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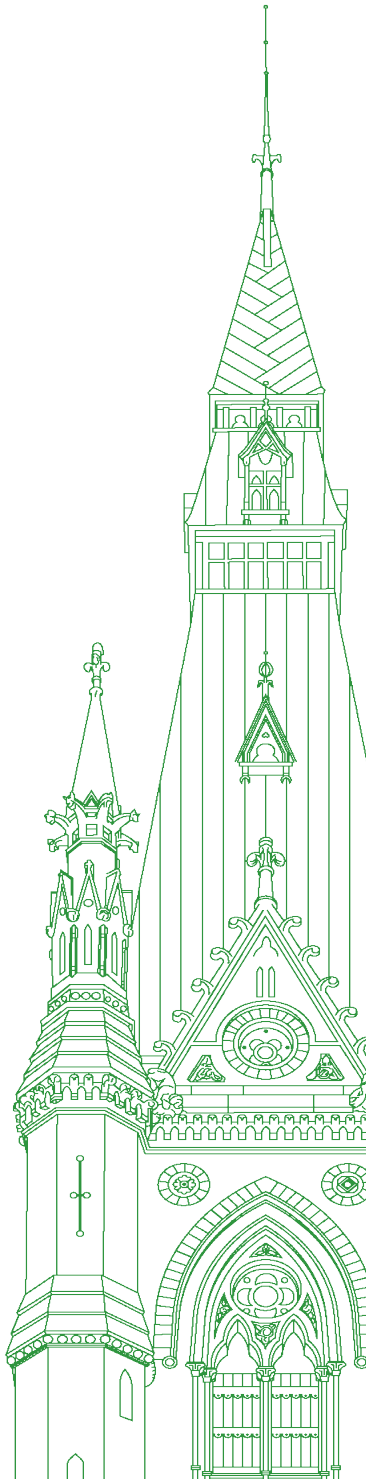

Chair: Mrs. Karen McCrimmon

Standing Committee on National Defence

Monday, February 1, 2021

● (1110)

[*English*]

The Chair (Mrs. Karen McCrimmon (Kanata—Carleton, Lib.)): Good morning, everyone. I call this meeting to order.

Welcome to meeting number 13 of the House of Commons Standing Committee on National Defence.

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2021. Therefore, members are attending in person in the room and remotely using the Zoom app. The proceedings will be made available via the House of Commons website, and so you are aware, the webcast will always show the person speaking rather than the entirety of the committee.

Pursuant to Standing Order 108(2), and the motion adopted by the committee on Friday, December 11, 2020, the committee is resuming its study of access to mental health services within the Canadian Armed Forces. With us today by video conference for two hours are the following witnesses: Marie-Ève Archambault, Hinesh Chauhan and Lisa Cyr.

[*Translation*]

I want to express my appreciation and that of the committee to all the witnesses. Thank you for agreeing to share your thoughts and experiences with us. It takes courage and engagement, and we are indebted to you. Thank you very much.

[*English*]

Each witness will be given six minutes for opening remarks, after which we will proceed with rounds of questions.

To our witnesses, I will signal when there is one minute left in your time, so please keep an occasional eye on me on your screen.

[*Translation*]

First, I would like to welcome Ms. Marie-Ève Archambault. I now invite you to deliver your statement, which should be no longer than six minutes.

Ms. Marie-Ève Archambault (Social Service Worker, Laurentian Integrated Health and Social Services Centre, As an Individual): Good morning.

I have been a military spouse for 20 years. My husband is suffering from severe post-traumatic stress and comorbid major depression. He has suicidal and homicidal thoughts. I am testifying today on behalf of a family that is suffering the repercussions of a care system that is, in my opinion, not very effective. I am the mother of three children. My husband has been sent to the battlefield twice. We have also been transferred outside of Canada. Despite the fact that his symptoms were already present, he passed the screening test with flying colours.

In 2007, upon his return, he voluntarily went to seek help by climbing the famous steps that are still today known as “the stairs of shame”, unfortunately. We soon realized that if we continued the process, there would be repercussions on his career; he would have fewer promotions and no more transfers. It would be impossible for him to return to the theatre of operations, which was very important to him.

