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## **Standing Committee on Health**

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**EVIDENCE**

**Thursday, May 4, 2017**

**Chair**

**Mr. Bill Casey**



## Standing Committee on Health

Thursday, May 4, 2017

• (1105)

[English]

**The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)):** I call this meeting to order. Today at our health committee meeting we're going to talk about two bills, and then we're going to do a little bit of committee business at the end of the second bill.

The first issue we're going to talk about is Bill C-211, and we have as witness MP Todd Doherty, who is going to give us opening remarks on Bill C-211.

Mr. Doherty, the floor is yours.

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** Mr. Chair, I just want to say thank you for the opportunity to be here today. Thank you to you and thank you to my colleagues for allowing me to be here to speak with respect to Bill C-211, an act respecting a federal framework on post-traumatic stress disorder. I'd also like to thank all members of Parliament for their support at second reading, when all 284 MPs present voted in favour of sending Bill C-211 to this committee. I'm hoping that we can see the same show of support at third reading.

I think we've done something unique in this Parliament. We've been able to show support across all party lines for a very worthy cause, and that is getting our warriors the support they need and deserve when it comes to post-traumatic stress disorder. Bill C-211 seeks to establish a cohesive and coherent national framework to ensure our military; first responders, including firefighters, paramedics, police personnel, and emergency dispatch; our veterans; and our correctional officers timely access to the resources they need to deal with PTSD and mental health injuries.

We're only just beginning to understand the term PTSD. In truth, even in the three years of working towards getting elected and tabling this legislation, the discussion has grown even louder. This is good, but it is very easy to forget that it was only 30 years ago that there was no classification and no name given to the demons we now know to be PTSD.

When I first started doing research for this bill, I was shocked to read that PTSD wasn't even officially recognized until 1980, when the American Psychiatric Association added it to the *Diagnostic and Statistical Manual of Mental Disorders*. There are generations of individuals who have lived this nightmare that we are only now starting to talk about publicly. There are generations of individuals who have struggled with PTSD who we have lost.

I know some of you in this room better than others, but I think we all have one thing in common, and that is, at our very core, when we chose to put our names forward, it is and it was because we hope to inspire change and to do better for future generations than had been done in the past, irrespective of party lines.

I was told from the outset that the likelihood of getting Bill C-211 passed was slim to none, that I shouldn't get my hopes up, and that, since I am an opposition member, the government would never let this pass. As I met with people first from my riding, then from all across this country, and indeed, across party lines, I began to see what I already knew. This is not a Conservative issue, it's not a Liberal issue, nor is it an NDP issue. I've heard very real stories from our brave men and women who have made sacrifices. I also heard from the families and colleagues of those who lost their fight and those who are still in the thick of this terrible disease.

Colleagues, by getting Bill C-211 to committee today, we've already beaten the odds and the naysayers. We have proven that we can put aside party politics and work together to leave a legacy, or have we? Will C-211 die at committee stage? That's the message we've received, that this is a feel-good moment, that the box has been checked off, but it now affords the excuse that there was no consensus at committee.

We've heard that before in this Parliament, haven't we? I apologize for this comment, but you have to understand that lives are at risk here. Every minute we delay or decide that we need to study something further, lives are lost. It has been 563 days since those around this table were elected. It has been 556 days since I first landed in Ottawa with the background for Bill C-211. It's been 462 days since I first tabled C-211, and 57 days since we stood together. In all that time, we have lost lives.

Mr. Chair, I offer to you that a mere one year ago, only about 800 metres from here, an RCMP member chose to end his battle mere steps from the front of Parliament. We need to be better, and I challenge all of you that we can do better. There is so much work that needs to be done. The message we have delivered to this point has been that we have heard the stories, that we believe the stories, and we will act. In doing so, we have given our warriors hope, and this, indeed, is a heavy burden to carry.

We have an opportunity before us today to get this bill through committee because as it stands, the standard of care, education, and even our terminology, be it OSI or PTSD, still varies from one province to the next.

Our government has said that PTSD is a priority and it is outlined in the mandate letters of the Ministers of Public Safety, Veterans Affairs, and Health. This is our chance to align all of our work done to date on this issue and get a line item on the federal books, so that no government, present or future, will be able to move forward without our warriors.

A national framework would ensure that every year a conversation is happening on best practices, on treatment options, and on how best we can help as a society, so that no one is left behind.

I have said this before and I'll say it again. We have received many emails, many of them full of heartbreak and tragedy as a result of careers. I'd like to take a moment, if you will, to read one that I received a little over a year ago.

"As I write this, I'm trying hard to hold back the tears. The truth is I'm unsure how I even have tears left. I've cried every day since his death and it's been over a year. I can only manage a day at a time, and even that at times is too much. I don't know what tomorrow will bring. I guess no one really does. We were only married three years and he was my one true love. He would have been 30 this year. Our son will never know his father. He will never know the incredible man he was. My husband only wanted to serve and to save. Sadly, no one could save him. It's odd how everyone gathers around you at first, then life goes on. I don't get the invites anymore. It's like other wives don't want to be reminded of this, of how this could have been them.

"Mr. Doherty, your bill is too late for my family, but I hope you will be successful. My pain endures and I'm not sure there is a fix. I will tell my son that his dad was a hero and saved lives. I believe if my husband knew of you and your efforts, it just might have given him enough hope that he would have reached out, that he would have hung on. Please keep fighting for this. For us it is too late, but you and your colleagues will save the lives of others.

"Thank you."

Mr. Chair, this is one of hundreds, maybe even thousands, of emails, messages, and comments on social media we have received and private meetings we have held, since tabling our bill. It truly is overwhelming. We have heard the stories of those who are struggling today, those who are receiving help, and those who are left behind to somehow pick up the pieces.

