HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

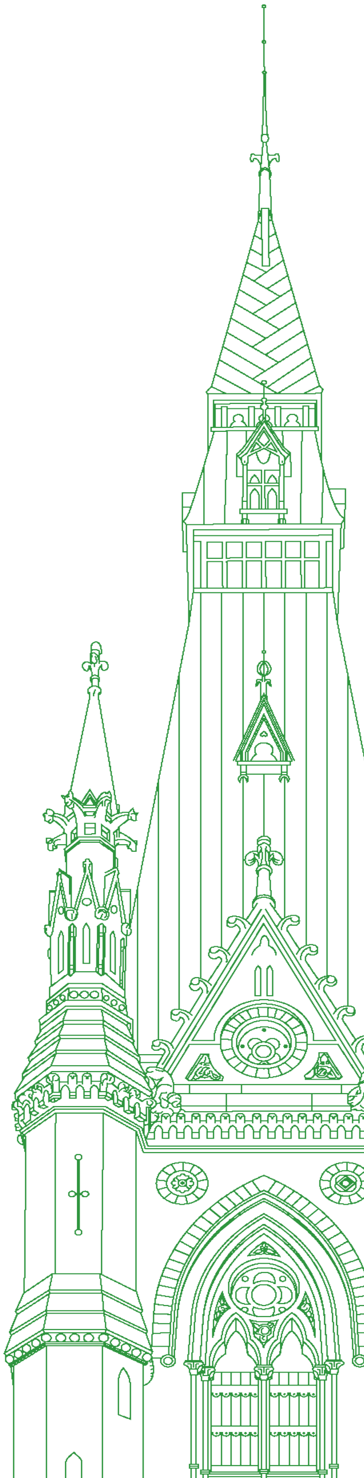
43rd PARLIAMENT, 2nd SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 014

Monday, March 8, 2021



Chair: Mr. Bryan May

Standing Committee on Veterans Affairs

Monday, March 8, 2021

● (1610)

[*English*]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call this meeting to order. Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, 2020, the committee is resuming its study on supports and services to veterans, caregivers and families.

Welcome to all of the witnesses who have taken the time to join us today. I will introduce you here all at once and then we'll get right into opening remarks.

From the Caregivers' Brigade, we have Marie-Andrée Malette, director for veteran families. We also are joined by Jeanette McLeod, director of community education; and Paula Ramsay, director for serving families. Welcome to you all. From Caregiving Matters, we are joined by Mary Bart, who is the chair. Appearing as individuals, we have retired navy captain Angus Cameron from the Canadian Armed Forces; as well as Mr. Richard Lavallée.

We're going to give each organization or individual an opportunity to have five minutes for opening remarks, and then we'll proceed with rounds of questions.

We'll start with the Caregivers' Brigade.

I believe Marie-Andrée is going to start us off. If so, the next five minutes are all yours.

Ms. Marie-Andrée Malette (Director for Veteran Families, Caregivers' Brigade): We're going to share our time.

My name is Marie-Andrée. I am a registered nurse by trade. I'm the spouse of a veteran who sustained some injuries—physical and psychiatric injuries—and together we started Caregivers' Brigade in 2013 to offer some support online to spouses like us who struggle with finding solutions in our everyday lives.

I'm going to let my colleagues present themselves.

Ms. Jeanette McLeod (Director of Community Education, Caregivers' Brigade): Good afternoon. My name is Jeanette McLeod. I am the spouse, as well, of a Canadian Armed Forces veteran.

I'm the director of community education with the Caregivers' Brigade. I help to promote a better understanding of PTSD and physical injuries in the community, to local college students as well as local hospitals, by bringing education about situations faced by veterans if the caregiver becomes ill. I also am a volunteer with VETS Canada and help to assist any veterans who may be struggling in the community.

I'll now pass it over to my colleague.

Mrs. Paula Ramsay (Director for Serving Families, Caregivers' Brigade): Hi. I'm Paula Ramsay.

As I was introduced by the chair, I'm the director for serving families. Part of my job within the Caregivers' Brigade is to focus on DND policies and transition from service. We all work really hard together to try to help other families like ours find the services they need, and our website, which we launched in 2014, has a little over 140 Canadian-accessible resources.

That's it for my time.

The Chair: Is that it? I'm sorry, I didn't want to interrupt, because you do have more time left. However, if that was all, we'll continue.

From Caregiving Matters, we have Mary Bart, who is the chair.

Five minutes are all yours.

● (1615)

Ms. Mary Bart (Chair, Caregiving Matters): Thank you so much for having me. I'm so honoured to be part of this meeting. My dad was a vet, as were most of my aunts and uncles, and I still have one uncle who is happily living in the Perley in Ottawa. This topic is near and dear to my heart.

I am chair of a registered charity called Caregiving Matters. We were founded in 2008 and we're a little bit different. We are an Internet-based charity. Our mission is to offer education and support to family caregivers. Everything we do is virtual, and on our website you will find literally dozens and dozens of topics that relate to family caregivers, everything from caregiving to elder abuse to estate planning to power of attorney. We have a wide range of topics, and I'll be happy to share my thoughts as we go through this.

Thank you.

The Chair: Thank you very much.

You are all being very succinct, which the MPs really appreciate, it gives them more time to ask questions, which is great.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): I'm sorry, Mr. Chair, but the last two minutes of Ms. Bart's speech were not translated. I know that there is a problem with the interpretation and that it was very echoey, even in English. Could we hear the last two minutes of Ms. Bart's speech again?

[*English*]

The Chair: There was a sound problem in English as well, and I was just speaking with the clerk quickly about whether or not they had a headset sent out. I'm not sure if maybe the clerk can ask to do another sound check with Ms. Bart and she can repeat.

I agree that the sound was not great in either language.

Ms. Bart, can you try again?

Ms. Mary Bart: Gladly.

It worked a minute ago. Can you hear me?

The Chair: Ms. Bart, if you don't mind, we're going to skip you and get IT to give you a call directly. We'll go on with the other opening remarks. Let's hope we can get it figured out before too long.

Ms. Mary Bart: Okay, just give me a second if they're going to call me.

Thank you.

The Chair: That's not a problem. Thank you.

You have my appreciation, Monsieur Desilets, for making that point. We want to make sure everybody can be heard properly.

We're going to move on to, appearing as an individual, navy captain, retired, Mr. Cameron of the Canadian Armed Forces.

The next five minutes are all yours, sir.