Most members of the Canadian Armed Forces derive their identity to an extent from belonging to the forces, which was the case for my husband. So he was afraid of losing his identity. In fact, he even got the psychologist he saw to not put any notes in his file. He asked not to receive medication or an orange flag if he ever received a promotion, which was granted. It is not normal for people who need care to have to choose between the shame of being singled out and care to feel better with their families and within themselves.

Afterwards, the symptoms worsened: nightmares, irritability, dissociation, verbal aggression, flashbacks, migraines, depression, hypervigilance, isolation, and so on. I could go on, but I will stop there. They try to make us believe that it's less taboo, but it's not.

Time passed and the impact on my family was disturbing. So I took my spouse to the military hospital. He had physical symptoms that gave me a way in. Once there, he was seen in the emergency department. I took the opportunity to go upstairs, to the mental health services, to ask for help. At first, I was refused help because I was not a serving military member. My spouse had to give his consent so that I could talk about what was going on at home. So I said that I was absolving myself of any responsibility if something happened, because I was talking about risks to his life. My spouse was eventually taken into care, although he did not give his consent.

In the end, what I thought was life-saving was the beginning of the end, in our case. There was a confrontation about his symptoms, and right away, on the first day, he cracked impressively. They had to get us out of the place. Desks went flying. In short, we returned home with a small pamphlet under our arm explaining that my spouse was suffering from post-traumatic stress—it was jargon for us—without giving us any further guidance.

My children suffered collateral damage in several ways. When I asked for support, we were directed to a place that was more than an hour away from my home. I would like to remind you that I am the mother of three children and a full-time social worker in the health field. In addition, we were told that we each had to have a different worker, so I had to drive three hours, three times a week in the same week. It was impossible for me.

Since there is no universality of services in all regions, it is difficult for people who do not live near large bases to access them. Here, I'm talking about families. Certainly there is care for the military member, but for the family, the relatives, the parents and the children, it's more difficult. Moreover, it is very difficult, both for the member of the forces and for the family, to obtain service in their mother tongue. That's something we really need to work on. My spouse had to tell his story in a language that is not his own. It's not always easy to try to express emotions in a language that is not yours. Some things were sometimes misunderstood.

They gave my husband a lot of medication but never really addressed the problem. It was as if they wanted to suppress the symptoms of the soldier to keep him functional until he was medically released, so that the civilian system would take care of him in a slightly more comprehensive way.

People with post-traumatic stress disorder, or PTSD, are no longer necessarily useful in the workplace, so they are put aside. In fact, something a bit shocking happened in our case. My husband has had to be cared for in psychiatric units several times. We went to the Bellwood Centre, the Douglas Institute and Ste. Anne’s Hospital, which we were told was a specialized hospital for veterans with mental health problems.

● (1115)

During a crisis, they called in the middle of the night to tell me that my spouse's case was too serious for the specialized mental health centre. The solution I was offered was to send him home. They felt that my three children and I were better equipped than the centre, which had had to take over because his case was too serious for me. Today, I still feel some resentment. The therapy was never completed. My spouse was sent home during the stabilization phase. There was never any treatment or psychotherapy phase during this hospitalization.

Why aren't families at the centre of care plans? At the very least, there should be a post-deployment consultation to check for unusual symptoms or abnormal behaviours. Why is it that we are not really consulted during interventions when we could help to create a much more realistic picture of the situation?

Sometimes, the sick person may not want to or simply cannot make people understand the gravity of their symptoms. Moreover, this type of situation is not always adapted to the reality of families. A lot of medication is given to try to maintain a functional level, as I was saying earlier, but there are important consequences for those around them. My husband, for example, developed diabetes. We had consulted the military psychiatrist, who had prescribed medications with drug interactions. The pharmacist pointed out that diabetes could be the result, but we were told the opposite. Eventually the diabetes set in. After hospitalization in another psychiatric centre, the medication was stopped and the diabetes disappeared.

In July 2020, my husband was really not well. I emailed his general practitioner, who works at the centre in the area where we currently live. I wrote to him that although I am not a military doctor—indeed, I normally try not to get involved in that, as we don't really have a place there—I demanded an answer, because I really feared for my husband's life. I wrote this email on July 19 and I didn't receive a response until several days later. Although no one had seen my spouse, I was asked to agree to an increase in his medication. This was the solution that was proposed.