We have to come up with solutions, so we don't lose another life to PTSD. I'd like to ask the committee members—and I also mentioned it in my speech at second reading—if the cost of action on the national framework for PTSD is too great for our government, be it the federal government or the provincial government, what then is the alternative? What is the cost of inaction? How many more lives are we willing to lose before government steps up to the plate? What value do we place on those who we ask to serve our country without hesitation, to answer our call without hesitation, to run into burning buildings, to run towards gunfire? When we call, they answer, any time, any place, and for any reason, with no questions asked, but have we been there for them? Have we answered their call?

These are all questions we need to be asking ourselves today, for all of those who are still fighting. When they talk to one branch of

government, are they then referred to another or a different office, or a different phone number, or shuffled to the next wicket? Have we turned a blind eye and said, "It's not my problem"? For those who have a friend, family member, or loved one who has lost someone to PTSD through our inaction, are they spending their lives on hold waiting for someone to listen to them?

This is unacceptable. We must and can do better for our fellow men and women. This begins with education and a willingness to learn. It begins with the bold action of saying, "Enough is enough", so that regardless of our party politics, we can and will finally do something about this terrible disease.

Let's stop making excuses. Let's not further delay or deny action. Those of us, around this table and in this House, can do this. It is the federal government that can set the tone and provide leadership right across our nation on this terrible disease.

• (1110)

This issue has been studied by other committees. We can build on their work and move this legislation forward. Only through bipartisan support and co-operation can we hope to achieve effective and viable strategies, terminology, and education to help deal with PTSD. Let's choose to give back in the one small way that we are able to by ensuring that our protectors have the opportunity to receive basic, standard care and treatment to deal with their PTSD, and by ensuring that our terminology and laws are consistent across the country, and that our heroes in the east are treated the same as our heroes in the west, because for too long, we have left our first responders, our military, and our veterans behind.

Mr. Chair and colleagues, it has been an interesting spring session. I read earlier, from the wife of a fallen officer. One line sticks out, "I don't know what tomorrow will bring. I guess no one really does".

For those who have been following our journey, those who are in the room with us today, and those who are watching across our nation and internationally, tomorrow is just another excuse for delay. Sometimes, tomorrow is too far away. Let's not wait for tomorrow, Mr. Chair and colleagues. We can make a difference today.

I'm asking for your support to ensure that Bill C-211 moves forward in a timely manner, because it will save lives. At second reading, we proved to our community of warriors that we stood in solidarity with them. I'm telling you today that this committee and our House collectively have the power to leave an incredible legacy.

With that, I'll end. I just want to say, once again, thank you, and I appreciate and will take your questions.

• (1115)

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

We appreciate your passion and your concern.

I just have to say that almost every issue we deal with is really important to people, and lives are at stake in almost everything we deal with. I think we do a pretty good job as a non-partisan group of members of Parliament to analyze them, and that's what we're going to do with your bill for sure.

We're going to start questioning with Mr. Ayoub for seven minutes.

[*Translation*]

**Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.):** Thank you, Mr. Chair.

I want to thank and congratulate my colleague for tabling his bill.

I'm pleased that you clarified the non-partisan aspect of bills that deal with the health of Canadians. These bills are all important, and we handle them as diligently as possible. We always want to do better. We would like to work faster, but that doesn't always allow us to do better.

Taking the necessary time to conduct a proper study and to do things correctly is part of the process. I don't want to go over the non-partisan and political aspect. You really focused on it. However, this aspect doesn't really concern or interest me when it comes to bills that deal with the health of Canadians.

We can't be against virtue. As you have seen recently by the government's actions, ensuring the mental health of Canadians has been a priority since day one. We've taken measures, as demonstrated by the budget. Significant amounts have been invested across the country. The minister came to talk to us about it. Mental health is a very important issue. Today, we're talking about post-traumatic stress disorder. The disorder represents a significant portion of the impact of mental illness that must be addressed.

Your bill requires that a conference be convened to establish a federal framework for post-traumatic stress disorder. The development of a national action plan on post-traumatic stress disorder was one of the priorities identified in the Minister of Public Safety and Emergency Preparedness's mandate letter.

How is this federal framework different from your bill?

[*English*]

**Mr. Todd Doherty:** I really appreciate your comments.

Every government comes out with a mandate, and they choose to allocate funds and move forward with it. We know from the nature of government and from the nature of the day-to-day that sometimes we fail or we lose sight of our best intentions.

My bill came out before the mandate letters did and we moved forward with those. Bill C-211 calls for a national framework to be developed, working with our provinces, working with legislators, working with industry and academics from across our nation. There are groups that are doing some incredible work. There are provinces that have followed through with different pieces of legislation.

But as we stand today, there are still inconsistencies in what is being delivered from one end of our nation to the other. Leadership needs to be seen. This is calling for a piece of legislation so that irrespective of government, there will be a line item to ensure that

the responsibility to our warriors and our front-line workers will be maintained and that as we move forward, we're moving forward in lockstep and taking care of those who serve their communities and their country.

• (1120)

[*Translation*]

**Mr. Ramez Ayoub:** Have you had the chance to meet with the minister and discuss this federal framework with him?

[*English*]

**Mr. Todd Doherty:** Yes. As a matter of fact, we've met with many of our colleagues across all party lines from the very beginning, whether it was the Minister of Health or Minister of Public Safety, and we have continued to dialogue also with the parliamentary secretaries.

Again, as I mentioned, this is a non-partisan issue for me, and in doing our background work we made sure that we were working with colleagues from all sides of the aisle. I have to say that we often get thanks for the work we've done and for being a champion of this issue, but the reality is that we have champions on all sides of our House who have been doing some incredible work in the ridings and in the industry with this.