● (1620)

Mr. Angus Cameron (As an Individual): Good evening. Good afternoon. Thank you for having me here.

I have to correct you on the rank thing. That's my profession now that I'm out of the navy; I'm a boat captain. I never got to the high rank of a naval captain—just to straighten that out.

I love our veterans. I spent 26 years in the navy, and when I see inconsistencies or wrongs, things that are not proper with regard to our senior veterans—mostly in long-term care but that's not always the case—I have to step forward. I guess that's my whole purpose.

These heroes sometimes don't have a voice. They don't want to say anything. They don't want to bother anybody. They're happy with what they have, and when it's not correct, I have no problem speaking for them. That's my thing. That's what I like to do. I am in a little bit of correspondence with a couple of big corporations about empathy and compassion towards our veterans, and that's what I'm working on at the moment.

I thank you for the invitation and appreciate joining this meeting.

The Chair: Thank you very much, sir.

Up next we have Mr. Richard Lavallée.

The next five minutes are all yours, sir.

[*Translation*]

Mr. Richard Lavallée (As an Individual): Good afternoon, thank you.

I am a veteran who served two missions in Germany. I spent five and a half years of my life doing various small missions in Germany.

The reason I'm here today is because I joined the Royal 22nd Regiment veterans group, which has a lot of veterans.

For the past few years, we have decided to help veterans of the Royal 22nd Regiment who have difficulty integrating into the system to get medical help, psychiatric help or help with their pensions. The system is flawed and often people give up and end up on the street in Montreal. I have also been involved with the homeless in Montreal for seven years. I also meet a lot of veterans whom we redirect to the system and who start from scratch. They are not aware of all the help they can receive.

So we decided to come together and help them. On February 21, I attended an event with homeless people. We were about 50 veterans of the Royal 22nd Regiment here in Montreal and we had a small booth. We identified six new veterans and referred them to resources that can help them. In Montreal, the need is great, as it is everywhere. So we decided to help the homeless, to speak up on their behalf and to ask for help for those who can't.

[*English*]

The Chair: Thank you, sir, and thank you for your service.

I'll just check in with the clerk to see if we have had any luck with Ms. Bart. Not yet? Okay.

Rachel, do you have a point here?

Ms. Rachel Blaney (North Island—Powell River, NDP): Yes, Chair. I'm sorry to interrupt. I just wanted to ask the clerk if they could fix it. The staff are having a hard time. They're only seeing one—the speaker and not the whole group—so if we could get that fixed for our staff, that would be great.

The Chair: I'll leave that for the clerk and the technicians. For anything technical, I'm probably not the person to ask.

He has said he will look into that. I'm going to suggest we move forward unless the clerk can advise us whether Ms. Bart's technical issues will imminently be fixed or whether they're having some difficulty. I appreciate everybody's patience.

We have Ms. Bart back. I hope we can hear her.

● (1625)

Ms. Mary Bart: Okay, I'm still trying. I apologize. I don't know what went wrong. Technology is not my friend today.

The Chair: That's a little better. I don't know if it's better for everybody else, but maybe the interpreters can advise us as to whether it is good enough.

Can you try a few more sentences, Ms. Bart?

Ms. Mary Bart: Sure.

I was telling you that my dad and most of my aunts were veterans, and I have an uncle who still lives in the Perley. My aunt lived there until she died. I'm honoured to be part of this meeting today.

Does that help?

The Chair: I would ask the clerk if he could check with the interpreters as to whether or not that was better.

The Clerk of the Committee (Mr. Benoit Jolicoeur): Unfortunately, the sound quality is not quite there for the interpreters right now.

The Chair: I'm sorry, Ms. Bart. I have to stick with my own expectations as well. I really wish we could have you continue. Maybe we can schedule you for an upcoming meeting, if that would work. I'll check in with the clerk after. If we can't have both languages represented, we can't have you on the meeting, I'm afraid.

Ms. Mary Bart: Okay. If I can contribute some other way, I would love to.

The Chair: We'll circle back—

Ms. Mary Bart: That is too bad. I've put a lot of work into this, so that's too bad.

The Chair: I appreciate that. I think what we'll do is circle back to you and see if we can figure out technically what the issue might be, and have you in a future meeting or maybe have you give a written submission. We'll discuss this further.

Ms. Mary Bart: Great.

Thank you. Goodbye.

The Chair: I'm sorry. Thank you.

I apologize, folks. That's unfortunately the way it goes with technology sometimes. I assure the committee that we will make sure that Ms. Bart's voice is heard in terms of her contribution.

Moving forward, we'll go to the first round of questions.

I'm sorry, Monsieur Desilets. Go ahead.

[*Translation*]

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

Since we lost about 30 minutes because of the votes in the House earlier, I was wondering if it would be possible to go back over the very end of Ms. Bart's comments. It's not uncommon for our committees that sit on Mondays and Wednesdays to be at a disadvantage—

[*English*]

The Chair: I would have to get back to you. I think we can usually squeeze out a few extra minutes. Adding another full hour or half-hour might be pushing it.

Let me check with the appropriate services, and I'll report back. We'll get started and we'll see how long we can go.

[*Translation*]

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: Thank you.

Up first with questions for six minutes, we have MP Wagantall.

Go ahead, please.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you so much, Chair. Here we go, finally.

This particular study is all about support services to veterans' caregivers and their families. I would like to focus my questions on the Caregivers' Brigade, since unfortunately we've lost the availability to have the other witness. I would like to ask Marie-Andrée a question.

Could you share a little bit in regard to specific programs, like the caregiver recognition benefit and the VIP, and the imbalance that you experience with regard to its availability for those with mental injuries versus those with physical injuries?

Ms. Marie-Andrée Malette: Thank you for your question.

My husband sustained mental injuries from his service.

At home, I do perform all of the instrumental activities of daily living, but my husband is able to perform the activities of daily living. The difference between them is that he's able to dress himself, feed himself and bathe himself on his own, but everything that turns around everyday life—such as cooking a meal, getting groceries or doing laundry—he is not able to do on his own.

The caregiver recognition benefit was made to recognize caregivers who perform activities of daily living. Therefore, it was made to compensate women or caregivers who help people bathe, dress and feed themselves.

I did apply initially for that recognition benefit, because when we initially received the information, it was for any caregiver who helped, for example, with errands for a veteran. That was actually written in one of the pamphlets we received, that we were eligible for that.