On July 27, my husband attempted suicide. He wanted to die. He was rescued in extremis by police officers as he was about to jump off a bridge in our city. Next to the bridge, there were military things that he had brought. He had folded his clothes, and on the pile of clothes he had put his military ID card. For him, going out in 3B service dress was indeed unacceptable.

The lieutenant of the police department in my area wanted to contact the Canadian Forces on the phone to make a report, because the police officers had been rattled by my husband's comments and his distress. Of course, it didn't work. For my part, I gave my consent and my husband's service number, but the lieutenant was never able to make a report to anyone.

So they sent my husband to a civilian centre for four months, since no one in the military could help us refer him to another centre. His crisis state was too severe for Ste. Anne's Hospital. So we had to stay on the civilian side, although these people are not at all equipped to deal with post-traumatic stress of this kind.

I sought psychological help for my children and me. However, after two sessions, I was told that since my husband was not yet a veteran, I did not have access to refundable care. They demanded that I reimburse them and come back for a consultation when my husband was a veteran. Unfortunately, I did not choose the date of my husband's suicide attempt. Of course, I felt really alone, left to my own devices.

What is even more shocking is that I later found out, after requesting help from the employee assistance program, that the social worker to whom our file was assigned was not allowed to provide us with care because her husband is in the Canadian Forces. She would have been somewhat familiar with our reality. She asked for an exemption to be able to treat us, but her managers refused. She was told that they preferred that services be provided by people who were a little less familiar with military reality in order to maintain impartiality. In my opinion, this is nonsense, because the regular workers have no idea what military life, and life for the families, is like.

● (1120)

Last December, as my husband was about to be given a 3B release, I reported to his team that he suspected he had been sexually assaulted while deployed to an operational theatre. I was told that I had to go to his civilian doctor, as his care was no longer under their purview. We're talking about a sexual assault here. I was a little stunned by this answer.

The new doctor had not built a relationship of trust with my spouse. It was a new transition. I found it completely absurd. They wash their hands of it when they have destroyed a life and a career.

The return to civilian life is hell, especially for sick people. They do not receive enough support. My spouse is completely disabled, and he can't fill out the 88 forms needed to move from one stage to the next. We don't have any help, and I don't know anything about military forms. It has been a very laborious and difficult process.

During my husband's sick leave, they wanted to force him to use his vacation time. He was unable to take a holiday, but they wouldn't pay him back. We had to fight, and we finally won.

You always have to fight. You have to fight with Veterans Affairs Canada and the Canadian Armed Forces. You have to fight for medication. You have to fight for care in a facility focused on military post-traumatic stress disorder. It is very tiring and it weighs heavily on the shoulders of the loved ones.

Today, my husband is no longer a soldier, but a veteran since December. But he wanted to die because he was ashamed that he could not continue his military career; that's saying something.

The transition is difficult even for people who are not suffering from post-traumatic stress. Try to imagine how difficult it can be for someone who loses their whole identity because of such a severe disorder.

It is imperative that we, as families, become more involved in the care process. We are the ones who live with the consequences on a daily basis. We are the eyes and ears. We are the caregivers.

I don't know if you are aware of this, but the member's spouse must give permission before he or she can receive service. In Valcartier, they even go so far as to ask the member to register his or her spouse to participate in the care. Do you really think that those who wish to hide their health problem, violent spouses or anyone who has any independence will give their consent at the risk of being unmasked? The answer is no, of course not.

I would like to mention, however, that there is an excellent peer support program, the operational stress injury social support group, or OSISS.

The distress of families is real and just as important as the distress of the military member. Access to services must be facilitated. Sometimes, continuity of services is also an issue, whether in terms of reassignment or release. Post-traumatic stress is like a tsunami, it drags everyone along.

This year, I decided to create, on social media, a group for women who live with spouses who are struggling with post-traumatic stress disorder. Five minutes after the creation of the group, it already had 65 members. These are women who, like me, have not found services anywhere else. We feel really alone.

The lack of service, support, access and concerted care defeats too many people. Unfortunately, in our case, my spouse's mental health problems will have undone 20 years of marriage. Although not in conflict, we are currently in the process of separating, and he understands why. I can no longer continue to bear, by myself, the burden of the heavy work he has to do on himself.

● (1125)

The Chair: Thank you very much, Ms. Archambault.

Ms. Marie-Ève Archambault: Thank you.

[*English*]

The Chair: It was an excellent presentation.