To sum up my answer for my honourable colleague, I have had meetings with ministers, not formal meetings, but we have had meetings to discuss our bill.

[*Translation*]

**Mr. Ramez Ayoub:** Your bill was introduced prior to the release of the Standing Committee on Public Safety and National Security's report. Recommendations were made through the committee.

What do you think of the content of this report and of the recommendations? Would you implement any of the recommendations to improve your bill?

[*English*]

**Mr. Todd Doherty:** I had the opportunity to actually sub in on those committees, on that committee work. Because of the work that I've done in this area, my passion, as well as my bill moving forward, I was afforded the opportunity to sit in and participate in that.

There's great work that was done on that report. I actually referenced it in my speech. I think it is something that we can use as a road map moving forward. But as you and I know, Parliament and, indeed, legislative assemblies right across our country are filled with committee reports that sit on shelves and simply collect dust. I think we need to use that report, as well as the one that you're doing, to really lead that legacy of action. That's what I'm calling for.

[*Translation*]

**Mr. Ramez Ayoub:** Have you identified certain amendments that could be included? Have you reached that step?

[*English*]

**Mr. Todd Doherty:** No. I think we've gone through it. I think number one is looking at a national framework, national strategy on how we move forward. We've received a letter from the Minister of Public Safety on that as well, as they move forward.

Again, we need to be moving forward in a coordinated, cohesive manner nationally. The number one recommendation out of that report says that there is indeed a need and that they recommend that there be a national strategy to fight PTSD.

[Translation]

**Mr. Ramez Ayoub:** Thank you.

[English]

**The Chair:** Mr. Carrie.

**Mr. Colin Carrie (Oshawa, CPC):** Thank you very much, Mr. Chair.

I want to thank my colleague. Todd, you've been very humble. I know you're giving credit around the table to everyone, and it is true that we have many people taking leadership roles and championing this, but without your leadership and your passion and commitment it certainly wouldn't be where it is today. On behalf of everybody, I thank you for that.

I know you've been very involved and you've had a lot of responses from the public safety community. I was wondering if you could share with us at committee one story that really stands out in your mind. Is there one?

**Mr. Todd Doherty:** There are many. I get emotional when we... As I said, there's a heavy burden when you're listening to these stories. You have people you consider heroes who are pinning their hopes on what we're doing. I used to think that I handled stress very well, but I think the weight of the world has been placed on our shoulders, and that speaks volumes to the issue and the need for us to do something.

I will answer the question. I developed a challenge coin with respect to my bill. I don't know if anybody has seen it. Mr. Chair, if it's okay.... On one side it has my parliamentary crest. On the other side it has the shields of first responders and our troops.

At Christmastime we were back in our ridings, and I was walking through a lobby. As you know, our days are fairly busy. Our schedules are not ours anymore. I saw a friend of mine who is in the RCMP and whom I've known for a very long time. As I was going by, I patted him on the shoulder and said, "Thanks for everything you're doing." I kept going, but I was drawn back. I don't know why. I went back and said, "I'm really sorry to bother you." He was meeting with his team at that time. I said, "I don't know if you know, but I have a private member's bill with respect to PTSD. It's called Bill C-211. I have a challenge coin that I want to give you, and I just want to say thank you for everything you're doing." Then I left and went on my way.

We went away for Christmas. When I came back, there were emails, voice mails, and messages from this gentleman. Finally I phoned him and I said, "What's up?" He said, "I just have to tell you. I don't know if you believe that things happen for a reason." This is very altruistic, for those who are here. He said, "I want to ask you if you remember when we saw each other before Christmas." I said, "Of course I do." He said, "Something drew you back to see me, and you gave me your challenge coin. Nobody knows this, but I was at my darkest point. I was essentially saying goodbye. Nobody knows this. Since getting that coin, I've come out to my wife, and I've

sought treatment. I want to be the face of your bill, because you are saving lives and that day you saved my life."

You can see how emotional it is. That's just one. We had a gallery filled with people. Every day they send us the same. There are so many. We can save lives.

Sorry. I'm a big baby, but this is real. It's not made up. A simple pat....

When 284 members of Parliament stood unanimously on March 8, 56 days ago, there was a giant of a firefighter suffering from PTSD who was emotional and was crying. He said, "For the first time, I have hope." To me, that's shocking. I'm sorry, but that's unacceptable for us as leaders within our country. We have to do better, and we have to be better.

Is there one story? There are many stories. That's one. His story... It was released that day. His name is Kent MacNeill, staff sergeant for the RCMP. Every day, I'm inundated with the same. We have thousands of stories that are the same, whether it's a survivor or a wife, as I read earlier. It's crazy.

● (1125)

**Mr. Colin Carrie:** Thanks for sharing that. Do not apologize for getting emotional. I think all of us around the table here have either friends or family who put their lives on the line for us. All of us owe those individuals more than can ever be paid.

I'm so impressed with what you have done here. It is so rare that a private member's bill receives unanimous consent like this at any stage of the legislative process.

Can you take a moment and explain to those who are listening why you think Bill C-211 received support from all sides of the House?

● (1130)

**Mr. Todd Doherty:** Yes. It's because we all know somebody who this has impacted. We're inundated with media about another first responder or veteran who has committed suicide. I think we're just now understanding the challenges associated with mental health injuries.

We have groups that are doing some incredible work. As we sit here today, it's Mental Health Week. I'd like to say that I think there is indeed a genuine willingness to get this going and get moving. We need to do it.

We need to put a piece of legislation in place. The question earlier was, why do we need a piece of legislation to have this take place? I get that all the time. We need a piece of legislation because it mandates us to move forward, whether it's this government or the next government. If the next government chooses not to do it, then they have to come before the House and tell us why they won't. They have to answer to Canadians. They have to answer to those who sign up, wear our maple leaf on their shoulders, and put their lives in danger so that you and I and our families can sleep soundly at night.