We were denied. The only reason given was that my husband didn't fit the criteria. The letter I received said, “Thank you for caring for a veteran, but according to our criteria, you are not a caregiver.”

● (1630)

Mrs. Cathay Wagantall: We have a problem, then, with the criteria and some subjectivity with regard to those.

Ms. Marie-Andrée Malette: Yes. Mental health being something that.... You will rarely see people [*Technical difficulty—Editor*] themselves and bathe or physically dress themselves. It was made for people who are unable to do anything physically. That benefit wasn't made for people with mental issues. It is known that for people who have mental issues, they want them to participate in IADLs, but sometimes it's just not feasible.

Mrs. Cathay Wagantall: You gave me the example of going out and mowing the lawn. That, you would think, would be a good activity to take part in, because you're outdoors, you're moving and it's exercise, yet for your husband that is an issue. Why would that be? Tell us just briefly, please. I do have another couple of questions, but it's important.

Ms. Marie-Andrée Malette: Yes. For a veteran who went to Afghanistan, mowing the lawn, with the sand, the noise and the smell of gasoline, will actually trigger him to have panic attacks, and it will trigger his hypervigilance. Therefore, he can mow the lawn physically, but he'll be stuck on the couch for a week or so after that coming down from all the anxiety that triggers.

Mrs. Cathay Wagantall: Thank you. I appreciate that.

I think it was you, Jeanette, who mentioned that one of your responsibilities was dealing with circumstances for caregivers when a caregiver gets ill. That raised a red flag for me. What are you speaking of there? Briefly and succinctly, so that we can ask a number of other questions as well, could you share that with us? I wondered about it.

Ms. Jeanette McLeod: Good afternoon. Thank you for your question.

That is based on a personal experience I faced roughly four years ago, when I suffered a stroke. My husband faced several difficulties, such as meal prep and medication, because I was always the primary caregiver for him.

Mrs. Cathay Wagantall: Okay. You weren't able to assist him, so what happened?

Ms. Jeanette McLeod: At that time, when I was unable to assist him, he had to go and ask for some assistance and say that he was a grown man and that he couldn't cook for himself. He couldn't care for himself.

Mrs. Cathay Wagantall: Did he get support? What happened?

Ms. Jeanette McLeod: At that time, we did get some support. My husband was provided seven meals for seven days a week. That was for only seven meals, and they were provided only to the veteran.

Mrs. Cathay Wagantall: When we talk about “when the veteran serves, the family serves” and the caregiver has suffered a stroke, there was no care for the family, and minimal care for the veteran, if you're getting one meal per day.

● (1635)

Ms. Jeanette McLeod: Yes. What happened was that my husband had to take the seven meals so that he could help care for me, because he became the caregiver. The roles reversed. Due to the restrictions I was given with the stroke on not being able to use stoves, etc., he had to take his meals and share them with his spouse, me, so that I could be fed as well.

Mrs. Cathay Wagantall: Thank you.

Mr. Chair, do I have a little time left?

The Chair: I'm afraid not. I let you go. You're a little over time.

Mrs. Cathay Wagantall: You're so kind. Thank you.

The Chair: Up next is MP Fillmore for six minutes.

Mr. Andy Fillmore (Halifax, Lib.): Thanks, Chair.

Thanks to all of the folks who have joined us today to share their experiences with us. It's wonderful of you to share those experiences and your time with us.

I want to start with a question to Gus Cameron.

Gus, you and I are known to each other quite well. You do and have done, for years, incredible work in the Halifax area with the very large and vibrant veterans community here in Halifax. You've used your voice to help get veterans into hospital beds. You have used your efforts to get groceries to seniors during the pandemic. You've done Valentines for Vets. You've been there for mental health and just for people when they needed someone to be there. You've been through it all.

What the committee is studying today is different from what we usually study. Often we study the challenges that veterans face and the barriers to getting that help that they experience. Today we're really talking about people like you and the other guests who are with us today, the people who are helping veterans. I know it's hard for you to not think about the veterans and to think about yourself, but I'm going to ask you today to think about yourself in your role as a helper.

First, what can you tell us about what it is like to be a caregiver? What are the burdens? What is the drain on you? What is the hardship? What can we do better to support someone who's doing work, as you do, to help the veterans?

Mr. Angus Cameron: Thank you, Andy. Thank you for reaching out.

It's exciting to have an idea and to see it help a veteran or get a policy changed or to see the veteran living day to day in a better way because, maybe, I or a group of us have spoken out and brought awareness of a situation to our policy-makers and rule-makers at the high level. Sometimes these elected folks don't get to see first-hand what's going on at the grassroots level. I have no trouble bringing something to those people when need be.

I enjoy being a voice for a 99-year-old or an 89-year-old. My best friends are in their nineties, and it's so hard, because you know what happens when you get into your nineties. I've had two, three, four devastating losses in the last year of friends of mine who had become very close—heroes. That drives me to keep going for these people.

The latest win was not having vets and their spouses separated anymore. I tried to get that to happen while one vet was still living. My good friend David, the veteran, passed a year ago January, and I know he's smiling down now knowing that veterans will not be separated from their spouses because of different levels of care.

That's my thing. I don't know, Andy, whether or not that answered your question.

Mr. Andy Fillmore: It did, Gus. Thank you.

If there were something the Department of Veterans Affairs Canada could do to help you in your work, if there were some program or support that we could give to help you—not to the veteran but to help you to help the veteran—would anything come to mind?

● (1640)

Mr. Angus Cameron: Yes. I think it's a little bit of an obstacle course trying to get your voice heard or trying to get your question or your suggestion to the right person. I'm dealing with Bell Canada right now regarding the rates they're charging veterans and I'm trying to get the top guy's ear. It's very difficult. I can barely get by the sales representatives here in Halifax. I've tried. I do have the mail of the CEO. They keep passing me off to local people to try to solve the problem, but it's not really a local problem. It's a Canada problem.

If I had an avenue—I think maybe this committee is an avenue—to bring suggestions and ideas to make things better for veterans, that might be what I need. I don't need a direct route or a direct name or phone number. We just need a direct way to bring our case, our problems, our situations, to the policy changers, to the people who can make a difference.

Mr. Andy Fillmore: Thanks for that, Gus. I really appreciate that.

Ms. Malette, thank you for sharing your experience. As it stands, a variety of mental health benefits are available to veterans that are not extended to their caregivers. In the minute we have, I wonder if you could speak to us about why it's important for the veteran's well-being that their family and caregivers' well-being are also taken care of?

