just can't. That leads people to train their own dogs. We cannot deny them the right to train their own service dog, nor do we want to. We want people to be able to benefit from dogs, whether they're ADI program dogs or dogs that are out there. What we concern ourselves with is whether the dogs are safe for the handler and the public, and whether the clients are being looked after.

● (1605)

Any governmental or non-governmental agency seeking a service dog standard must ask themselves if they want to qualify and regulate service providers and dog trainers, or qualify a service dog team in order to assess and verify that said service dog is medically prescribed, providing task-trained support that mitigates the handler's symptoms and needs, is temperamentally sound and safe for the handler and general public, and qualifies as a "legitimate service dog"?

By qualifying and/or regulating service dog providers, you can ensure that a portion of the Canadian service dog users are safe, well trained and supported by their service provider, but this in no way addresses the challenges of qualifying owner or privately trained dogs. They are a significant demographic within the service dog community and, in some cases, they are the victims of fraud, unfortunately.

Currently, processes already exist to assess, qualify, accredit and monitor service and guide dog producers. They exist externally through the International Guide Dog Federation and Assistance Dogs International, who you'll hear from when Sheila gets her mike up and going.

Within Canada, as evidenced by the Alberta Service Dogs Act, the Nova Scotia Service Dog Act—which Medric can speak to in great detail—and the B.C. Guide Dog and Service Dog Act, these are all great examples of legislation that is already working and that you as a ministry already have access to. When it comes to qualifying service dog providers, there's a lot of great work that's already been done.

Where there's really hard work to be done is in developing a fair, equitable and accessible process for qualifying owner or privately trained service dogs. What makes these conversations harder is that many people engaged in the discussion are under the impression that the standards automatically equate to a public policy or legislation. What often gets missed in the conversation is that the standards are a multiphased process. Standards are your backbone and upon that, regulations or public policy is developed, and then the enforcement pieces come on the tail end of that.

The reality is that the development of standards in and of themselves will not meet the needs I've outlined of the community at large. In order for any standards to have true value, there needs to be a regulatory process, a public policy developed that supports not only the standards but those engaging with them, whether it's the clients or the agencies providing the dogs. Then, of course, there's the enforcement mechanism that holds everyone accountable: the users, the producers, the businesses and the public.

**The Chair:** Thank you, Ms. Forbes. We're past your five minutes. Do you want to bring your comments to a close, please?

**Ms. Danielle Forbes:** Sure.

Narrowing the focus down to what you guys with Veterans Affairs are interested in, which are standards for the PTSD side of things, I would put forward to you that there are currently already recognized in law through international standards already developed a really good framework from which you as an agency and an arm of government could develop a really good policy.

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

I believe we have the technical glitches figured out, and I'll go over to Ms. O'Brien for five minutes, please.

**Ms. Sheila O'Brien (Chair, Assistance Dogs International, North America):** As you know, my name is Sheila O'Brien. I live in New York. I work for a program called America's VetDogs, which is the largest veterans-only program in the United States. If you remember Sully, the assistance dog of President Bush, my program placed that dog.

I'm happy to say I'm a founding member of Assistance Dogs International. If you live long enough, they make you president or chair, so after 42 years of working in the assistance dog industry, not only as an administrator but as one of the first hearing dog trainers in the world, I find myself as the chair of ADI North America, which oversees 106 service dog training programs and guide dog programs.

We are all very concerned about post-traumatic stress as a disability right now, but it's not a new disability. I strongly believe in following up on these things in terms of history, so I did a little research on it. I have come to the conclusion that veterans, since the beginning of time, if they participated in war, probably suffered from PTSD.

During the American Civil War, in 1865, veterans were suffering from what we now know as PTSD, but they called it a "soldier's heart". During World War I, in the United States, they called it "shell shock". In World War II, they called it "battle fatigue". In Vietnam, they called it the "Vietnam syndrome". PTSD did not get

its name until 1986, and then they had the diagnosis completely wrong, saying that it would only last six months.

We know many veterans now who suffer from PTSD and how devastating it can be, but it was really brought to the attention of the world when the veterans returned home from Iraq and Afghanistan. This large group of young heroes came back and they were not afraid to talk about their PTSD. Many of them came back severely wounded. The signature wounds of those wars were spinal cord injury, which was up 27%, and hearing loss, affecting one out of five of our veterans. Young as they were when they went into war, they suffered from hearing loss at that early age, only to find that now that they're in their forties and fifties, it's worse, as opposed to their sixties and seventies like the rest of us.

Another devastating disability is blindness due to traumatic brain injury. There are not a lot who are suffering that way, but there are some. Another disability is all kinds of mobility issues, including amputations and back and leg problems. The IEDs really struck hard on our young men and women.

When they all started coming back in 2005 and 2006, Assistance Dogs International and the assistance dog industry were only thinking of physical disabilities. We were ready for those young men and women and we were ready to place service dogs, guide dogs and hearing dogs with them. As they started to come back, we started to do our placements, but ironically, no matter how physically disabled they were—and some of them had no arms, no legs or no sight—all that really bothered them and, according to them, what they were unable to cope with was their PTSD.

Therefore, in the industry, the light bulbs went on and the industry started to look at that aspect of our veterans. We had never done this before—never. In all the years that ADI has been around, since 1987, we were all caught up in the physical but came to find out that their spirit or their emotional disabilities were more powerful and had more reign over them than their physical disabilities.

● (1610)

The very first service dog from the Afghanistan and Iraq wars was placed with a young man in 2006. I know that young man personally because he was placed by me at a program in Massachusetts called NEADS.

Again, as more came forth, we started to hear and they were telling us that they were using the tasks that we trained to mitigate their service physical disabilities to mitigate their PTSD.

I had a young man who was a sniper. He had lost an arm and one of his legs was very damaged. He eventually had to have his leg amputated, but at the time he was using a crutch with his service dog, and of course there was the lack of an arm. One the tasks we trained his service dog to do—thinking of the physical—was to turn on a light switch because he liked to read at night and he didn't have a light that was accessible. The brightest light was above him. If he had to get up to turn that light on, he had to get his crutch and it was a big deal. We trained his dog to turn on a light switch, as many programs did.

Well, he was speaking for me at an event. He gets up in front of everyone, and I was thinking he was going to talk about what his dog did to mitigate his physical disability. He said that he was a sniper in Iraq and he is fearful of going into a dark room, so he sends Ruthie in to turn that light on.

The light bulbs went off, so I started a process where I formed a committee that would look into this. The United States Americans With Disabilities Act requires that a service dog has to be trained to task. Could we train tasks to mitigate the disabilities of PTSD?

The veterans helped us because they were using hearing dog tasks to wake them up gently. They were using guide dog tasks to find a door. They'd say to the dog "find the door" and the dog would actually pull them to a door, if they were anxious or something.

• (1615)

**The Chair:** Thank you, Ms. O'Brien.

Could you just wrap up your comments, please?