Our next witness is Mr. Hinesh Chauhan.

Welcome. I now invite you to make an opening statement of up to about six minutes.

Thank you.

Mr. Hinesh Chauhan (As an Individual): Good morning, Madam Chair and honourable members.

My name is Hinesh Chauhan. I spent 18 and a half years in the army, an equal combination of full-time and part-time service, as a combat engineer and then an engineer officer. I had very broad experience and exposure to various operations. I gained a lot during my time in the CAF.

From there I moved to the federal public service. My first role was as a senior program analyst with the Treasury Board Secretariat, overseeing the defence portfolio of organizations, high-risk projects, purchases, acquisitions and management practices. I'm currently a director overseeing capital investments and projects for rural property assets at the Department of Fisheries and Oceans.

I am intimately familiar with the defence machine and culture and the federal bureaucracy. I love the work I get to do and very much enjoy bringing value for money to Canadians.

As a secondary duty, I lead a wellness program that has supported substantially raising employee satisfaction based on results measured by the public service employment survey, showing an improvement of 120% over two years. I firmly believe measurement drives behaviour and that success must be quantified.

I'm here today to discuss the circumstances around my brother's death. My brother, Warrant Officer Sanjeev Chauhan, my only sibling, killed himself on October 17, 2020. He disappeared the previous night and was found dead, face down in a field on the base in Petawawa.

My brother was a father, a husband and an army intelligence operator, who spent time in a special operating forces unit with four tours, to Afghanistan, Bali, Latvia and Iraq. He loved being a soldier. He loved his trade and loved what he got to do. He wore his uniform with more pride than I've seen any other member wear a uniform.

The circumstances that led to his suicide are not entirely surprising when broken down. What was known by his chain of command and what was documented within the HR system was sufficient to raise red flags. With an objective lens, I very much believe the system failed him.

In looking at the "2019 Report on Suicide Mortality in the Canadian Armed Forces" and several other findings in reports, he had most of the indicators listed by DND as a factor leading to suicide. He had multiple tours in a short amount of time. He was with the special operations forces unit. He had a brain injury. He had PTSD and other psychological conditions. He had been put in a medical category. He had begun drinking and had alcohol-related incidents. He had been very recently separated. He had a disciplinary issue and a pending court martial. He had a previous suicide attempt. He had a family member who had committed suicide. He had been isolated and removed from his unit after the incident that would lead to a court martial.

The pending court martial, related to a June 2019 incident, was a dark cloud over my brother. It was repeatedly rescheduled and delayed and was far from timely and efficient—an issue identified in the 2018 Auditor General report, "Administration of Justice in the Canadian Armed Forces".

The purpose of the military justice system is to maintain discipline, efficiency and morale in the CAF. The process my brother faced provided the exact opposite. I worry for other members who face this lack of oversight and lack of time standards, which is what the OAG has recommended is required. Measurement does drive behaviour.

His chain of command also had directed members of his unit to not communicate with him, thereby shunning him from what gave him purpose and his identity. Several of the studies show the impact of losing identity on members who release. Social isolation is another main contributor to increasing odds for suicide. This order, in my opinion, was appalling and inexcusable and goes against all leadership principles. This led to his ostracization and the further deterioration of his mental health. It took away his dignity. I think it violated his human rights.

In trying to understand this direction, I wrote a letter to the Minister of National Defence, which I shared with this committee. The topic was not addressed in the response. However, immediate denial was provided to a journalist who wrote in asking the same.

How any military leader can issue such a command is beyond me and goes against the Canadian military ethos and our Charter of Rights and Freedoms. If one leader can issue a command of this nature, which is then followed, it speaks to the unhealthy culture within the organization.

● (1130)

All the factors I listed earlier have repeatedly been identified by both DND and VAC as elements that increase the risk of suicide. At what point do these issues raise a red flag to health services for the chain of command? The majority of these factors were in his personnel file and in the HR system. These factors, when combined, could set up automated flags for his chain of command and health services to take note and take action.

Another question is this: When does psychological-related substance abuse become more closely examined to prevent more serious events? This should be examined from a causal point of view versus a symptomatic point of view. This early warning system, red flags in the system that look at these factors and pop up proactively or are automated, could prevent suicides. At a minimum, it would being attention to members who are at the tipping point and get them the attention they need—immediate intervention.