That's why this bill is so important. That's why I think we're seeing unanimous support along the way. We can't lose another life this way. It's so important for us to keep this momentum going.

**The Chair:** Thank you.

Mr. Davies.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Thank you, Mr. Chair.

Thank you, Mr. Doherty, for being here.

Mental illness affects some 6.7 million Canadians. That's about 20% of the population. It costs our economy an estimated \$51 billion each year. That's a bigger burden than is caused by cancer or infectious disease, yet only about 7% of public health care spending in Canada goes to mental illness. Nearly one in 10 of the Canadian military personnel who took part in the mission in Afghanistan are now collecting disability benefits for post-traumatic stress disorder. Experts say the prevalence of that disease is likely much higher among Canada's combat troops.

Overall, 17% of Canadians aged 15 or older reported having a mental health care need in the past year, but one-third of those individuals reported that their needs were not fully met. We all know that most mental health remedies and therapies are actually not even covered by our health care system, such as access to counselling.

Mr. Doherty, you mentioned that maybe we've only recently come to terms with PTSD, and I think that's partially true. But in 2008, almost 10 years ago, researchers at McMaster University released a study that found the prevalence rate of lifetime PTSD in Canada was an estimated 9.2%. Furthermore, the researchers estimated that at any given time, 2.4% of the population is experiencing the disorder. A study by the U.S. Department of Veterans Affairs found that Canada had the highest prevalence of PTSD of the 24 countries included in the study. They found that 9.2% of Canadians, almost one in 10, will suffer from PTSD in their lifetime.

I'm going to congratulate you as a private member for bringing this important issue forward, but I want to put on the record that I don't believe that a federal framework for PTSD should have been left to the efforts of a private member. I believe it is the responsibility of the government of the day to bring that framework forward, and the government has failed to do so over the last 10 years. I want to put that on the record.

Mr. Doherty, I think your bill is an excellent start. It mentions first responders and military. First responders are twice as likely as the average Canadian to suffer from PTSD. Every day they selflessly brave horrific circumstances that greatly increase their susceptibility to operational stress injuries. They have our backs, and I think it's time we had theirs.

In terms of the military, we must honour the incredible sacrifices made by our courageous women and men in uniform every single day. We have to remember that these heroes are human, too, and we need to give them the respect and the services they deserve.

Having said that, as I study your bill, I'm concerned about the scope of the bill being too narrow. In your preamble, you specifically mention first responders, firefighters, military personnel, corrections officers, and members of the RCMP. Those are the only groups that

are specifically mentioned. Your bill calls for the convening of a conference, no later than 12 months after the day on which the act comes into force, with the Minister of National Defence, the Minister of Veterans Affairs, and then provincial and territorial government representatives. Of course, that conference will be convened by the Minister of Health.

My questions to you are going to be about whether you would be amenable, Mr. Doherty, to broadening this. Let me go through the broadening that I suggest would make your bill even better.

We know there are gender differences in the prevalence, comorbidity, presentation, and treatment of PTSD. Women are twice as likely as men to be diagnosed with PTSD. The reasons are a little bit unclear. Some think it could be linked to sexual assault, because women are of course much more likely to experience sexual assault than are men. Mr. Doherty, would you be amenable to us amending your bill to include the Minister of Status of Women, as a ministry, to join the Ministers of Veterans Affairs and National Defence in this conference?

• (1135)

**Mr. Todd Doherty:** Thank you for that question.

I want to first talk about the statement that you read.

**Mr. Don Davies:** I don't have much time, Mr. Doherty, so I'd like you to answer my question if you could.

**Mr. Todd Doherty:** I think you'll be happy with what my statement is going to be.

I would agree. I think it's shameful, whether it's this government, previous governments, or what have you, that certain provinces are still fighting to get some form of legislation in place. Legislation and leadership need to be done at the federal level. That's why I'm saying now is the time.

In terms of the Minister of Status of Women, I'm amenable to any recommendations that this group has. My challenge is with you, and one that was left off of that is the Minister of Public Safety. It has been noted, and we've had that discussion.

I think it's very important that we are mindful that every day we delay getting the ministers around the table, whether it's the three that you've mentioned, the public safety minister, or the minister of women.... That's what our bill does. It legislates getting the ministers around the table with their provincial colleagues, with industry, and academics to start working on this framework. At that point, who's involved in that, I think that's up to the—

**Mr. Don Davies:** That's exactly my question.

First, in no way am I talking about delay. I'm honouring the convening of the conference within 12 months. The questions I'm going to ask you are to make sure we have the proper people around that table.

Your bill, Mr. Doherty, has specifically indicated certain ministries that you want around that table, and I think you're quite right to have required the Minister of National Defence and the Minister of Veterans Affairs. Of course, I think it is an omission that you don't have the Minister of Public Safety, which, of course, we will propose amending, because you make reference to the RCMP, and the Minister of Public Safety is, of course, the minister responsible for public safety. I'm going to be moving an amendment to add the Minister of Public Safety at this conference for sure. I'm also going to be moving that we add the ministry responsible for women.

I want to talk about indigenous people, because we know with the residential schools issue that probably, outside of military and first responders, the largest incidence of PTSD in the country is in our indigenous population. Research has been conducted that shows there are wide variations, but a 2003 study on B.C. residential school survivors put PTSD rates as high as 64%. Michael Pond, who has worked with first nations communities for 40 years, estimates PTSD rates could be as high as 90% in some communities.

I'm also going to ask if you would be amenable to our adding the minister responsible for indigenous affairs to this conference to make sure that PTSD, as it affects our indigenous population, is also heard in the development of a national framework.