**Ms. Sheila O'Brien:** I will wrap it up.

The ADI standards were based on what our veterans told us. They weren't just pulled out of the air. It took eight years to bring those standards from best practices within the assistance dog industry to standards.

The past three years of those eight years is when we started the standard work. I just want to indicate that when you do standards or when you do anything like that, it's not always all about the dogs. This was a new realm for us, so we added two mental health professionals. One was a doctor who worked only with veterans with PTSD. The other, Dr. Crosson, was a psychiatric social worker who worked with PTSD. By adding them to the group of trainers and ADI program heads, we came up with super standards.

They've been implemented for three years now. Right now, our international standard committee is looking at those standards to make sure that we were on the right path. We really did a good job with those. They've helped our VA, which only provides benefits to those who have ADI or IGDF dogs. Our VA in the United States does not want to be the one to determine if a dog is a service dog and if it's doing its job.

They also are shared with the airlines in North America and Canada. We've been working on that for a long time, so that they

have an understanding of what a well-trained service dog does and what training a veteran has had to receive this dog.

My hope is that if you are thinking of making standards, you definitely use the ADI standards.

**The Chair:** Thank you.

I'm sorry. If anybody has been keeping time, they'll know that I've been—no pun intended—very liberal with the clock today for the opening remarks. I am going to have to clamp down a little bit during the questions. I apologize in advance. My job is basically chief interrupter and I have to keep things moving.

Up first for questions, we have MP Brassard for six minutes.

**Mr. John Brassard (Barrie—Innisfil, CPC):** Thank you, Mr. Chair, and yes, you have been very liberal with the time. I certainly appreciate that on behalf of those who are here today.

I also want to say, Mr. Chair, thank you so much. I know the scheduling at this time of year can be tight, but having all four of these witnesses here today for effectively an hour and 45 minutes is critical.

Mr. Cousineau, I want to go right to you. Throughout the committee's study over the last two sessions, we've hear about the difficulty that has come up with developing a "made in Canada" national service standard. The CGSB has pulled back, Veterans Affairs has had their input and we've heard from other witnesses that there was no agreement. Everybody was trying to come together and things eventually broke down.

I want to ask you, sir, how we get to a Canadian national standard. What does that look like?

• (1620)

**Mr. Medric Cousineau:** Thank you, Mr. Brassard.

I'm thankful this committee is meeting virtually. It means that Thai and I do not have to run the gauntlet of getting from here to Ottawa. We would have had to face no less than six major regulatory hurdles from planes, trains, automobiles, airlines, hotels and motels.



Ladies and gentlemen, you and the committee are in the position to significantly advance the rights of Canadians and veterans with disabilities across this country, now and well into the future. We desperately need a national standard that protects disabled individuals and their service dogs while providing oversight, stopping unscrupulous or unqualified businesses from capitalizing on a perceived opportunity and protecting the public from abuses.

You must ensure the establishment of a Canadian federal standard for service dogs, but you cannot—and I repeat cannot—invite back to the table any individuals or groups who deliberately sabotaged the first attempt at national standards. A self-appointed subversive group took CGSB's work product to the Standards Council of Canada and succeeded in creating such a toxic environment that the impasse that CGSB was confronted with was an inevitable conclusion. They set out to derail the process and they succeeded.

Even more stunning is that the deputy minister of VAC was apprised in writing of the impending implosion months before it happened. He acknowledged this and did nothing to prevent what transpired. That may seem like a shocking position. I will be forwarding to the clerk this pile of supporting emails as an annex to these remarks. I wrote those emails. You need to submit an ATIP request on the Standards Council of Canada and the folks on the complaint committee. They have forfeited any right to be a part of this process. Some of those same individuals are attempting to use a private enterprise to produce a standard that they want to offer to the government as a “done deal” solution. You absolutely cannot let that happen. Do not fall for that. You need to know the facts.

Third party objective standards should pair the federal offices of Accessibility Standards Canada with the standard experts at CGSB, unimpeded by obstructionists, to produce a standard that will be adopted at the federal level. CGSB has produced a standard. There's little work to be done. Provinces need to become involved to provide unimpeded interprovincial reciprocity.

The standard needs to encompass three parts. The first is a universal public access test. The second, which will be provided by subject matter experts, is the skills and testing for each subset of dogs. The third is the SRO regulatory oversight piece. Danielle Forbes referred to this in her testimony when she spoke about what is required when you become a member of an organization like ADI.

The short version is that we have no national standards, even though Seamus O'Regan pledged in the House of Commons just after April 18 of 2018 that we would have national service dog standards by the fall of that year. To date, nothing has been done.

Does that clarify things a little, John?

**Mr. John Brassard:** It does. Thank you for that, Medic.

Medic, Phil Ralph was here from Wounded Warriors, and he spoke highly of the work that you and your spouse, Jocelyn, have done. You also developed the Wounded Warriors Canada prescriber guidelines. In a minute, can you tell us how that integrates with the national standards that you spoke about?

**Mr. Medic Cousineau:** The national standards and the prescriber guidelines virtually go hand in hand. I helped develop those with Kristine Aanderson, a registered psychologist from Alberta,

because we were confronted with getting prescription letters that were completely useless, such as “So and so needs an emotional support animal.”

I'm sorry; that's no good. It was the same with service dogs. We need to know task training. If you review the tables and the decision-making trees in the prescriber guidelines, you will find out that if you take a properly written prescription and pair it with a service dog school that can produce the required output to meet the terms of the prescription, you then have the actual piece that you need. That's really important.

They were basically put in place so that medical professionals...and I don't want to knock them, but they don't understand what these dogs do. I go back to that question. If you haven't asked the right question, how the heck can you get the answer? How can you say there's no efficacy when you really don't even know what they do? That's—

• (1625)

**The Chair:** Thank you. I'm sorry to interrupt.

**Mr. John Brassard:** Thank you, sir.

Thank you, Chair. We understand.

**The Chair:** Thank you.

Up next we have MP Samson for six minutes, please.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Thank you very much, Chair.

I want to thank all the witnesses today for their presentation. It's so important. We only have four meetings, so we need to get to task as quickly as possible. We have key people to help us there.

I want to welcome Medic, a constituent of mine, whom I've known for about six years, and thank him for the conversations we've had when he had his service dog, Thai, with him. I personally experienced some individual supports and how the dog was able to calm the situation and deal with any issues. Medic was able to tell me about the nightmares and how the dog was able to help him, and even wake him up before an event would take place.

I want to thank him and his wife, Jocelyn, of course, for their work co-funding Paws Fur Thought, which is extremely important.

I'd like to share with the committee that Medric played a big role in having Dominion Command, at the convention in Edmonton, Alberta, approve a resolution allowing for 25% of the puppy funds, to help. As well, he just received—I believe it was in February—the Meritorious Service Medal from the Governor General. He indicated his book, which I have a copy of, and he signed it personally for me. I've had the opportunity to read it. It has very important information on that front, and I thank him because that helps many people. As he indicated, it's about helping people.