The Chair: I'm afraid it's a lot less than a minute, but a brief answer would be great, please.

Ms. Marie-Andrée Malette: To sum up, when the entire family, the entire unit, is doing well then I think the veteran does well also. If we're all dragging behind him, it's not helpful.

Mr. Andy Fillmore: That's a good, succinct answer. Thank you very much.

The Chair: Thank you.

Before we move on to the next questioner, I wanted to let folks know that we did get notice that we can extend, but only for a very short period of time. Pushing it 20 to 25 minutes would be the maximum in being able to extend, if the committee so chooses at the end.

MP Desilets is up next.

The next six minutes are all yours, sir.

[*Translation*]

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

I would like to start by saying that my thoughts are with all our female colleagues, members of Parliament and guests, on this International Women's Day.

I also thank all of our witnesses who are heroically engaged in combat.

You are an inspiration to me.

My first question is for you, Mr. Lavallée. Your experience in the field is very interesting. I saw a 10-minute video of your activity on February 21. I was very impressed to see all the co-operation and solidarity among veterans. I really want to congratulate you.

I feel that there is a connection between the difficulty many veterans and their families have in receiving services and the fact that these services are not close at hand. I feel that they are experiencing difficulties within their families because they don't have services.

Am I mistaken or is there a connection between the two?

Mr. Richard Lavallée: Good afternoon. You are not mistaken. Accessing services is challenging in a number of ways.

One of them is the language issue. To access three-quarters of the services that are offered, you have to go through Ottawa, and you almost always get an answer in English.

As I said, I am affiliated with the Royal 22nd Regiment, which is predominantly francophone. When a person is already having difficulties, when they are destitute and confused, and when they have to express themselves in a language that is not their own, they may find it too complicated and give up. They may just give up and end up on the street.

Often, when veterans are discharged from the military, they are not aware of all the services available to them. They may suffer from post-traumatic stress disorder, they may have certain issues, a mental health problem, for example, as the lady said earlier.

In relation to PTSD, a psychologist said that it can be the result of being raped when the person was young, for example. When they walk into an apartment and see a lamp or a colour, it takes them back to their youth. Let's think about someone from the military who walks down the street every day, hears all sorts of sounds, and smells all sorts of smells. It doesn't take much to send them back to the past. When they go to ask for help, the bureaucracy is too much for them at that point in their life.

I would add that, when veterans ask for help, it doesn't matter whether they are retired or out of the military for health reasons or whatever, they need it right away. If it takes too long, they become lost in their problems and they fall into decline. Sometimes, they cannot be found or there's a message that they committed suicide. Sometimes, we learn that the family found it too much and that they separated, which made their problem worse. The problems multiply when you don't get help.

Getting help is very complicated for veterans. As I mentioned earlier, I work with the homeless. The veterans I meet on the street have substance abuse problems. It's not surprising. What got them there? Often we have great discussions about the past events that got them there. If they had more help and understanding when they came out, it might have lessened their problems. It is important to make contact and take steps to try to help them.

Let me give you an example. One veteran told me about one of his missions. Of course, I'm not here to do an assessment. But he told me that on this DND mission, he shot at a lot of people. At one point, he asked for help and ended up in front of an office worker. I respect that lady. However, she was making things difficult for him and he became enraged. The aggression came back. He gave up and left. At one point, we found out that he wanted to kill himself. The last we heard, he apparently did. Please understand that access to services needs to be easier for these people who are seeking help.

● (1645)

Mr. Luc Desilets: I wonder if I understood correctly. Did you say that people were not getting service in their language?

Mr. Richard Lavallée: They have a lot of difficulty obtaining these services in their language. It is very difficult. Let's say that you have to make several urgent requests. Some people are told no. Actually, we are not told no, but it is—

Mr. Luc Desilets: It's longer and more complicated.

Mr. Richard Lavallée: Yes, it's longer and more complicated. You get there after three or four requests, after showing that you cannot speak English.

Mr. Luc Desilets: You make another connection that I think is really important. You draw a parallel between homelessness and how slow it is to receive services. They eventually get fed up and end up on the street. That's what I'm hearing.

Mr. Richard Lavallée: At some point—

[*English*]

The Chair: I have to jump in here, guys. I'm so sorry.

Mr. Lavallée, you can finish your thought, but that's time.

Go ahead, sir.

[*Translation*]

Mr. Richard Lavallée: Let me come back to Mr. Desilets' question.

If it takes too long to meet veterans' needs, they will give up. They will certainly go back to what they know, or they will be in survival mode, on the street. They'll figure that it's easier to live that way than to get help and get into the system.

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: Thank you.

Now we'll go over to MP Blaney, please.

Ms. Rachel Blaney: Thank you so much, Chair. I want to thank all the people who are here today testifying on this very important issue of caregivers and the important role they play in supporting veterans.

We've heard from other witnesses about the challenges that caregivers are facing in accessing resources and the harm to the veteran if the appropriate resources are not put in place for the family.

I'm wondering if I could start with either Ms. Malette or Ms. McLeod, one of you or both of you. I'm curious about what kinds of efforts around supporting the caregivers you see with the people you serve. Where are the blocks and the challenges that families and caregivers are facing in accessing supports from VAC? We've heard from several witnesses that this is often one of the biggest challenges.

Ms. McLeod, I think you told a very good story—a horrifying story, really—about what happens to families and to veterans when a caregiver's health has severe challenges.

Could you talk about what those blocks are and what you see as the impact on the family directly when VAC isn't able to assist not only the veteran but the caregiver of the veteran?

● (1650)

Ms. Marie-Andrée Malette: Jeanette, do you want me to go ahead?

Ms. Jeanette McLeod: Yes, please. Thank you.

Ms. Marie-Andrée Malette: When I'm not able to support my veteran, it becomes chaos. We have two little children who are eight and 11. The blocks for us are going back and forth from Blue Cross to VAC and to Blue Cross from VAC. One will say something and the other hand will say another thing. I'll give a straight example.

My son has ADHD, which greatly affects the behaviour of my husband. It triggers him quite a lot. We requested help from VAC. VAC approved the psychological supports. To get the support, I have to prove to Blue Cross that it affects my husband. It's about running from one part of bureaucracy to another and ping-ponging yourself back and forth. VAC says yes and doesn't relay the information. Blue Cross requests a letter from a psychologist.