**Mr. Todd Doherty:** I'm going to offer that I'm amenable to any changes or recommendations that are moving forward. I will offer this. My bill was developed to look at the overwhelming issue and epidemic that we have with respect to our first responders, our veterans, and the military, and I'm very well aware of the mental health statistics right across the board.

Our challenge is this, and we met with a number of different groups as well as we moved forward. Today, as it sits—and you mentioned it in your opening preamble—we do not have a piece of legislation. We have not seen any action by government, and sometimes as we move forward in government, with best interests intended, we make something so onerous that we cannot wrap our heads around it and we will then fail at a later date.

I would offer to you that the way our bill was drafted was that it would be the best way moving forward so that we had a piece of legislation that then could be used as a template to make sure that we're looking after our other—

• (1140)

**Mr. Don Davies:** Can I ask—

**The Chair:** No. Time is up.

Thank you very much.

Mr. Kang.

**Mr. Darshan Singh Kang (Calgary Skyview, Lib.):** Thank you, Mr. Chair.

I may be sharing time with Mr. Lightbound, if I have some left.

Mr. Doherty, I want to congratulate you and thank you for your passion for the victims of PTSD. Thank you for bringing this bill forward. When you talk about PTSD and mental health issues and about the victims, I have personal experience. I'm dealing with a person with a mental health illness, and that's my better half. I've

been dealing with this since 1979. I have the first-hand experience. With regard to people who are suffering from PTSD, I know what kind of hell they are going through. I'm still tragically dealing with this. I get emotional when I talk about what I have gone through and what I am going through.

I congratulate you on this. I've always said that our first responders, RCMP, police, people working on the front lines, should be treated better. I'm sorry to say that our veterans, our first responders—RCMP, police, you name it—haven't been given the treatment they should have had. I think they should receive gold-plated treatment, because they give so much to the community and to the country. I congratulate you for bringing this bill.

I will start where Mr. Davies left off. Because we are a diverse country, a multicultural country, different communities look at PTSD or mental illness differently. They have different approaches. They respond to mental health issues differently, including PTSD. I ask what steps we can take to ensure that any federal framework, including for indigenous people, for everybody else, can be broadened so that we can cover a lot more communities or different cultures under your bill.

Should we include the Department of Canadian Heritage? What else can you think of? You could have an approach where, once and for all, everybody is looked after under your bill. Have you given any thought to other...?

**Mr. Todd Doherty:** First off, I want to thank our honourable colleague for sharing his personal story. The biggest thing around mental health is the stigma attached to mental health, whether it's a family member, a colleague, or the person who is suffering at the time, to be able to say that they're sick or to admit that a loved one is sick and struggling with mental health injuries.

Through you Mr. Chair, I just want to say thank you to our colleague.

Our bill is about getting our ministers around the table so that they can design and develop a national framework with respect to PTSD and mental health injuries. It was our intent that they could decide the scope and who would be involved in that. There's a lot of discussion that has gone on over the last year, lots of groups we have met with over the last year as well, after writing the legislative report and putting our bill forward.

What this bill will do today, if passed, is mandate those ministers mentioned to convene a meeting and to build that national framework. Who's involved in that and that scope is up to them.

• (1145)

**Mr. Darshan Singh Kang:** Bill C-211 relates to PTSD, while the House of Commons Standing Committee on Public Safety and National Security examines operational stress injuries, which includes PTSD, as well as anxiety, depression, and other mental health issues.

Have you considered broadening the scope of the bill to include OSIs more broadly, rather than just focusing on PTSD?

**Mr. Todd Doherty:** That's a great question, and it goes back to my earlier answer that there's much that we've learned even in the last year or in the 16 months or so after tabling our bill. Is it OSI? Is it PTSD? Is it a public safety officer? Is it a first responder? That's the reality, and that's why this bill is so important. It will develop a consistent terminology, a consistent diagnosis, a consistent treatment from one end of our country to another. Is it PTSI? A lot of people don't like the term "disorder". The reality is that an occupational stress injury is what happens when you experience traumatic events, and a post-traumatic stress disorder is a symptom and a result of an occupational stress injury. We need to look at a lot of different things with regard to terms. PTSD is but one. Another term we use is "mental health injuries".

Again, that's not for me to decide. As we move forward, I think we need to first have a mandate and a piece of legislation that then will allow our ministers to really dig in with their provincial and territorial colleagues, and with academics and industry as well. I think it's really important that we have people coming in with our ministers, if we're able to get this bill passed. The first step, with all due respect, is getting this passed to a point where we can then, as a House, mandate those ministers to get to work doing this.

**The Chair:** Your time is up, Mr. Kang.

We'll now move to our five-minute sessions, starting with Mr. Webber.

**Mr. Len Webber (Calgary Confederation, CPC):** Thank you, Mr. Chair.

Thank you, Mr. Doherty, for all the work you've done on this bill and for your passion and dedication. It's really inspiring. Yes, we absolutely need a national framework on PTSD. I can't agree more. We all have family we worry about who serve, whether as first responders or in the military.

I have a 21-year-old nephew who just joined the U.S. Marines. He's a private first class. I went to his graduation down in San Diego about eight months ago. Now he's in the infantry division, waiting to be shipped off and stationed somewhere. I'm worried like hell about this young guy. I have a future son-in-law who is now a major with the British forces. He is in the heat of the action in Mosul right now, in Iraq. He's training Iraqi soldiers to go out and fight ISIS. I worry like crazy about him as well.

It is quite emotional for the family. We're worried, and we hope that when they return home, they do have timely access to any resources that are out there. So I can't thank you enough for pushing this forward.