I have a number of questions, but time is moving. I know Mr. Brassard asked one that I might have asked about that study, so I won't go there. The main question I want to touch on is about what the consequences would be of using the adopted standards from Wounded Warriors. If Veterans Affairs were to adopt those tomorrow morning, what would be the advantages and disadvantages?

**Mr. Medric Cousineau:** We could actually take what the Government of Canada is currently doing through the veteran and family well-being fund, which is supporting Wounded Warriors Canada's service dog program, although it's a very small undertaking. Because Wounded Warriors Canada uses the prescriber guidelines, their programs have to be either ADI or compliant with any provincial regulatory body, which currently is B.C., Alberta and Nova Scotia.

It's interesting to note that Nova Scotia did not reinvent fire. They absolutely went out to B.C. and said, "We want to use the standard and the work that you've done. How do we do this?" B.C. said they would just sublicense it to them, and they did. Literally, they brought the entire program across the country.

Now, it is key to note that this is the public access portion that is primarily covered in the B.C. legislation. However, the legislation has been upheld by the B.C. human rights courts. It's a model that works. You can literally take an off-the-shelf solution. What does that look like? The Government of Canada pledges to Wounded Warriors an enhanced funding commitment over a five-year period. That will allow the underlying programs to ramp up their capacity.

If you told us that you want service dogs tomorrow and you were going to fund them, we'd all look at you and say, "Isn't that wonderful. Where are we getting them?" There is a lead time. We use that lead time to solidify the position that Wounded Warriors programs will adopt the national standards that are developed. All of that work has been done at CGSB. The most frustrating part is to know how close we were and to see it explode literally on the goal line when we went to push it over. It causes me to lose sleep at night, because this is what has impeded this program.

Keep in mind that the standards blew up in April of 2018. That was three years ago. Please tell me what's been done. I think the answer is "not much". We could take a solution and literally start implementation as soon as tomorrow morning if the committee could push this football over the goal line.

Thanks, Darrell.

• (1630)

**Mr. Darrell Samson:** Medric, many people have said how important it is to achieve national standards for service dogs. In the minute I have left, can you give me your personal opinion, please?

**Mr. Medric Cousineau:** If we had national service dog standards, I would have the same response no matter which airline I phoned. Every single airline I phone has a different response to what is required for me to fly with my service dog. Even though there are things like accessibility laws and disability acts across this country, it is an unregulated, uncontrolled patchwork with no inter-provincial reciprocity. That means if your driver's licence in Nova Scotia is good in B.C. and vice versa, it should be the same for service dog standards.

These are imperative to protect the handlers and to protect the public at large. Both sides need to be protected. This is a problem that affects the entire country, not just disabled service dog handlers.

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

**Mr. Darrell Samson:** Thank you for that information, Medric.

It's a good point, because if we had the Nova Scotia act, which Medric played a very important role in, right across the country, it would help it a lot.

Thank you.

**The Chair:** Up next is MP Desilets for six minutes, please.

[*Translation*]

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

I want to thank all our guests and say hello to my esteemed colleagues.

My first question is for Mr. Cousineau.

Let me start by thanking you for your service, Mr. Cousineau.

You ended your opening remarks with a question for us. Since that door is wide open, I would like to put the same question to you.

Do you think your country's response is sufficient?

**Mr. Medric Cousineau:** Thank you.

I will answer in English, as what I have to say is very important.

[*English*]

First off, it is our country. It is every single one of us who is on this call today, with the exception of Ms. O'Brien, and I'm sure she's right there with us in spirit.

We need to do better for our disabled individuals, and I'm going to harken back to that point where I said 30% to 50% of the people are treatment resistant. That means that the very best pharmacology and interventions that VAC is currently employing leaves—let's just cut it in half—40% of the disabled PTSD population as treatment resistant. Rather than explore options that would allow us to get relief from the hell that we're in, they just throw up their hands and say, "I'm sorry. We need more proof. We need more efficacy." MP Doherty has proved it. MP Samson has talked about it, and there are others in the room today, listening to this, who have seen what these amazing dogs can do.

There is absolutely no reason to look at them as being anything other than a wheelchair for my mind. It is my medical assistive device. I know some people do not like it when I refer to my floppy-eared, brown-eyed, loving, wet-nosed partner as a medical assistive device. However, when she's off duty, she is my goofy girl. I love her to bits. When she's on, she is on and she works.

What we all need to ask ourselves is this. For the people who are suffering, who are treatment resistant and really need that kind of help to get out of the hell that I know they live in, it's available. It is available to this committee to push that forward, because you have the power to say, "I'm sorry; our answer has not been good enough."

It is not what the people like me have to say, who are suffering a hell, like I say, that you cannot even begin to imagine. If you talk to Dani Forbes, Mrs. MacKenzie or Ms. O'Brien, they are going to tell you what these handlers have experienced, but do you know what? Don't bother to ask them. Don't even bother asking me, or the hundreds of people like me who have a service dog.

Do you know who you really need to ask? Go and ask their family members. They're the ones who live with us. They're the ones who know what it's really like. Ask them. I can guarantee you, those answers—and I have some of them and I can forward them—will prove to you, beyond a shadow of a doubt, that we can and must do more.

Hopefully, that helps.

• (1635)

[*Translation*]

**Mr. Luc Desilets:** It helps me somewhat.

You talked a lot about service dogs, and that is good, as it is today's topic of discussion.

But how can we take action as elected members? What concrete action would you like us to take? Should we ask for more money, implement national standards and apply pressure for more service dogs to be available?

[*English*]

**Mr. Medric Cousineau:** In September 2016, I addressed an email to Veterans Affairs Canada, which I will forward to the clerk, and it was called "The Service Dog Tsunami". I outlined the implications of not having national standards and the size of the supply and demand problem. Jim Barrett, professor emeritus of mathematics from the Royal Military College of Canada, worked on the supply-demand equation, and his answer to me, after six solid months

was that the equation was unsolvable, but that did not mitigate our obligation for doing the very best we can.

That's what we have to do. You combine the money, which is the political will—and I'm sorry—with the commitment to provide standards, and we get on with this. That's enough. Rome has burned; Nero has fiddled.

Thank you.

[*Translation*]

**Mr. Luc Desilets:** Okay.

Do you think we have enough service dogs to meet the needs in Quebec and in Canada?

[*English*]

**The Chair:** Provide a very brief answer, please.

**Mr. Medric Cousineau:** Absolutely not.

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

You have a few seconds left.

**Mr. Medric Cousineau:** There are reasons that we partnered with certain schools in the United States, and they've done a yeoman's job in providing dogs. My girl comes from a program in Kansas.

This problem is huge. Unfortunately, certain industry players have been too busy trying to carve out their niche so that they can literally say that they are the ones who provided the national standard, or they did this or they did that. Do you know what? I don't care. What we need is a solution for the thousands of people who need the kind of help that we're talking about.

**The Chair:** Thank you.

We now go to MP Blaney for six minutes, please.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you, Chair.