Mind you, a couple of weeks ago, we were in crisis here. My son is very combative. He is very hard on us. I'm a full-time nurse. In the COVID situation, I work with units. I didn't have time to run after a psychologist to get a letter approved that says it triggers my husband when my eight-year-old screams non-stop.

That itself puts a lot of strain on a couple. It puts a lot of stress on us, to the point where we ask, “Is this worth it? Should I stay here and live with all that stress all the time?” It's also very hard on the children when their father is not able to play with them, to cope with them, to help with schoolwork. It just drags an entire family down.

Jeanette, do you want to add anything?

Ms. Jeanette McLeod: I think you've really covered it, Marie. I think that's a lot of what we needed to say there.

Ms. Rachel Blaney: Thank you.

I really appreciate what you said about having to prove to VAC and then having to re-prove to Blue Cross. Would you say there's a challenge in the communication structure between those two entities and that the person paying for it is the veteran, along with their family?

Ms. Marie-Andrée Malette: It's a huge challenge. I'm well versed in that world because I'm a nurse, and I know how they work. Someone who doesn't do that for a living will just abandon it. Then they will go into full crisis mode and, as somebody else has testified, they will end up in the streets, in the hospital or in jail, because it's a lack of support....

Something I've always said is that you cannot ask someone with mental issues, psychiatric issues, to navigate VAC. You cannot do that. My husband forgets chicken fingers in the oven and burns them. Do you think he's going to be able to manage all that paperwork? Never. Without anybody's help, he's never going to be able to do it.

Ms. Rachel Blaney: You spoke really clearly about the impacts on children, and we definitely heard that in the veterans ombudsperson's report, where she talked about what she was seeing in some of the studies they were doing when the supports weren't there for the family and then the breakdown of the family.

Could you talk a little about the impacts on children in your own life, and if you've heard anything from other veterans as well? What stressors seem to be consistent?

● (1655)

Ms. Marie-Andrée Malette: On our end, my husband is still very militarized with the children. It's either black and white and with children you cannot do that. It has to be gray sometimes.

That component has to be addressed in therapy, and it has to be addressed in couples therapy also because sometimes we fight about it. The children sometimes will be stressed about this because his expectations are very militarized, very high, but they are children. They have to have a break sometimes.

Most of the time it's fine, but there are those days where my husband hasn't been sleeping, when he has been having a string of nightmares, and during those days it becomes nightmarish here. I mean, try to keep an ADHD boy quiet.

The Chair: I'm sorry to interrupt, but we are past time.

The witnesses will slowly realize that my job tends to be chief interrupter, and I do apologize in advance.

Up next we have MP Doherty, for five minutes.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Chair.

I want to take a brief moment to say thank you to our witnesses today. From the moment I was elected in 2015 I have been a tireless champion for our frontline heroes, those who serve our country and our communities and their families. Far too often the families are left behind to pick up the pieces, so I want to say thank you to all who are here today.

With respect to Veterans Affairs Canada, the mental health assistance service, according to the Office of the Veterans Ombudsman, the low participation rate of family members is because:

> This service is an important element in providing short-term counselling for a defined issue as well as crisis intervention, but it is unable to provide mental health diagnosis or address the long-term mental health needs of family members of Veterans.

In your view, is this the case, and why is there such a low participation rate in this program?

Ms. Malette, I think it is exactly what you just said about how frustrating it is. Is that correct?

Ms. Marie-Andrée Malette: That's what it is. It becomes.... We have to work for a living. I don't have time to wait and call, and run after people and run after letters, and....

Mr. Todd Doherty: That leads me to my next question. Back in May 2016 then-director of the brigade, Kimberly Davis, testified before this very committee and said:

> The answer to the question of whether there have been any changes with regard to improvements in paperwork is no. Even though the number of pages in the paperwork has been reduced, the process of completing the paperwork is still a challenge.

Five years later, have there been any improvements in the paperwork?

Ms. Marie-Andrée Malette: There have not, really. Even though there is the My Vac Account platform, you still have to submit form after form, and everything is siloed. A veteran is not considered a whole person. It's a back issue, a knee issue, a PTSD issue, and each component has its different set of paperwork that needs to be filled out.

There is a French movie about Astérix et Obélix and it's called *Les 12 travaux*. That's what it is. It's mind-blowing how much paperwork and stuff you have to write down. You get three lines to describe....

Mr. Todd Doherty: Sadly, each time they have to relive those experiences.

Ms. Marie-Andrée Malette: Absolutely.

Mr. Todd Doherty: Mr. Lavallée and Mr. Cameron, I really appreciate the work you do with our veterans and those who are on the street. We know that a high percentage of the homeless are veterans.

How can we better serve them?

● (1700)

Mr. Angus Cameron: That's a good question. Thank you for that.

Keeping track of releasing members from the military would be a great way. I've been out 15 years now, and I've never had one phone call saying, “How are you doing? You did 26 years, some of it in pretty crappy conditions in the North Atlantic, in boiler rooms and engine rooms. We just want to know how you're doing.” That never happened. I don't expect it, but if you're leaving the forces with potential mental health problems or physical problems, then they should be able to have a number for you and keep track of you to make sure you're not falling through the cracks.

Mr. Lavallée, you are pursuing the ones who fell through the cracks, who are already on the street and who don't have a lot of support. Hats off to you, sir.

That's what needs to be done, if you ask me.

Mr. Todd Doherty: On the mental health impact of the growing backlog, how is that impacting our caregivers and their children, Ms. Malette?

The Chair: Give a very quick response, please.

Ms. Marie-Andrée Malette: When their father is not doing well, the kids are stressed out and we see the physical signs of it—tics, nervousness and repetitive questions. It is my role as a mother to calm them down, calm him down and calm everything down. Who calms me down? No one.

The Chair: That's time, Todd. Thank you.

MP Samson, you're up next for five minutes, please.

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

First of all, I want to wish all the women here today, of course, and in the world, a happy International Women's Day. I thank them for their contributions. It's our responsibility to continue to support them as they move forward.

To the witnesses, I want to thank each and every one of you for your information. It's so important to our study. Thank you again for that information.

I want to recognize and thank Mr. Cameron and Mr. Lavallée for their service. I also want to thank the spouses of veterans for their service. As we know, if men or women serve, their family is serving as well.

Mr. Cameron, as you know, since 2015 we've had many new programs and benefits for veterans—for example, the pension for life we brought in, the education program, the added resource centre, the caregiver program and others. My question is focused on awareness. Would you say that the veterans you speak to are aware of these new programs and are accessing them?