When I spoke to my peers in uniform, the overwhelming response about mental health in the forces was that they feel there is still a stigma. It's still viewed as weakness and a burden to the organization. Those who experience psychotic episodes had to wait to get the right services, to get the proper medical or psychological attention.

Based on what I read in the National Defence departmental plan, everything related to mental health, which is only mentioned once and suicide twice, lacks metrics, lacks clear measurable objectives. Despite being a priority of the Clerk of the Privy Council, mental health appearing once in the departmental plan says a lot about the culture and how this is viewed within the organization. Just like harassment training was brought to everybody about 20 years ago, the same should apply for mental health first aid. Just as physical first aid is taught—every year, a refresher is taught—the same should apply to mental health first aid, and it should be incorporated into leadership performance appraisals. Again, measurement drives behaviour.

I'd like to share a really interesting observation I've learned. The countries surrounding the Mediterranean and Red seas, as well as those in Southeast Asia and in the South Pacific, all have the lowest rates of suicide. Remarkably, the Israel Defense Forces have taken action and have reduced their suicide rate to where it's now lower than their civilian rate of suicide, which is not the trend in any other western country or in any other country with an advanced military.

If a soldier goes missing, the IDF, with the press of a button, uses technological means to locate the soldier. In the last year, the IDF has claimed that this has saved four soldiers' lives. If that were the case within Canada, my brother could be alive today and could be getting the help and attention that he needed, but culture is a difficult thing to change. As the adage goes, culture eats strategy for breakfast.

The dichotomy of a soldier is challenging. How do you balance being a warrior, being asked to perform duties no other Canadian is willing to do, and then return home to assimilate and behave conventionally? Switching between these two personas generates serious mental stress. Being able to relate with others and share experiences and challenges is a large part in managing this dichotomy. However, the traditional venues that exist for bonding are the messes and Legions, which revolve around alcohol.

Study after study show that numbing through addiction is counterproductive and very common, and these same studies show that exercise and positive social interaction are the simplest and most effective tools to reduce symptoms of depression and anxiety, and improve mental health and resiliency.

I firmly believe that this committee, VAC, DND and the Canadian Armed Forces should examine how healthier social interaction can occur, where fitness and movement are encouraged and supported. I believe this would be a catalyst for an organic shift in the warrior culture, where mental illness is viewed as any other physical illness, further decreasing the stigma, and where members of the CAF and their families can develop healthier coping strategies and resilience. This dialogue has to continue. The education awareness must continue.

Quantifying the objectives and outputs must occur. Creating that accountability within the leadership must occur. Meaningful measurement in reporting must occur. Measurement drives behaviour.

● (1135)

Thank you, Madam Chair, for this opportunity.

The Chair: Thank you very much, Mr. Chauhan.

[*Translation*]

Our last witness is Ms. Lisa Cyr.

Welcome, Ms. Cyr; I invite you to take the floor for six minutes.

Ms. Lisa Cyr (As an Individual): Good morning, everyone.

Thank you for giving me the opportunity to share my experience with you.

I was a member of the forces. I am a veteran, currently. I worked for 12 years in the Canadian Armed Forces as a supply technician; I worked in several departments.

I now suffer from post-traumatic stress disorder because of psychological harassment. At first, I was told I had an adjustment disorder, but they wanted to put me on programs for post-traumatic stress disorder. I asked them why I would be part of such programs if I didn't have this disorder. It took three years before it was recognized that I had it. I have experienced psychological harassment during my 12-year career.

When you join the army, you are told that you always work in pairs. You always have to take care of your partner. My partner had an incident on the eve of graduation, following a demonstration of power by the master corporal. Afterwards, I was the one who helped his parents get people to recognize that the incident involving my partner was caused by the military.

After two years, a master warrant officer came up to me and told me that if I wanted my career to go well, I'd better leave Plamondon's family alone and get away from them. I told myself that this went against what we were taught in the forces and against the principle of the buddy system. He was asking me to distance myself from this family and my partner, whom I supported, and I didn't do it. Today, after 12 years, I still think of “JP” as my little brother.

Also, at the beginning of my career, I injured my Achilles tendon. As a rookie, you're not allowed to hurt yourself. In fact, in the army, you're not allowed to get injured. If you didn't know about it, I'll let you know. It's frowned upon. I wasn't a runner because I had an Achilles tendon injury. In the army, if you're not a runner, you're less than nothing. That's the way I was perceived, even though I was able to bench press 200 pounds.