I want to thank everyone for your testimony here today.

For me, this is a really important issue. I've worked with veterans who have been denied housing because there is no national standard. People say that it's just their pet, but the reality I hear from those veterans is that they can't walk out that door unless their "pet" is with them. That's what really concerns me.

When I look at all of these challenges, I think they're all important. We need to have a standard, so that people can get on a plane with their service animal and be able to travel as they need to. We need to make sure that we don't have veterans choosing to be homeless because they can't find a place to live that will allow them to bring their service dogs. This is my challenge. It's different from province to province to territory.

I'm just wondering if I could come to you first, Mr. Cousineau. Could you just speak to what the lack of this support really means for veterans?

I think you've highlighted it perfectly. These dogs fundamentally change your life and allow you to have one, which, as somebody who served our country, should be absolutely necessary. What would having some sort of format that makes space for these important service dogs to be recognized do for veterans across our country?

• (1640)

**Mr. Medric Cousineau:** Thank you, MP Blaney.

In short, it would make headaches and problems go away. For the people who are involved with providing service dogs and dealing with people with PTSD, we suffer from.... First off, we don't trust anybody. A disproportionate number of us have anger issues that result in a thing called SIR, which is situationally inappropriate response. We have them in droves.

Knowing that we have the full backing of the legislation of this country at a federal level, so that whether I am in Saint John's, Newfoundland; Taloyoak, Nunavut; or Victoria, B.C., I know what the rules are and I know what my rights are, we can educate every Canadian as to exactly how that is. That uniformity is absolutely paramount.

To hear that a service dog...and the lack of understanding of how to deal with an individual with a serious disability in such a complex manner does not surprise me. The easy answer is no. Then you don't have to do anything except for the poor guy or gal who is at risk of becoming homeless over something that should be a fundamental right. That needs to be addressed. Unfortunately, no matter how much I have tried to push this peanut up the hill, it keeps rolling back down.

People like Dani know because they have been involved in this for decades. I really think you need to defer to people like ADI, who operate in 80-plus countries. This isn't a cottage industry that Ms. O'Brien thought up in her basement last weekend because she was bored. This goes back decades.

That's the thing. These standards exist. The problem is that we don't have them because of that group I told you about that literally took this thing off the rails. That is unconscionable.

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

If I could come to Ms. O'Brien, I have a question.

I'm still trying to grapple with all of the testimony we've received. I'm just wondering if you could talk about your organization. Do you have training standards for dogs or do you have a code of conduct for trainers?

If you could explain to the committee a little bit about what the difference is, so that we better understand that, it would be extremely helpful.

**Ms. Sheila O'Brien:** Are you talking about America's VetDogs or about ADI North America?

**Ms. Rachel Blaney:** I'm talking about ADI.

**Ms. Sheila O'Brien:** ADI has a book of standards that deal not only with dog training, but also deal with how we treat clients, how we do follow-up, how we figure out if a veteran is ready. That's part of the process. A lot of veterans want a dog but they're not necessarily ready for a dog. We have a mental health component to this.

Every program in ADI that becomes accredited must adhere to these standards. They're checked every five years.

**Ms. Rachel Blaney:** Are they reviewed by a third party?

**The Chair:** Answer just briefly, please.

**Ms. Sheila O'Brien:** No, it's peer to peer, but they are reviewed by an ARC, an accreditation review committee.

ADI, as well as its sister organization, IGDF, which deals with guide dogs and people who have guide dogs, reviews every single program to make sure that they are maintaining those standards. It takes the onus off a VA or the airlines. It takes the onus off, because we know what we're doing. ADI was founded in 1987, or actually 1986. We've had standards since 1987. We evolve them. When PTSD came to the fore in the mid-2000s, we created standards for that. As things change, because it's a fluid industry and people's needs change, we change those standards to meet those needs.

The standards are reviewed. As I said previously, for the last two years, the international standards committee has been reviewing those standards for PTSD just to make sure we haven't forgotten anything or we have to change something.

• (1645)

**The Chair:** Thank you. I'm sorry, but we have to move on.

Up next, we have MP Wagantall, for five minutes, please.

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

Thank you all for appearing today.

Ms. O'Brien, as I listen to you describe ADI, I'm very impressed. You also mentioned how you've added two mental health professionals to your team to handle what you're dealing with. Much of what you're referring to is very affirmable of what I find within the organization Audeamus, which has received multiple funding opportunities at two universities where they work with a psychiatrist as well as the researchers.

One of them mentioned that having worked for 25 years with Audeamus, screening by mental health professionals is really important to determine a veteran's readiness for a service dog and what the goals are going to be for the dog to meet, and they pair a veteran with that dog right at the very beginning to team train, a term you're probably aware of. They train with their puppy so it becomes second nature to care for each other and build that sense of trust that they need to go out in public.

I would like you to speak very briefly to how important that is, that sense of complete confidence and team within that relationship of the dog and the veteran, that would then spill over into the effectiveness of their training.

**Ms. Sheila O'Brien:** Yes, absolutely. As a matter of fact, in the United States, there's an act called the PAWS Act, which just passed the House. That is for therapy for veterans, doing the same thing as you just described your organization doing, where the veteran actually trains service dogs, overseen by professional trainers. It's a long process.

**Mrs. Cathay Wagantall:** Thank you. I apologize. You're answering my question really well. I just want to be able to ask a couple of other questions. The time goes way too quickly.

Medric, thank you so much for being here today.

I'd just like some clarification. With Wounded Warriors and the role that you're suggesting they have and they would play to a greater extent, what is it that Wounded Warriors actually does, and could you say it as concisely as possible?

**Mr. Medric Cousineau:** Wounded Warriors provides organization and oversight and ensures that member programs comply with standards.

**Mrs. Cathay Wagantall:** Okay. As a quick question, where did they get that professional ability to determine whether programs are complying with the standards? How are they qualified to do that?

**Mr. Medric Cousineau:** Previously, before my injuries set me down, my email address was Dogfather@woundedwarriorscanada.ca. Because of my involvement in placing, funding and pairing, the one thing I have not done, can't do and will not do, to this day, is train a service dog. I don't have the skills. I was barely competent to be able to hang on to the end of the leash.

**Mrs. Cathay Wagantall:** How do you get the service dogs that you provided, the 200 dogs.... I don't remember. Was it 200?

**Mr. Medric Cousineau:** It was more than 200.

**Mrs. Cathay Wagantall:** At what point do you tie them to a veteran? How does that work for you?

**Mr. Medric Cousineau:** There are a variety of different models that are used. Some are the fully trained model, as per what National Service Dogs and ADI programs are doing.

There are some programs that are doing the owner-train participatory model. However, you must be aware, and it's highlighted in the prescriber guidelines, of the inherent danger of attempting to take a person with serious mental health issues, pair them with a dog of unknown provenance and get them to the finish line in the service dog world. If they fail, which there is a fairly large possibility of, you have literally reinforced failure for a veteran who is struggling. You can't have that.