Is there something we could be doing better to make those individuals more aware of what's available to them, whether it be for mental health or whatnot?

Mr. Angus Cameron: Thank you, Mr. Samson. I do see progress. I do.

Just recently an email came in on the My VAC Account where you could order a book that would have your name at the top of it and that would explain the services available to you. Seeing as I've been out 15 years, I pretty much know the services I have, but for people getting out now or in the future, if they're made aware that they can order that booklet specifically for them, that would help with the services.

I've been wearing a brace on my left knee since 2004. I have a knee pension under the first Pension Act. I receive a monthly payment for it. Just last month I finally became aware of a clothing allowance I could ask for. Sometimes my pants are too tight and I have to cut them, or they wear out prematurely. I have extra costs involved with being respectful and dressing properly.

I found out just last month about the allowance. I asked the lady at VAC why somebody at VAC didn't say, “Mr. Cameron is wearing a brace, and I see that he doesn't have that allowance. Maybe we should reach out to him to see if he needs that allowance.” That's just a small example. That's a trivial example, based on some of the things I've heard that veterans with claims are needing.

To answer your question, I guess it would be more reaching out from the department to make sure they're taking care of the veteran after he's released and he's on his own.

● (1705)

Mr. Darrell Samson: Thank you, Mr. Cameron.

Quickly, for our listeners and the participants today, thank you for your advocacy around the Nova Scotia announcement of not separating spouses in long-term care. That's a very important win. We hope this happens right across the country. Thank you for your advocacy on that one.

My final question is for Jeanette McLeod. You spoke about your work in volunteering with VETS Canada. Can you talk to us about some of the work you're doing? I know from the stories we're hearing that it's so great and they're being so helpful. Also, connecting that with homelessness would be nice.

Thank you.

Ms. Jeanette McLeod: Thank you very much for your question, and good afternoon.

I have not been with VETS Canada for a long time, but I can speak briefly to some experiences with it. With VETS Canada, there are an awful lot of homeless vets we do have. However, with VETS Canada, it's not necessarily about someone who is homeless. It could be a veteran who is going through a hard time. It could be for anything from needing a bit of help with gas, with some groceries.... We cover a large variety of different things with what VETS Canada does.

Mr. Darrell Samson: Thank you.

The Chair: Thank you.

I'm sorry. I don't know if you had more to say there, but unfortunately it's time.

Up next is Deputy Desilets, please, for two and a half minutes.

[*Translation*]

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

I want to tell the witnesses that two and a half minutes go by very quickly.

Mr. Lavallée, are you able to describe to me some of the feelings that military members and their families have about this system and this bureaucracy?

I would also ask the other witnesses to put those feelings into words, please.

Mr. Richard Lavallée: I'm going to refrain from saying some words, because they are not very nice. When people are discouraged by the bureaucracy, we sometimes hear discouraging words that are not very pretty. Often, they don't trust the system anymore and they are sick of fighting against it.

Earlier, I was listening to Ms. Malette, who did a good job of describing what a family might experience. There is the military member who has major difficulties, there is the bureaucracy that complicates the process, there are the collateral effects on the wife and kids, and so on.

Ms. Malette is still with her husband. But how many couples give up and break up because of the complexity of the process and the lack of support? From that point on, I don't need to tell you that things go downhill.

As Ms. McLeod also said earlier, the homeless veterans she meets are not just people sleeping in a box. They have problems. We also help veterans from the Royal 22nd Regiment who have financial problems. We help them pay for groceries, gas and things like that.

With all due respect to you all, Ms. Malette, Ms. McLeod and I are in the trenches. How come we are all saying the same thing? We are all talking about the same complications that we experience all the time, albeit in different places. Ms. Malette experiences them with her family, Ms. McLeod experiences them in her region, and I experience them in my region.

It seems like you in the government are in a state of shock, like you have just learned this. That shouldn't be the case. There should be a network of crisis response systems. When you help someone who has been taken off the street or who is in serious trouble and you refer them to a help centre, that should be treated as an emergency situation.

I'm sorry, but it's like a sore full of pus. It has to be treated, and then the person can be given the other care they need. By the time we meet these people, there's a crisis. You have to respond immediately, and after that, you can take them into the system, start the whole process and make it easier for them.

We are in the trenches.

● (1710)

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: Thank you very much.

I'm afraid that's time.

[*Translation*]

Mr. Richard Lavallée: Thank you.

[*English*]

The Chair: Now we will go over to MP Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you, Chair.

Ms. Malette, could I come back to you?

I heard two things fairly clearly from your testimony. One is that veterans and their families need better systems to manoeuvre within VAC because they're long and complicated. Then if you bring in the Blue Cross, it adds another layer, so the need is for systems in place that would really support that.

The other thing you said that really moved me was that you take care of everyone else, but who looks after the needs that you have. I'm wondering what you believe is the gap that is missing for the main caregivers.

Ms. Marie-Andrée Malette: The caregiver recognition benefit was meant for that. Unfortunately, caregivers like me cannot access it.

Ms. Rachel Blaney: What's the barrier for you?

Ms. Marie-Andrée Malette: It's because my husband is able to feed himself, dress himself, bathe—the basic needs—but for everything else relies on us, and we're not recognized as caregivers for that.

Ms. Rachel Blaney: It's the barrier around clarity that the mental health aspects take a lot of time and energy.

Ms. Marie-Andrée Malette: I've often said it's not the money. Sometimes it's a rent-a-husband kind of a service. If somebody could help me do the basic renovations in a house that need to be done, that would alleviate a lot of stress on me. My husband, with his mental health, cannot do that sometimes. He's just too tired. It's like a cell battery that's always drained.

We have to contend with that all the time.

Ms. Rachel Blaney: Thank you.

Captain Cameron, thank you so much for your service.

One of the things I thought you articulated really well was that you would like to see more of a reach out to veterans to support them rather than VAC waiting for veterans to reach out to it.

Could you talk a little bit about what that might look like?

Mr. Angus Cameron: You wanted me to explain...?

Ms. Rachel Blaney: You talked about not knowing about the clothing supports and those things. It's VAC having the knowledge of who the veteran is and reaching out to check if there's a gap in their life and helping them fill it.

Mr. Angus Cameron: Yes, absolutely. That's the number one thing: to know where the veterans are and to keep track of them.