With respect to the United States and Britain and such, have you any idea what other jurisdictions or other countries are doing with their warriors, their veterans, their first responders with respect to the effects of PTSD?

• (1150)

**Mr. Todd Doherty:** That's a great question, and I really appreciate your comments. There are countries that are actually leading the way in some sense. Australia has some great programs, and they are moving forward with theirs. I think the U.S. is struggling, as we are as well, although there are pockets within the U.S. that are doing some great work. I'll use a stat that I learned over the last year.

Twenty-two veterans a day—and that's what we know—commit suicide in the U.S. It's unacceptable.

There are things that we need to do moving forward, and that's an opportunity for us here. I can tell you we've received messages from Australia applauding us, and I received a note from a gentleman who is in the British SAS just earlier this week who was applauding our bill. The world is watching. It's crazy that we're having that impact, being seen as a country legislating something, hopefully legislating something forward and putting those dollars in place.

I think it's really important for us around this table, and I think I've said before, to recognize that there is a price for freedom. Freedom isn't free, and it oftentimes comes at a human cost. We have brave men and women who are experiencing human tragedy and horrific events every day, whether it's in their service to their country or their service to their community. It impacts us all differently. The average individual will experience one or two traumatic events in their lifetime, but a police officer will experience up to 900 traumatic events in the term of their service.

I can't imagine. We hear all the time that we have these young, brave men and women who are coming back. The face of our veterans has changed. We only need to look in the House, and we have veterans there in their thirties. The veterans no longer are the Korean War veterans, the World War II, and the World War I, but we have youngsters that are coming back in their twenties, and they're dealing with it.

Canada can lead the way in that. We can learn the best practices that are out there. We have great groups even within this room. The Badge of Life and Tema Conter are doing some incredible work right here in Canada. We have the University of Regina and SFU doing some incredible work, but there's no coordinated effort, and there's no coordinated funding for this. That's why we have people who are slipping through, and that's why countries are seeing it too.

Canada can take an opportunity to really be a leader on this.

**The Chair:** Thank you.

Ms. Sidhu.

**Ms. Sonia Sidhu (Brampton South, Lib.):** Thank you, Chair.

Thank you, Mr. Doherty. You're doing a very good job on this bill. It's mental health awareness month, too. I know our Minister Philpott announced \$5 million, which is great work our government has done.

Mental health is certainly an important issue for our government, as I said. I have had many meetings with stakeholders like CMHA, Canadian Counselling, the Physiotherapists Association, the Mental Health Commission of Canada, and many more.

Can you please tell us which stakeholders you have met with?

**Mr. Todd Doherty:** I think the stakeholder list would be quite substantial, but we've met with those groups as well. We can supply you with the stakeholder list, if you'd like, but we have met with all of those and more.

In building this, we've spent a lot of time meeting with stakeholder groups that are mentioned even within this bill and those that are outside of the bill.

**Ms. Sonia Sidhu:** Did you meet with some youth associations or youth members because PTSD is also—

• (1155)

**Mr. Todd Doherty:** With all due respect, we didn't. We met with those that are part of this bill, primarily veterans, military, first responders, as well as health care professionals.

**Ms. Sonia Sidhu:** When you met with those stakeholders, were they in support of this bill as it is, or did they have any alternative suggestions that you didn't include? Did they have any suggestions?

**Mr. Todd Doherty:** Yes. There have been suggestions put forward after the fact, after we tabled our bill.

Again, it is not up to me to design what the look of this is. My message to them is always the same. It is that getting a piece of legislation through that mandates our ministers to get around the table to develop the scope and the intent of their mental health initiatives is really what the intent of this bill is, as well as making sure that we don't lose another first responder or another veteran or military member, and that we're providing the care and attention they need when and where they need it, whether it's on the east coast or the west coast, or wherever we can.

**Ms. Sonia Sidhu:** What kinds of outcomes do you expect from the conference on PTSD? What are your comments?

**Mr. Todd Doherty:** I expect to see a national framework developed out of that. Our bill also mandates that we have an annual conference and discussion and that within five years the minister will come before the House and give an update on how this program has moved forward.

**Ms. Sonia Sidhu:** Do you think there are any research gaps? Have you noticed any research gaps? Have you noticed anything?

**Mr. Todd Doherty:** It's interesting that you should bring that up, because we had a number of academics in the public safety committee meeting who are far smarter than I am and who presented differing views in their study of PTSD and mental health injuries.

The one that I challenged the most was—I can't remember the name of the gentleman—the rule of the thirds. He said that 30% of those who are suffering with PTSD will recover 100%, and 30% will have an okay life; they'll be able to have a day-to-day life. He also said that 30% of them we're going to lose, regardless of what we do, so I took exception to that.

That was my first committee meeting, by the way, Mr. Chair. I took exception to that and took the whole seven minutes to grandstand and challenge this gentleman. I said that with all due respect, regardless of the letters that are behind the gentleman's name, a mental health injury—PTSD—is a traumatic brain injury. Much the same as alcoholism, you cannot erase that. You can be recovering for many, many years. You cannot erase those images from somebody. You can't simply hit reset.

On the fact that he said 30% are going to recover 100%, I challenged him on that, because at any given time there could be a smell, a sight, a sound, or even a colour that brings with it a

flashback and could trigger an attack. He admitted it. You're right, he said, that's true.

There are gaps, and that's why this bill is so important. It's so we can get consistent care and diagnosis. As we all know, our health care funding and our direction come from the federal government. We need to make sure that we're mandating this for our provincial and territorial legislators and providing funds for research.

**The Chair:** Your time is up. Thanks very much.

Ms. Harder.

**Ms. Rachael Harder (Lethbridge, CPC):** Thank you very much.

Mr. Doherty, thank you for the work you've done on this. You have done phenomenal work. Thank you for all the stakeholders who you've taken the time to reach out to and the stories you've taken an interest in.