• (1650)

**Mrs. Cathay Wagantall:** I agree with you entirely, because there's nothing more important than that they succeed. What is the best approach to enable that?

When you're securing these dogs, my concern as well is what this costs the veteran. I know with Audeamus there's no cost to the

veteran, and they are not in a circumstance where failure is an option. If that dog doesn't work, it doesn't happen.

What does it cost?

**Mr. Medric Cousineau:** Basically, ADI programs do all of their funding separate of the requirement of placing the dog. Being in-taken into a program through Wounded Warriors Canada does not bring with it a financial obligation other than the care and upkeep of the service dog, and we highly recommend that handlers insure their service dogs with pet insurance so that they're not faced with potentially crippling medical expenses surrounding their dog. That's a huge issue and something that has to be addressed as part of this overall program. Service dogs are too valuable to let slip for the inability to pay a veterinarian's bill.

However, the reason my wife and I did what we did....

**Mrs. Cathay Wagantall:** I just have a question.... I'm sorry.

**Mr. Medric Cousineau:** I could not afford that when I got her. The Royal Canadian Legion made her possible.

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

**The Chair:** Up next we have MP Casey for five minutes, please.

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

I'd like to bring Ms. MacKenzie and Ms. Forbes into the discussion here.

Ms. MacKenzie, in your opening remarks, there were a couple of things that you said that I'd like to probe a little further. First, you mentioned about a dog not being a program dog and the importance of the differentiation between owner training and self-training.

The other thing you said, and your colleague Ms. Forbes also focused on this as well, was about standards for training versus standards for outcomes. I'd like to hear you elaborate a bit more on those two points, if you would, please.

Then I'm going to go to you, Ms. Forbes.

**Ms. Laura A. MacKenzie:** I agree with Danielle and Sheila that the standards don't need to be created. They've been created for a long time. ADI has standards. IGDF, which is the International Guide Dog Federation, and the International Association of Assistance Dog Partners all have standards, and they're all fairly similar.

I think it's important to realize that I am not an ADI-accredited trainer. One of the reasons I am not is that I am not a charity. I am a non-profit, but I do have clients who are willing to pay for their dogs, so they pay for their dogs.

Right now there are a lot of trainers out there who are following the standards and doing the training. My teams have gone, they've been tested and they've passed. We have gone to court, and our dogs have won decisions. We've gone to B.C., and our dogs have passed all the accreditation. We do follow those standards.

I think it's also important to understand that standards won't stop fake or poorly trained service dogs. More important than having the standards is that they need to be enforced, and they have to be regulated by testing and licensing the team. You could open up and get more dogs available to people if you allowed other trainers within Ontario, within Canada, to be able to utilize their dogs, but there has to be some kind of testing to say that they are following the correct standards and that the outcome—the handlers, the team—are meeting that criteria. I think that's one of the most important things.

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

I'm sorry. Go ahead. Finish your thought. I thought you were done.

**Ms. Laura A. MacKenzie:** No, I think I answered your question.

**Mr. Sean Casey:** Yes, I thought so too. Thank you for that.

Ms. Forbes, one of the things that Ms. MacKenzie just said that I hope you'll be able to help me with is that she is not ADI certified because she's not a charity. Based on all of the committees on which you sit, I know you know this space very well. Why is it that the ADI certification only works for charities?

• (1655)

**Ms. Danielle Forbes:** Sheila can speak to this as well.

Currently under ADI's situation you have to be a registered charity—whether it's in the U.S., Canada or around the world, whatever the equivalence is—in order to apply and go through the process and become a member of Assistance Dogs International. It's my understanding that the International Guide Dog Federation only requires a non-profit.

Sheila can talk to those pieces more specifically than I can, into where ADI's going in the future, making it a little bit broader, perhaps. Certainly there is room in the space.

You want to be ethical, too. There's a transparency issue. As charities our financials are transparent. We have a level of transparency that's not necessarily available if you have a private company that you're dealing with. There's a lack of transparency. Having charities and non-profits automatically builds in a level of transparency into the process.

**Mr. Sean Casey:** I think that's what you talked about in terms of being accredited by Imagine Canada.

Could I get you to react to something else, as well?

We heard something from Mr. Cousineau that I found quite troubling, that the process towards developing a national standard was sabotaged by an organization that was pursuing their own self-interests. You indicated that you're on the CGSB technical committee. What would be your reaction to that sort of news? Can you expand upon it at all?

**The Chair:** That's unfortunately time, but I'll allow for a brief answer, please.

**Ms. Danielle Forbes:** On that front, I'm going to leave Medric's personal take on all of that to him.

As co-chair of the committee, I can tell you that where we fell down was not in the standard in and of itself, but how it was going to be administered. The policy piece is what scared people. The standard was one thing, but they were afraid of how it was going to be built into legislation and policy, and how that would impact the lives of the users and perhaps infringe on their human rights.

It was not the CGSB's job to develop the policy pieces and the regulatory pieces. There was no direct answer to those questions, which made people even more fearful of the process moving forward.

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

**Mr. Sean Casey:** Thank you, and thanks for your indulgence, Mr. Chair.

**The Chair:** Thank you.

Next, we have MP Desilets for two and a half minutes, please.

[*Translation*]

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

My question is for Ms. O'Brien.

We know that training a dog is very expensive. Once they are trained, they are given or sold to veterans, depending on the country. I believe that Australia covers the entire cost.

What is the U.S. government's position on this? Does it cover the cost of the dog and all the subsequent costs?

[*English*]

**Ms. Sheila O'Brien:** Not at all. The U.S. does not pay for any type of service or guide dog. However, the veterans administration—if you are a veteran who was honourably discharged—does provide veterinary health benefits for the dog, if it's an ADI or IGDF accredited dog. But, no, the government does not pay for the dog.

I'm talking right now, when I brought up the PAWS Act, about some funding that is still on the House floor. If it comes to fruition we'll be very lucky. Some programs will get funding.

[*Translation*]

**Mr. Luc Desilets:** Okay.

Are you saying that the cost of a service dog could be reduced for veterans?

[*English*]

**Ms. Sheila O'Brien:** For a veteran.... It's only for a veteran, not for civilians.

[Translation]

**Mr. Luc Desilets:** Okay.

We are wondering about supply and demand in terms of dogs.

Mr. Cousineau, I would like you to provide a brief answer to my question. You told me earlier that there was a shortage of dogs. Do you think the trend is moving toward a balance between supply and demand?

Ms. MacKenzie, I would like to hear you briefly on this right after. We don't have much time.

• (1700)

[English]

**The Chair:** I'll allow for a brief answer from Medic, and then I'm afraid that's time.

**Mr. Medic Cousineau:** The short answer is that we are behind and getting more behind every single day. The cases of new PTSD being diagnosed exceed the capacity for us to provide service dogs. That's a known. I really don't know how to address it, other than the fact that we just have to ramp up capacity and get on with it.