I know everybody is overworked and overtaxed with their duties, but you have people who served Canada and stood up for this government's mandate and did what they wanted them to do in wherever they were doing it. To let them slip away after they've released makes no sense.

One thing is that we have these 13.5 million Canada Post free postcards to send to a buddy, but I'm sending mine to the CEO of Canada Post and asking why the Christmas card to any Canadian soldier program is not really working. They end up in a box and they go to Scarborough where they're destroyed because they're not addressed properly. That program does not work, and it has mental health issues. You're sitting over in Afghanistan with no cards coming in. How is that affecting you? It's affecting you.

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

Now we will go over to MP Brassard, for five minutes, please.

Mr. John Brassard (Barrie—Innisfil, CPC): Chair, you're very good at interrupting, as you acknowledged earlier.

The Chair: It kills me, but that's the role.

Mr. John Brassard: Thank you, Chair. I want to go back to Madame Malette.

I was compelled by some information that you provided, particularly in the area of your husband's case where he's able to do some things.

We've heard stories from veterans who are over the 100% limit in terms of their disability. In one case in particular that I'm aware of, this veteran has been denied the caregiver benefit five times, despite being over 100% disabled.

One of the challenges—and you mentioned it earlier—is that the veterans who are oftentimes dealing with traumatic brain injuries, occupational stress illnesses, whatever the case that gets them up to that level of disability, are so bogged down in the paperwork that it's difficult for them to receive the benefit for their caregiver.

One of the suggestions that could come out of this—and I'm interested in your opinion—is whether the caregiver himself or herself should be the one applying for these benefits, as opposed to the veteran applying directly to Veterans Affairs. I'm interested in your opinion on whether that would help or not.

● (1715)

Ms. Marie-Andrée Malette: I'm the one who applies for my husband. If he's denied, that means I'm denied. It's as simple as that, because we're the ones who are doing all the paperwork. Whether I sign my name or his name at the bottom doesn't make any difference because the language is still going to be there. The reason my husband is denied all the time is that he's physically capable of putting a spoon in his mouth, wiping his bum, washing himself and putting a shirt over his head. That's why.

The rest of it is—

Mr. John Brassard: That's what I find interesting. I would consider your husband to be partly disabled. We have veterans who are over 100% disabled, yet they're being denied. The disparity in both those situations is something that we need to get down to the bottom of.

Ms. Marie-Andrée Malette: The reality is that if I was not there, nothing would run properly, but he'd be able to put food in his mouth.

Who gets the food? Who does the laundry? Who does all that? It's the caregivers. It's us, but that's considered instrumental activities of daily living versus activities of daily living. That's where the difference is.

Mr. John Brassard: Mr. Cameron and Mr. Lavallée, thank you so much for the work you're doing. As the shadow minister for veterans affairs, I hear stories of individual veterans from right across the country and some of the people they're associated with who are on the ground trying to help veterans, as you do in your situations.

In the last study we heard a lot of the larger organizations receive government funding to do the work they do. One of the things we heard, particularly from Persian Gulf vets, is that they're doing a lot of that work as well, but they're not receiving anything.

Quickly, can you tell me how you're funded to do the work you do, if you are, and whether you would like to see some part of government funding going towards—I don't want to call them “fringe” organizations because you're doing great work—organizations that may not otherwise be recognized by government?

Mr. Cameron, I'll start with you.

Mr. Angus Cameron: It's more individual on my part. It's not really a group thing. Yes, I am part of a veterans group, and when I need a little help promoting something I'll ask my friends and members of the group, my brothers and sisters, to help.

Usually if there's any cost involved, it's absorbed by our own paycheques, but it's mostly an individual effort. It's not really an entity or a group or a thing.

[*Translation*]

Mr. John Brassard: Mr. Lavallée, you have the floor.

Mr. Richard Lavallée: I work more in the field. I work with veterans. It's a new group made up of veterans of the Royal 22nd Regiment and it's been around for about two years. Because a lot of veterans were having trouble receiving services, we decided to get together and help each other.

I know that the chair of the veterans group made a request, but I can't tell you exactly what it entailed. As I just mentioned, I am more in the field. It's Rick Gauthier. Mr. Desilets knows him. He's the one looking after all the administrative details and the documentation. I know he has made a request. It's a long process so I can't tell you what stage he has reached.

At the moment, we are financing all our activities ourselves. We make small donations. If someone in an area needs help, we contribute to buy groceries or gas cards, for example. Right now, we pay for all of that out of our own pockets. I know that we have applied and I imagine that the Royal 22nd Regiment veterans group will soon be more officially recognized by the government.

● (1720)

[*English*]

The Chair: Thank you very much. Again, I apologize. I keep interrupting you, sir.

I will now go to MP Lalonde for five minutes, please.

Mrs. Marie-France Lalonde (Orléans, Lib.): Thank you, Mr. Chair.

First, I want to say thank you, Mr. Cameron and Monsieur Lavallée, for your service to Canada, and certainly for your continued support of our veterans.

[*Translation*]

I am really pleased to meet you today.

[*English*]

I also want to say to our Caregivers' Brigade—and that's maybe where my questions will be focused—happy International Women's Day. I want to spend some time with you today in terms of the fantastic work that you've done in your organization in helping the caregivers and families, as you mentioned, navigate the complications and complicated post-military life services.

I know you've been focusing on PTSD. There's the peer support network, operational stress injury social support, OSISS, that was created to provide a similar service for veterans, as well as for families, friends and caregivers, while working alongside organizations like yours.

I want to get your perspective on this. When someone in your group goes to them, the OSISS, to help with a veteran who is not seeking treatment, what kind of guidance do they give? Have you found it to be effective?

Ms. Marie-Andrée Malette: I never referred any.... Yes, one, maybe once. It was a really long time ago, and it was somebody who was still serving. They were very scared to talk because the people within the CAF—like the bosses at higher ranks than they were—were actually trying to know what was being said. Basically, that was the message that we got back.

In terms of peer support, we've never used.... You have to understand that at Caregivers' Brigade, we're not really in touch with people. We're just sending out information.

Mrs. Marie-France Lalonde: On your website...?

Ms. Marie-Andrée Malette: Yes. We have to save ourselves before we save others, unfortunately. If people come to us, yes, we will try to guide them as much as we can, but as for OSISS, my experience was that with them.

Maybe Jeanette and Paula want to add to it. I think Paula maybe had some info.

It's not to my knowledge. I don't know.