During my career, people have taken every opportunity to mentally harass me. At first, I thought the person wasn't doing well and I was being blamed. When we'd finish at noon on Fridays, there had to be someone on duty. They decided that I would stay, and told me that since I had a physiotherapy appointment in the morning, I had to stay until three o'clock in the afternoon. I wondered why I was being penalized for physiotherapy treatments. This was the case for most of my career, right up to the end, where they really tried to get at my self-esteem. I was told that it took me 35 minutes to get from the base to where I had to work, while the warrant officer and another member of the forces did it in 32 minutes. There was a three-minute difference. I was told that I would now shower on site rather than at the base after my workout. These are just a few examples of things that took place.

At the end, they wrote false reports about me. I contested them until I was forced to file a complaint. You know, in the army, they say nice things to you. Every year we have to go through mandatory programs that talk to us about mental health and harassment. They tell us that we have to mention it when we have problems. I did that, but it did not go for the best in my case. The harassment continued and it got worse.

I was denied my vacation. My major refused to let me visit my family, even though my doctor and the psychologist recommended it. At one point I mentioned that I was going to do magic, since that's what my major wanted. The health care contact asked what I meant by “doing magic”. You can't mention that you have suicidal thoughts because they will lock you up or shove you in a corner. In Valcartier, we call it “going to the second floor”.

● (1140)

Going to the second floor is frowned upon. Still today, seeking help is frowned upon in the forces. I left the forces in 2019, so it's still fresh.

Every day is a struggle. Every morning, it's a struggle to get out of bed. I'm 43 years old. I take 11 pills every night to keep the nightmares and anxiety at bay, so I can get some sleep.

I was harassed. I was never able to prove it was them, but the people from the base called me three times a day, after the major denied the doctor's request to allow me to spend time with my family. They would come to my street. I live in a neighbourhood where you really have to try hard to find my house. It still gives me nightmares. They calculated how long it would take me….

I left the Canadian Forces; they say that, in order to take care of yourself, you have to move on. One of my colleagues is still having problems with Manulife, unfortunately. On December 31, she vented her frustration to me.

I bought the cat café Ma langue aux chats in Quebec City. It was my third form of therapy. It had four cats already, and we bought 10 purebred cats to help us stand out from other cafés. The cat you saw a moment ago is named Karine. Five of the cats are named after six comrades who passed away, either in action or by suicide. Karine was named after Karine Blais, who was killed in action in Afghanistan.

Now I'm trying to pay for my third form of therapy. I want to share my café and my cats. I want to provide animal therapy to my friends who are still serving and those who are veterans, as well as the public, to help them with their mental health problems. It's a subject we don't talk enough about; all too often, it's still seen as a bad thing. Since June, I've been sharing my story at the café, telling people that every day is a struggle.

Talking to you today is very gruelling for me, but I'm proud to do it; I want things to improve. The café is closed now, unfortunately, but when it was open, I would talk about my story every day. It gave me the motivation to get out of bed in the morning. I take pills, yes, but I'm not down on life.

Getting help is what matters. There isn't any in the armed forces. They can say what they want, but there isn't any. Even when you leave the armed forces, there is no one to help or guide you. I was told by the ombudsman that, when you leave the armed forces, no one is there to take you by the hand anymore, unlike in the armed forces. I left the armed forces with post-traumatic stress.

I had tons of forms to fill out and I needed help. I couldn't do it, but I was left to my own devices. If there is any help, they send you from one place to another. Whether it's Veterans Affairs Canada, the Canadian Forces or Manulife, every single one passes the buck back and forth. Manulife is asking me to pay back $27,000 because I bought a business to help me with my mental health issues while helping others.

As a sidebar, I should mention that you have to submit an application to Veterans Affairs Canada when you leave the Canadian Forces. I just found out that, for the past year and few months, I lost 15% of my pay. Now the dilemma is who is going to authorize Veterans Affairs Canada to reimburse me for my year of lost pay. The amount for that year includes the $27,000 I owe Manulife. Veterans Affairs Canada told me that, had I been in the rehabilitation program, they would have reimbursed me the $27,000 and my pay wouldn't have been cut by 15% for a year.