**The Chair:** Thank you.

Up next we have MP Blaney, for two and a half minutes, please.

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

Ms. O'Brien ended her answer to my question talking about making sure that veterans are ready for the dog. I'm just wondering if that did come up in other testimony. One of the concerns is having a service dog placed and not having the capacity within the veteran's household to care for the dog.

I'm just wondering, Ms. Forbes, if you could start, and then maybe I'll come to you, Ms. MacKenzie, to just talk about how that assessment is done and what supports are in place, not only for the veteran but for the family to support the service dog.

**Ms. Danielle Forbes:** For our part, we actually use the prescriber guidelines that were developed by Kristine Aanderson. She was also my co-chair in the CGSB committee. That is our first line of defence because that allows us to ensure that there's been a conversation with a medical professional about a state of readiness and whether it's the best fit. We often get looped into those conversations, so it doesn't happen just between our clients and their treatment professionals. It's usually a three-way conversation between National Service Dogs, the treatment professional....

Built into our policy, based on the ADI PTSD standards for military, we are required to make sure that we are engaging on that mental health piece. Emergency supports are put in place so that there are at least two other individuals in that client circle of support whom we can reach out to if they're in crisis, not only to deal with the safety of the dog but to make sure the client is safe. That is built into the ADI PTSD standards for military. We also make sure our follow-up process is intensive and that we follow up well with the clients. We made the commitment at NSD to have a mental health professional on staff, not just on standby.

I'm sorry. I probably blew through your two minutes.

**Ms. Laura A. MacKenzie:** I'll just say that, yes, we follow pretty well the same thing Danielle does. We have a lifetime membership for our members. Most of our members come back even when they're done, so we see them typically for a weekly or biweekly visit. We call it the K-9 Country Inn family. Our members just keep coming back, but we do the same things. We talk to their health providers. We have meetings with them. We talk about what tasks are going to be required of the dog, and then we have people we can call if we think the person is in crisis. It's the same type of thing.

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

Up next, we have MP Doherty for five minutes, please.

Medic, do you have your hand up there? Is it a technical question, or did you want to respond?

**Mr. Medic Cousineau:** If you look at the prescriber guidelines, you will find that the service dog readiness decision tree is the second of three decision trees. I think that will lay to rest a lot of these issues.

**The Chair:** Thank you.

MP Doherty, for five minutes, go ahead.

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** I want to start off by saying thank you to our guests who are here, our witnesses who are here.

Mr. Cousineau, thank you for your testimony today. Thank you for outing me again about my friend MJ and her service dog, who aptly was able to detect that I was facing some anxiety regarding my bill.

Can you tell us where Thai is right now?

• (1705)

**Mr. Medic Cousineau:** Yes. Thai has wandered back and forth between sitting on my feet and watching my wife, who is in watching the testimony.

For both of us, if you can imagine, after dedicating almost eight solid years of your life to this, it's a pretty emotional issue. She has worked me hard. In fact, earlier we had to remove her from the room. She was becoming so animated I wouldn't have been able to continue my testimony.

**Mr. Todd Doherty:** Yes. That was one of the reasons I asked that question. I sensed that at the very beginning, and I know firsthand.

I want to share another example with my colleagues here. A friend of mine by the name of Jason Burd is an Ottawa firefighter. Jason is about six feet, eight inches. He's a giant of a man. When I first met him, I was speaking at a first responder conference with respect to post-traumatic stress disorder and my Bill C-211. Jason was a shell of a man. He could hardly stand up without shaking. PTSD had absolutely racked both his emotional and physical well-being. Sixteen months later, he was given a service dog by the name of Blaze. Jason was able to come out of his house without being impacted by all that was going on. Blaze absolutely transformed his life.

Mr. Cousineau, we talk about it so much, about trust and the emotional support that these dogs provide. I'm wondering if you can touch on that a little bit more, about how Thai has transformed your life.

**Mr. Medric Cousineau:** Yes. Thank you for the opportunity to do that.

I'm sorry for outing you.

**Voices:** Oh, oh!

**Mr. Todd Doherty:** That's okay.

**Mr. Medric Cousineau:** I considered the fact that you had spoken about it first as my licence to be able to bring it up here. I should have checked beforehand.

**Mr. Todd Doherty:** You got it—100%.

**Mr. Medric Cousineau:** No, you have my apologies.

Because of the physical security threats that accompany PTSD, whether it's a combat threat, whether it's a military sexual trauma scenario, whether it's search and rescue, or whatever happens to be the underlying cause of the trauma, oftentimes it involves a loss of personal security and with that comes trust.

In the military we're taught three things. When your HPA axis fires, you either fight, flight or freeze. Doing nothing is frowned upon. Running away is frowned upon even more, so we fight. That's why veterans become very aggressive when they become threatened. It has been bred into us. It's not that we're bad people. It's just the way—I'm sorry—that...

The military made us the way we are. I won't apologize for it. It's necessary. However, now that we've been made that way, when we are done we need to find a soft landing place for us to land on. That includes our dog. I trusted nobody—nobody—and that included family members. It was dark. It took a long time for me to re-establish some of that trust. Unfortunately, in my work in this space, I have dealt with betrayals, being told that we were going to do certain things on this file and we haven't, and it hurts and causes that. Now, however, because I have Thai—you saw her come in here and check on me a minute ago—I can function in ways that I hadn't in years.

I need to share this with you about another one of our service dog handlers. His wife was approached by neighbours after he had gotten paired with his service dog. The comment was, "My God, you have a husband? We thought you were a single parent." I don't need to tell you anything else. That's what you need to know.

That happens to be one of Mr. Samson's constituents.

**Mr. Todd Doherty:** Thank you for your testimony today.

**The Chair:** Thank you.

Up next is MP Fillmore, please, for five minutes.

**Mr. Andy Fillmore (Halifax, Lib.):** Thanks, Chair, and moreover, thanks to all the witnesses for giving their time and testimony today. It's very much appreciated.

Medric, it's nice to see you again. You may remember we spent an evening together at Pier 21 a couple of years ago, and Thai was under the table with us that night. You taught me something that day, and you're teaching me more today, so thank you very much.

Although my questions are going to be for some others, they're going to build on something you said, which is that there is an off-the-shelf option here.

My question is for Ms. Forbes and Ms. MacKenzie, because we're in a Canadian context here—forgive me, Ms. O'Brien. We heard from previous witnesses that this is really quite complex. The dog needs to be trained, the trainer of the dog needs to be trained and the service person who's going to be with the dog needs to be trained to be with the dog. There's the prescriber regimen. This is quite a complex thing.

I wonder if you could, in that context, either one of you, Ms. Forbes or Ms. MacKenzie, talk about whether there is an off-the-shelf option that can achieve that kind of complexity in the Canadian context?

• (1710)

**Ms. Danielle Forbes:** Do you want to go first this time, Laura, or do you want me to dive in? Okay, I'll dive in.

With "off the shelf", in terms of there already being pieces of the puzzle in place, I'm going to go back to what Laura said in her opening remarks. There are a few different lanes.