Here's my first question for you. You've explained a bit about why you pursued this piece of legislation, this bill, but I'm wondering if you can expand on that. Why is it such a passion for you to move this forward?

**Mr. Todd Doherty:** No, I'm not going to.... Yes, I will. It's a very real and personal issue for us. I've stood in the House, and people know already that I worked with at-risk youth and at-risk adults in the late 1980s, in suicide counselling and in crisis intervention. Over the course of my lifetime, I counselled those who were having troubles. I've sat across the way with family members of those who don't see any option other than committing suicide, ending the battle. I've sat with family members who are asking why and whether there was something more that they could have done. You see, suicide is a pretty final task, and in my opinion, it's a selfish task, because those who are left behind are left wondering why. But those who are in the thick of their fog can't see any light beyond what is bothering them that day. Mental health injuries are all-encompassing and they don't enable those who are struggling with them the ability to see the light.

Without going into any more details than that, it is seeing those around us, whether in my community, whether in death by cop as we've seen, whether it is colleagues who have had friends or family members who have taken their lives, or whether it's just the personal experience of there being those who have ended their lives. As Mr. Davies mentioned, it's shameful that it's taken this long to actually have a coordinated plan in place. That's why I put so much emphasis on this. I've been working on this for three years. There was no guarantee that I would ever get the nomination for the Conservative Party in my riding. There was no guarantee that I'd win the election in 2015. But I knew that, given the opportunity, I wanted to try to move mountains and leave that legacy of action.

I think we've done some good work to this point. All we've done at this point though, really, is to create more hope, and I think we can do better.

• (1200)

**Ms. Rachael Harder:** Thank you.

You used the phrase “all we've done at this point is to create hope”. What would you hope this bill would accomplish? At the end of the day, if you could have your dream come to fruition, what would that look like? What would this bill accomplish on the other side after it had passed through the House?

**Mr. Todd Doherty:** Ultimately, I would hope that it would be just like Mental Health Week and the Bell Let's Talk. Our colleague down the way, whether it is a first responder, whether it is a veteran, whether it is a military member, whether it's a nurse, whether it is a sexual assault victim, whether it is somebody suffering from a mental health injury, would know that they could come forward, and through the course of our discussion today and the work that ultimately will fall out of this, we could break that stigma and say, “You're not weak.” Those who are suffering would know that they're not alone and that they can ask for help and that when they ask for help, they will be believed and the help that they require will be there, and there would be the capacity for us to make sure that nobody takes their life.

Whether it is a first responder or a six-year-old on a first nations reserve, mental health and suicide are very real issues. I think what we're doing today is making sure we're having that conversation and providing the resources for all those who need them.

**The Chair:** Time's up.

Dr. Eyolfson.

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

Thank you, Mr. Doherty. I think this is so well received by everyone because it is a very worthwhile thing.

In my profession, I know we deal with it on two ends. First of all, physicians are the ones who are often called upon to treat this, but what is not always appreciated as well is that health care professionals are in fact the victims of this as well—both physicians and nurses. When I was in residency, my medical school had three suicides in a 15-month period, so we're familiar with it. One of the things we had noticed was that we hadn't actually had a lot of instruction in this. It wasn't part of our curriculum, and like in many other professions, you have senior members who don't believe it's a thing. Why are these people troubled? They're not our patients. We are only supposed to treat patients. Physician, heal thyself. I said this in another meeting, that I believe there's a special place in hell for whoever wrote the phrase, “Physician, heal thyself”.

Among the stakeholders you spoke to, these medical professionals, was there any talk about how this might lead to changes in curriculum and instruction of physicians in how to deal with this?

•(1205)

**Mr. Todd Doherty:** One could only hope. That is part of this, too. I think we must educate society. How do we do that? We do that by talking, by collaborating, by sharing stories, sharing best practices. I've heard that, shockingly, even recently, and I've heard it from leadership within some of our first responder industry, that people should know what they're getting themselves into when they sign their contract and that this is going to lead to more people booking off sick or claiming that they have PTSD.

As I mentioned earlier on, I worked for a time at crisis and counselling, and teaching suicide prevention, and that was at a time when nobody even wanted to mention the word “suicide”, for fear that it would enable copycats. It was also at a time when the medical profession was quick to simply prescribe medication and not really look at the root causes of what the issues were. I would like to think that we've gotten better all these years later, but as my colleague has mentioned, sadly, I think we've probably stagnated a little bit. We're getting better at understanding, knowing, and being aware of challenges, but I think we insulate ourselves a little bit.

My hope is that, through this conversation and ultimately through the national framework, we provide education for all, including our medical profession, on how best to diagnose, even within.

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

In regard to society, I agree that it's a subject people are not comfortable with. They're often critical of those who do it. In regard to addressing this as a whole society, we know there are many faith groups that still have a tremendous stigma against it. Shockingly, there are still faith groups that will refuse to perform a religious service—a burial—for someone who has taken their own life.

In regard to public awareness, have you, among the stakeholders, engaged with any faith groups to help decrease the stigma among the public?

**Mr. Todd Doherty:** I've engaged with the interfaith groups within my region. They're very well aware of my bill. Have I engaged with interfaith groups about how to reduce the stigma within their population or community? No, I haven't. I can tell you that across the broad spectrum of interfaith groups within my region, and that is pretty diverse, what we're doing is widely celebrated.

**Mr. Doug Eyolfson:** Thank you very much. I have no further questions.

•(1210)

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

We'll turn to Mr. Davies for the last question.

**Mr. Don Davies:** Mr. Doherty, you have eloquently expressed the emotional pain, the fog, and the profound need for this, and I want to thank you for that. As well, you have described the basis for a bill in emotionally affecting terms in a way that I have rarely heard in Parliament. I want to thank you for that.