Ms. Jeanette McLeod: Paula, do you want to go ahead on this, please?

Mrs. Paula Ramsay: Sure.

When it comes to the Caregivers' Brigade, what we do is not peer support. We're more or less a third party referral service, so we know of organizations like OSISS, and we can tell people what they do, but it's their choice. We know from our own experiences that it's very individual as to what kinds of services a family is going to access. I might need OSISS, or Jeanette or Marie might, but that doesn't mean that it's accepted that all three of us should need it.

It's the same with the people we serve. We know that all families are very individual. They are using our website to see what services are available. They can email us and ask us about specific services because we have some knowledge and connections there, but we don't tell people what they should be accessing.

Mrs. Marie-France Lalonde: In your opinion, as we are looking at recommendations, what would you recommend to us in terms of helping this process be easier on caregivers and our veterans in terms of a navigation piece?

● (1725)

Ms. Marie-Andrée Malette: I would say just one pit stop where you do everything, click all that you need there and answer all the questions. I would say consider a veteran and their family as an entity, and the veteran as a whole person, not just conditions. Just doing that, you eliminate a whackload of paperwork and questions.

Here's an example. Sleep apnea is a comorbidity of PTSD. My husband has to apply to get all that he needs for his sleep apnea. It is considered a comorbidity. It means that it walks hand in hand with PTSD, but it's considered alone. It's just mind-blowing when you have to apply and to follow up each request. It's just crazy. You can't do that all the time.

Mrs. Marie-France Lalonde: Basically, the consolidation—

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

Mrs. Marie-France Lalonde: Thank you.

The Chair: I'm sorry.

Now we'll go over to MP Wagantall for five minutes.

Mrs. Cathay Wagantall: Thank you very much.

On what you were just saying about the complications and applying for things, I had a chat earlier with you folks from the brigade, but I don't remember who it was who talked about applying to get a shower for their husband.

Ms. Marie-Andrée Malette: That was me.

Mrs. Cathay Wagantall: It was you. Okay.

It's one more story, but it just says it so clearly. Could you briefly tell us about the dynamics around that issue with VAC?

Ms. Marie-Andrée Malette: My husband is six foot four and weighs 200 pounds. When his back gives way, he cannot shower himself. We had a 32-inch by 32-inch shower. We apply for VAC, do all the processes and the occupational therapist comes home and evaluates everything. We got a nice 40-inch by 40-inch walk-in shower, with a three-inch ledge. That means that when water hits it, it splashes out, because it's not deep enough. We have an eight-year-old and an 11-year-old. It looks like a water park after they shower in our bathroom.

When I asked if we could put on a shower door to eliminate that, they said no, that the shower was made for the veteran, and the veteran can shower with a shower curtain. We were denied. They built a $9,000 shower in our bathroom, but we need to have a shower curtain because it was built for the veteran, not for us. That puts more strain on us, because each night I have to mop and clean an entire bathroom, each time.

Mrs. Cathay Wagantall: It's just another one of those examples where it's so frustrating when they say that when the veteran serves, the family serves with them.

To you, and to the other gals as well, the term “the war at home” is something that you, as the Caregivers' Brigade, use. Can you define that a bit for us today? What does that mean?

Ms. Marie-Andrée Malette: We're constantly fighting it. The war in Afghanistan hasn't stopped in my husband's head. At night, when he has nightmares, I'm the one that's sitting in the tank next to him.

Ms. Jeanette McLeod: There's a bit that I would like to add to that too. As Marie was saying, when we say “the war at home”, the words do say it all. They brought the war home with them. We're living it with them every day.

Mrs. Cathay Wagantall: What about family? What about the children?

Ms. Jeanette McLeod: I will turn to my colleague.

Marie, I think this is a good area for you to touch on.

Ms. Marie-Andrée Malette: The kids know that daddy went to war and they know that he ran after bad guys, because we're in a superhero world here. They have had to become accustomed to the fact that daddy cannot be scared, that they cannot jump on daddy and that they cannot scream when daddy is around. The children have been accustomed to that. It's how they were brought up, but it's very difficult for them sometimes.

● (1730)

Mrs. Cathay Wagantall: Paula, your work is around serving families. The term “serving families” means the veteran and the entire family. In terms of the impacts of DND policies, transition services and that type of thing, what kind of impact do you have there?

Are you involved with DND? Is this something where they come to you and ask questions about what works and what doesn't work? Are you part of the advisory council?

Mrs. Paula Ramsay: I actually sit on a feedback team for military families that I meet with once a week. We discuss different things that affect military families.

Outside of that, within the Caregivers' Brigade, it's more about addressing, or at least bringing to military leadership, ideas about improving services and how to help members who are going to be releasing and get them connected with VAC services before they're released, so that they don't have that experience of a gap in their treatments. If they're injured in service, they're receiving every kind of treatment known to man while they're serving, but when they release, they are not guaranteed to get those treatments and medications covered until they're covered with VAC.

Mrs. Cathay Wagantall: That's been on ongoing issue.

They call it a seamless transition that we're working towards, but this has been over a decade of not being able to transition from one to the next.

I see the chair is interrupting me.

The Chair: I do apologize. I know we had talked earlier about extending the meeting.

I want to first apologize to Mr. Desilets. In the last 10 minutes, I've had more than a few of us on this call indicate to me that they cannot go beyond 5:30, so I'm going to have to stick to that.

Mr. Desilets, I recognize that you may have wanted to move your motions today. As an olive branch to you, what I would like to suggest to my colleagues is that we start Wednesday's meeting in public to give Mr. Desilets, or anybody for that matter, the opportunity to move their respective motions before we go in camera to do the report writing, which we are scheduled to do.

I apologize, but we have quite a few on this call right now who have to leave to go to other committee meetings. If it was just one person, we'd continue moving forward, but that, unfortunately, is not the case.

Mr. Desilets, are you okay with that?

[*Translation*]

Mr. Luc Desilets: We will live with it, Mr. Chair.

You tried, it is very kind. Thank you.

[*English*]

The Chair: Thank you. I appreciate that.

To the witnesses, I absolutely applaud your patience. We started a little late today, but I appreciate all of the contributions you've made here today. This is a very important topic, and your testimony will be very valuable for us moving forward. Thank you to all of you.

Thank you to my colleagues and to all of the folks back in Ottawa who are making it possible for all of us to be heard and seen.

Thank you very much. The meeting is adjourned.

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