If you want to qualify programs that do all of those things, like one-stop shopping, you have Wounded Warriors that brings in programs to do that, but so does ADI. You can have something in place that can help you to understand that dogs coming out of certain programs are fully qualified, legitimate dogs.

Where the challenge comes in is the team end of it. For dogs that aren't coming out of programs where it is more easy to put standards in place and hold them to accountability, where I think I've seen, in this space, things get difficult are when people aren't going through programs like mine or like Laura's. They don't have guidelines or a mechanism to qualify their dogs legitimately for doing the good work.



I think for you guys, it's twofold. There's one lane that's service-provider oriented and another one that's owner-trained oriented, because they are a section of your constituency that is demanding access to Veterans Affairs and the greater community. Currently, they're under-represented. It's not my job—I don't service those folks—but that is from the standards board piece that I was party to. They have to be dealt with separately. The standards we have for programs do not cross over well into dealing with individuals.

The outcome standards that Laura referenced for the teams is what we are working on at CGSB to address that. It is sitting on a shelf in Ottawa, and it's darned good. We did good work on that. Medric's not wrong.

**Mr. Andy Fillmore:** Thank you.

Ms. MacKenzie.

**Ms. Laura A. MacKenzie:** Danielle has hit on the big problem. The majority of our clients are in our owner-trained program. The reason behind this is that we can service a lot more people and get more dogs with more handlers.

That being said, there is a huge process that we have to go through to make sure that this handler is ready to be able to train. We don't get a group of dogs or puppies from one litter. We specifically test specific puppies. Maybe out of 12 puppies we take two and give these to the handlers. There is a whole bunch of pieces of the puzzle that I really can't explain in just five minutes.

One of the biggest problems out there right now is that we are just overwhelmed with the number of people who require dogs. We have been having great results. It is owner-assisted, and that means through public access. We have two trainers who go out with a maximum of four people to help our handlers go out in public, because that's the biggest thing. We want to make sure that they aren't traumatized when they go out. If we see that they are being traumatized, we have somebody who can go with them and take them away from the crowds. If they start to disassociate, we have somebody there who can help them.

All of my handlers have been trained by me and are service dog owners. A lot of them no longer need their service dogs because they may be on their third dog with me, and now they can do things without them. They are there. They understand what's happening to the person, and they are there to help facilitate if something does go wrong. There's a whole bunch of pieces to the puzzle.

Where it doesn't work is when you have trainers who don't understand the process, who try to train the dogs. I believe—

• (1715)

**The Chair:** Thank you. I'm sorry. I have to cut you off there.

**Ms. Laura A. MacKenzie:** No problem.

**The Chair:** We're getting close to the last 15 minutes of the meeting, so I have to be a little more litigious.

Up next, we have MP Davidson for five minutes, please.

**Mr. John Brassard:** Mr. Chair, I think I'm going to be taking Mr. Davidson's spot, if that's okay.

**The Chair:** By all means, Mr. Brassard, go ahead for five minutes.

**Mr. John Brassard:** Thank you, and I'm sorry we didn't....

I want to ask a very difficult question, but I think it's an important question when it comes to the issue of service dogs. I want to address this to all four of you, so it should take up the five minutes. On the issue of veteran suicide, from your experience, maybe you can address the issue of their having a service dog at their side and how it's helped veterans who would otherwise have suicide ideation say to themselves, you know what? No, not today.

Maybe we can start with Medric and then go around. Please give enough time for everybody to answer.

**Mr. Medric Cousineau:** Having the dubious distinction of being a veteran who has survived multiple attempts on my life....

**Mr. John Brassard:** I know it's emotional. I know it was a tough question, Medric, but it needs to be asked.

**Mr. Medric Cousineau:** You're goddamn right it needs to be asked. You have to ask yourself: What the hell is so goddamn powerful that people who would willingly step into harm's way for other people try to kill themselves? When you can answer that, you can answer why we need these dogs. If you can't answer that question, you shouldn't be invited to the discussion.

**Mr. John Brassard:** Thank you.

Danielle, Laura, Sheila, anyone...?

**Ms. Danielle Forbes:** I can go next.

In terms of that piece of it, suicide is a very individual thing, but making sure that our team is suicide aware and responsive, and trauma-informed, is part of what we do at NSD. In terms of the anecdotal evidence we have seen from our clients and heard from our clients, the dogs give them back their routine and they put them on a healthier path on that routine.

Is that going to work 100% of the time with service dog users in the PTSD field? No, there are so many mitigating factors, comorbidities around addiction and other challenges that it's a multi-faceted puzzle, but the dogs certainly don't hurt, and in some cases, can be the difference between somebody wanting to continue or suiciding.

**Ms. Laura A. MacKenzie:** I totally agree, and I think one of the biggest things for the veteran or civilian with PTSD is that they disengage from society. What we have found with the dogs is that it helps them reconnect through training and through being with a group. It helps them find their voice and be part of something. It makes them feel that they're not alone.

That's where we have found the biggest change. They have someone there who they can count on all the time by their side, and it makes them more comfortable. Also, embarrassment is a huge part of it, and lots of people will not hug another person or talk to another person, but they will hug and talk to their dog.

**Mr. John Brassard:** Sheila, do you have anything you want to add to that?

**Ms. Sheila O'Brien:** Yes, I have a few statistics for some things that just came out of the VA study that was released in early 2021. That VA study confirmed that there was a reduced suicide ideation and clinical depression in all veterans who had service dogs, as opposed to emotional support dogs. They also noted there was over a three-point improvement on the PTSD checklist, which is the test that's used widely to assess somebody's PTSD.

The last statistic or point that I want to bring up is from the annual suicide report at the VA. They are saying that although there's a prevalence of veterans with PTSD, regular treatment such as drugs and therapy doesn't do as well as it does with other mental health problems, so it's very interesting. I think that veterans knew this before we did, that a dog is what they need.

• (1720)

**Mr. John Brassard:** Yes.

Thanks, everyone. This has been a really valuable session.

**The Chair:** Thank you.

Up next for five minutes is MP Lalonde, please.

**Mrs. Marie-France Lalonde (Orléans, Lib.):** Thank you very much, Chair.

First, I want to thank all of you for joining us today. For me, certainly, this discussion has been extremely valuable in helping me to better understand this issue.

Ms. O'Brien, you addressed some of the standards in the U.S.A. and your role and everything. What advice would you give us in Canada when it comes to establishing standards for service dogs here?

**Ms. Sheila O'Brien:** I think the best advice would be to utilize the PTSD standards that ADI has already worked on for eight years. Again, they don't deal with just dog training. They deal with all components that are involved in terms of these veterans with PTSD.

You know, we were talking about how a dog makes a difference in getting people out in the world, but if the dog is not the right kind of dog, it hurts the veteran. We have to be aware of that too. These standards cover all of that. They insist that you use a dog that invites the public in. If you have a dog that's snarling and has its hackles up, it will not invite the public in. One of the prime objectives for someone with PTSD is to interact with the public.