I was supposed to know that. They're telling me that I received training. Yes, I received training in March and I left the armed forces in September.

● (1145)

I'm not sure whether you know this, but when you have post-traumatic stress disorder, you forget things. You are not entirely present. The woman who spoke about her husband earlier knows what I mean. Even though I know what I want to say to you today, I brought notes because I have trouble getting the words out. My house is a real mess. I know what I need to do, but I just can't put it into action.

That's what happens when you have post-traumatic stress disorder. You have suicidal thoughts and your family members do their best to understand what you're going through, but they can't. You are suspicious of people and you are extremely anxious. I don't trust anyone anymore. I try, but I can't. I'm shattered inside. They say you have to keep fighting and move forward. Easier said than done.

I joined the armed forces as a supply technician. I have a bachelor's degree in psychology, French and nursing. A leader to me is someone who tries to lift up others. I wanted to join the armed forces as a soldier to eventually become an officer, because I wanted to learn the basics first. What I learned, though, is that the armed forces is a far cry from what I thought it was. The armed forces is not about leaders. It's about gangs, and if you don't belong to the gang, they crush you and relegate you to the corner. That is the reality in the Canadian Armed Forces.

Mental health issues are frowned upon. Going to the second floor is frowned upon. That's what you experience as a member of the Canadian Armed Forces. You're treated as though you've done something wrong, you're cast aside, you're looked at sideways and you're harassed. People hear a lot about the sexual harassment in the armed forces, but they don't hear about the psychological harassment.

When I filed a complaint, the decision came back in my favour, and my six allegations were recognized. All I got from the Canadian Armed Forces was a letter, and it wasn't even given to me by my commander. It was sent to me in an envelope. It said that the decision regarding my six allegations was in my favour and that I could challenge the decision if I was not satisfied. No one apologized to me on behalf of the Canadian Armed Forces for how I had been treated. I never received an apology. I was treated as though I had done something wrong.

After that, someone said that I was going to get farther than others had, so the harassment continued, even after my complaint had been upheld. That is how it goes. I wasn't going to file a new complaint against the people who kept harassing me because there was no point. They can say that we receive mandated program training, that we are informed, that members are encouraged to file complaints, but it's just talk. You can complain all you want, but it's useless.

The people at 5 Service Battalion, in Valcartier, are experts at harassment. They treat people as though they are stupid and they destroy the lives of members and their families. They are experts at it.

Being here today is hard, but I'm proud that I am finally able to tell my story. I hope you listened carefully.

● (1150)

The Chair: Thank you, Ms. Cyr.

[*English*]

We will move to questions from members of the committee.

Today we will begin with Mr. Benzen.

Mr. Bob Benzen (Calgary Heritage, CPC): Thank you, Madam Chair.

Thank you to all our witnesses today for sharing these tragic and powerful stories. They're very powerful stories. It shows that a lot of work needs to be done. There are certainly some failures that have taken place in how we're dealing with our armed forces personnel.

Maybe all of you can answer this. With a member, it's critical that the whole family is involved in how they recover and what's going on in their lives. Can you talk about your communications and your relationships? Are the armed forces reaching out to the whole family—to the spouses, to the brothers and sisters, to the children, grandparents and parents? Are they bringing them in, helping them, providing information and encouraging them to be part of the solution to observe, to talk, to relate and all that stuff? What kind of relationship is there between the whole family and the armed forces?

A lot of times, the armed forces hide behind this idea of privacy. They can't share information. That can be a detrimental thing. Should that be changed so that they can give more information out and bring more family members in to deal with this? I'd just like to hear your thoughts on that.

All three of you can answer.

Mr. Hinesh Chauhan: I'll answer starting with the sense of community. The greater the community is, the stronger the connections are. Studies show over and over an improvement or strengthening of mental health and a decreased risk of suicide. In the countries I mentioned, there's a larger, communal culture. Bringing the families in is very important. The member doesn't exist without the family.

In my experience, or with respect to my brother, this wasn't the case. In fact, the level of communication that came.... Other than the designated assistants and the chaplain that were assigned to support my sister-in-law, there wasn't any further communication. The transition centre didn't engage our family. It took me close to a week to hunt down my brother's body. No one could tell me where it was. It was me hunting it down; it wasn't the department.