To make your bill as comprehensive as it can be, I want to finish my question by just adding my final suggestion to it and to get your thoughts on it. Refugees coming to Canada, by definition, are people who are fleeing war zones. Just like the combat personnel who are participating, very often, the refugees are civilian victims of that same atrocious violence they're seeing. I'm wondering—again, this is the final ministry I'll put to you—if you could see fit for us to include the minister of immigration and refugees at the table, as well. This is to make sure that the interests of those people who have suffered PTSD from conflict zones might be addressed as well.

**Mr. Todd Doherty:** Mr. Davies, I'll offer the same answer. I can't speak to, nor do I want to in any way diminish the experiences of those who are fleeing conflict and who are fleeing to Canada for our safe borders and safe haven. My bill was specifically intended to look at our first responders, our military, and our veterans.

Again, this piece of legislation is solely about getting our ministers around the table. It would be up to this committee to decide who they'd like to see there. My challenge is, again, by making it too onerous, do we then...? Is it better to pass a piece of legislation that mandates ministers to get around the table with their colleagues, including academics, and then, at that time, allow them to decide the scope of the framework?

**Mr. Don Davies:** The reason I ask, Mr. Doherty, is that your bill, basically, is to convene a conference, and you and your bill have drafted the ministers you'd want around the table. There's something you just said that is very important. This bill is described as a bill to create a federal framework on post-traumatic stress disorder.

**Mr. Todd Doherty:** With respect to first responders—

**Mr. Don Davies:** That's my question. It doesn't say that. Is it your intention to restrict the federal framework on PTSD to first responders and veterans? Or do you want to create a federal framework on PTSD so that we can cover all of the major groups including health professionals, women, first nations...?

**Mr. Todd Doherty:** The intent of my bill was to specifically look at the federal framework with respect to the first responders, the veterans, and our military.

Since tabling the bill and having the conversations that we've had with other groups, it has always been my message that it would be my hope that, by passing this legislation and getting those ministers mentioned in the bill, they can convene a meeting, including whomever they would like at that time, and then develop that framework as they see fit.

**The Chair:** Time is up.

That concludes our session, Mr. Doherty. It sounds like you've been on quite a journey. If I read the committee right, I think you've made a little progress on your journey today. The committee will be having other hearings with witnesses, and you're welcome to attend at any time and help us in any way.

With that, I'm going to call a short break and then we're going to move to Bill S-211, the sickle cell bill. We'll take a quick break and be right back.

• (1210) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1220)

**The Chair:** We'll reconvene and begin.

I noticed that Mr. Fisher is in the audience. I don't know if he wants to say anything. He's a proponent for Bill S-211, which we're going to consider clause by clause. We have no witnesses. We have no discussion. We're going to move right to clause-by-clause.

Pursuant to Standing Order 75(1), consideration of clause 1, the short title, and the preamble is postponed. We'll move to that later.

(Clauses 2 and 3 agreed to)

**The Chair:** Shall the short title carry?

**Some hon. members:** Agreed.

**The Chair:** Shall the preamble carry?

**Some hon. members:** Agreed.

**The Chair:** Shall the title carry?

**Some hon. members:** Agreed.

**The Chair:** Shall the bill carry?

**Some hon. members:** Agreed.

**The Chair:** Shall the chair report the bill to the House unamended?

**Some hon. members:** Agreed.

**The Chair:** That's it. We're done with this. Now we refer this to our legal expert here to finish up. That is Bill S-211.

Congratulations, Mr. Fisher. It was a tough battle, but we got it through.

**Voices:** Hear, hear!

**The Chair:** We have a bit of committee business to do.

We have some budgets to talk about for the thalidomide study. Do I have a motion to approve \$4,700 for witnesses and testimony?

(Motion agreed to)

**The Chair:** Now we have the budget for Bill C-211, respecting a framework on post-traumatic stress disorder. We've proposed \$10,100 for witnesses, travel, a video conference, and working meals.

(Motion agreed to)

**The Chair:** We want to talk about the schedule. Two meetings are locked in. That's the thalidomide meetings for next week. The clerk has just reminded me that today is the last day for witness lists for Bill C-211. I'm proposing that we do Bill C-211 on the 16th and have witnesses. Then on the 18th, we'll do clause-by-clause. With everybody's agreement, the 16th and 18th will be on Bill C-211.

We're proposing consideration of M-47 for May 30 and June 1. Is that in order for everyone?

Mr. Oliver.

• (1225)

**Mr. John Oliver (Oakville, Lib.):** I thought we had agreed that we were doing one day on Bill C-211.

**The Chair:** We have one day for witnesses and one day for clause-by-clause. Also, on the same day we're going to do drafting instructions for thalidomide, so it's a day and a half for everything.

Are there any other questions? Do I have your approval for the agenda?

Perfect. That settles that.

Then we go into June. We still have antimicrobial resistance proposed for June 6 and 8. Do we want to lock that in?

All right. That's what we'll do. Those are locked in until June 8. That's as far as we're going to go right now

Mr. Davies.

**Mr. Don Davies:** Mr. Chairman, might I suggest that we set a date for suggesting witnesses for the antimicrobial resistance study?

**The Chair:** All right.

The clerk would propose May 18 for witnesses for antimicrobial resistance.

**Mr. Don Davies:** Does that give the clerk enough time?

**The Chair:** Yes. That's good.

**Mr. Don Davies:** If the clerk is content with that, then I am.

**The Chair:** Is May 18 all right with everybody as a deadline for our witnesses on antimicrobial resistance? All right.

That's it. Is there anything else anyone wants to discuss?

The meeting is adjourned.

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