There are a lot of components to it. It's not just dog training. It's dog temperament. It's veteran readiness. Some veterans are not ready to have a dog at the point when they apply. They're just not. For example, they're addicted or just don't have enough get-up-and-go to be with a dog. You need to have the mental health component up there as well, so I would recommend that.

**Mrs. Marie-France Lalonde:** Thank you.

You might have informed us of this already, but I might not have quite understood. Who pays for the dog and their training in the United States, and how do you meet your demand?

**Ms. Sheila O'Brien:** All of the programs in ADI are non-profit. I can speak for the 106 programs that I oversee. They raise the funding themselves.

**Mrs. Marie-France Lalonde:** It's basically through fundraising activities and individuals supporting these initiatives regionally across the United States.

**Ms. Sheila O'Brien:** Yes.

I know this will shock you, but in my program it costs over \$60,000 for one team. That's everything—flying the team in, training the dog, keeping the team accommodated. We have a larger program and dorm rooms.

It's \$60,000 for every team and the veteran does not pay one cent.

**Mrs. Marie-France Lalonde:** I'm glad to hear that veterans are not footing the bill for this. Thank you for all the work that happens over there.

Mr. Cousineau, I represent Orleans, a community within the national capital of Ottawa. We have many veterans here. I don't come from a veteran's family, but I want to say from the bottom of my heart how appreciative we are of your service to our country, sir. Thank you for your testimony and for sharing.

I have a very quick question for you. My time is almost up, so please be brief. How would we know that someone needs a service dog instead of, for example, an emotional support animal?

• (1725)

**Mr. Medric Cousineau:** Anyway, the short version is that a service dog is specifically task-trained to mitigate the disabling symptomatology that a handler has from their PTSD. That is why the prescriber guidelines are so important, because that is the linkage with the schools that are going to provide the training and marry the team up and get them pointed in the right direction.

There are approximately 53 different things that a service dog can do for PTSD. The problem is that three to five of those things are going to be the major ones that a veteran is going to deal with on a daily basis, and that's where we have to focus our efforts.

You can't teach a dog 53 commands that he isn't going to use, because after a few months the dog won't respond and the handler won't remember. It is absolutely imperative that the medical professionals become involved in this particular prescribing process, because if not, what they're saying is, "We know you do this amazing stuff, so just go do it," without medical oversight. That doesn't make sense.

**Mrs. Marie-France Lalonde:** Thank you.

**The Chair:** Thank you, sir.

Up next for two and a half minutes, we have MP Desilets.

[*Translation*]

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

Before the chair cuts me off, I want to thank all the witnesses for a wonderful meeting.

Ms. MacKenzie, it seems clear that the demand cannot be met. There aren't enough dogs. Political will and money seem to be available.

What must be done? How can the demand be met? Is it a matter of providing more training?

[*English*]

**Ms. Laura A. MacKenzie:** We need testing for the dogs that are being trained by the trainers who are out there, and licensing. We need some kind of program where we can figure out how to—

[*Translation*]

**Mr. Luc Desilets:** I apologize, Mr. Chair, but we have no interpretation.

[*English*]

**The Chair:** I'm sorry to interrupt. Wait one second. We have a bit of a problem with translation. I'm just going to test right now.

Are we good? Luc, can you hear me being translated?

[*Translation*]

**Mr. Luc Desilets:** Yes, it's okay now.

[*English*]

**The Chair:** Okay.

Laura, do you want to start from the beginning? We will wind the clock back.

**Ms. Laura A. MacKenzie:** Sure.

What really needs to be done is to have some kind of testing so we can monitor the standards. There are trainers out there. We're not ADI accredited, but we are training to that standard. We need to have a testing and licensing program established so that these dogs can be tested with their handlers. Then you know that they're going to meet the standards of public safety.

Standards will not stop fake service dogs, because under the human rights law, right now, anyone can get a doctor's note and they can slap a vest on their dog and say they have a service dog. If we don't have any way to test this dog, there is no way to enforce it.

[*Translation*]

**Mr. Luc Desilets:** Ms. O'Brien, drawing on your international or North American knowledge in this area, do you have any examples of countries that may not be meeting the demand but are at least trending toward a balance? If so, how are they doing it?

• (1730)

[*English*]

**The Chair:** That's time, but I'll allow for a brief response, please.

**Ms. Sheila O'Brien:** Unfortunately, the demand is out there everywhere, so I don't have any solution to that particular problem.

**The Chair:** Thank you.

The last word for today's meeting will go to MP Blaney, for two and a half minutes.

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

Mr. Cousineau, perhaps I could come to you one more time. In your last answer, you talked about having the medical professionals involved. I think what you said is super important, but I'm trying to understand what the process is.

If a veteran reaches out to your organization or to one of the other organizations, who assesses whether the veteran is prepared and what supports need to be put in place, and how do they assess that? What is that process?

**Mr. Medric Cousineau:** When an individual reaches out, one of the things that has to happen is the intake and screening process within Paws Fur Thought, which includes getting the prescriptions from the doctors to become involved in this process. Failure to do that literally means that we could be providing to the individual something that is contraindicated by the treating clinician. That's why we really need to be cognizant of the fact that they have to become involved in this.

People in the dog industry all love dogs, and they do an amazing job training them, but they are not medical professionals and they are not qualified mental health professionals. We need access to those.

Think about this. PTSD is acknowledged to be one of the most complex and debilitating mental health injuries that there is because of its comorbidities. Anybody who thinks there is a simple solution to a complex problem like that is dreaming. That's why it's an all-hands-on-deck scenario.

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

Those are all of my questions, Mr. Chair.

I really appreciate that answer. It really helped me understand.

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

That will bring us to the end of today's meeting.

I want to take an opportunity to thank all of the witnesses for being here today. This is a tough conversation, and I appreciate each and every one of you spending the time with us in helping us draft this report. We know that we have one more meeting with this study. It's been very educational. There hasn't been a meeting we've had where we haven't walked away—I haven't walked away—learning something new on this.

I see Laura has a friend to join us here today. That's fantastic.

Thank you very much, everybody.

Thank you to all the technicians and folks in Ottawa who allow this type of meeting to happen during this pandemic.

MP Wagantall, go ahead.

**Mrs. Cathay Wagantall:** When you're done, I just have one question of the committee. Is that possible?

**The Chair:** Certainly. Go ahead.

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

I missed the last meeting because of responsibilities in the House. I understand there were a lot of technical issues that cut significantly into the time for the individuals who were part of that particular day of testimony. I know that specifically we lost time for the psychiatrist to be able to be part of the conversation. I'm wondering if Susan Brock could be included in another opportunity for her to present.

**The Chair:** I'll talk to the clerk about what would be entailed in something like that and if it would make sense to include her in our last meeting.

With that, if there is no objection, I will adjourn today's meeting.

Excellent. We are adjourned.

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