The military family resource centre is there in title. It's small. Funding for these organizations has decreased over time. The element of community and funding services that bring family members closer into the community would be very helpful, but it has decreased over the last decades. I've seen it slowly deteriorate with strategic reviews, with budget cuts and with our reality.

● (1155)

Mr. Bob Benzen: Thank you.

Are there any other comments from any other witness?

[*Translation*]

Ms. Marie-Ève Archambault: Yes. I will say that, further to his treatment, my husband signed all the consent forms for sharing information. In fact, we had an agreement with his military team. A decision was made with his health care team to stop further communications from going to my husband directly because it triggered him.

Nevertheless, people would disregard that and always go through my husband. I was constantly reminding people that they weren't supposed to communicate with him. Even though I had all of the signed consent forms, I still had a lot of trouble getting the information, no matter what it pertained to. I had to go through several people, who always referred me to someone else, and it wouldn't work. It's tough for a family to obtain information, as though it's inside information that mustn't be shared. Everything is kept secret. It's total secrecy.

[*English*]

Mr. Bob Benzen: Just by that factor alone, it was creating mental illness for you. The mental stress on you as the spouse or the brother was just compounding the problem, which is really unfortunate in this case.

I was stricken by a couple of things you said. One was that they couldn't deal with it inside the military. They wanted to send you outside to other, civilian sources. It seems to me that an organization the size of our Canadian military should have all the resources it needs to deal with any of these issues.

Were you shocked by the fact that they were sending you outside of the armed forces to get civilian treatment?

[*Translation*]

Ms. Marie-Ève Archambault: Yes. Not everyone involved in my husband's case was ineffective. There was one person we could count on, a social worker at the Montfort hospital. She referred my husband to a civilian treatment program at the Bellwood facility, in Toronto. The program isn't administered by the Canadian Forces, but the program providers are used to treating people with post-traumatic stress. As his wife, I was even allowed to take a week-long course to learn about post-traumatic stress. Despite my job in social work in the health care field, I'm not all that familiar with post-traumatic stress, especially as it affects members of the military.

Yes, it makes me angry that an organization like the Canadian Forces, which claims to take care of its members, isn't able to look after one of their own with a disorder directly related to their military service.

[*English*]

The Chair: Thank you very much for your questions, Mr. Benzen

We will go on to Monsieur Robillard, please.

Madam Cyr, we will get you in the next round.

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Thank you, Madam Chair.

I want to thank the witnesses for making the time to appear before the committee today. I know this is an extremely sensitive issue for everyone, so I am very grateful to the committee for the opportunity to discuss it.

My first question is for Ms. Archambault.

What other mental health programs and services should the Canadian Armed Forces provide? What mechanisms should be in place to ensure you and your family could help design and implement those programs and services?

Ms. Marie-Ève Archambault: I think members' spouses and children should be involved in the process. The Canadian Armed Forces quickly seems to forget that a member is also someone's father, husband and son. Spouses, children and even parents of members should be involved. What's more, some sort of tool should be developed to validate the symptoms the member is experiencing. When a person gets back from a mission, sometimes they are fine. They have a few weeks off and go about their lives.

The statistics show that it can take up to 12 months for a symptom of post-traumatic stress to appear, but by then, no one is doing any follow-up. A mechanism should be in place to check whether the person experienced any changes after six months or a year. At the very least, someone should contact the person's family to check. It's easy for the member to say that everything is fine, that they have returned to duty, that they are going to the gym and so forth. Sometimes, though, that isn't the truth; that isn't the reality.

The children of members need more support as well. When you are farther away from a large base, you don't have access to much. It's tricky. You can't go to the same therapist as your husband. You don't have access to couples therapy either. I have asked for it repeatedly, but we've never been able to get any couples counselling, except for one session. Obviously, that isn't enough.

● (1200)

Mr. Yves Robillard: Thank you.

Have you or has anyone in your family ever called the counselling helpline available through the Canadian Forces member assistance program? If so, what was your experience like? Do you have any suggestions to make the service better?

Ms. Marie-Ève Archambault: I mentioned this during my presentation. Unfortunately, after I formed a support group of women in situations similar to mine, I found out that the social worker assigned to our case through the program had been taken off the case because her spouse was in the armed forces. I got a call after my husband's suicide attempt because I called looking for help.

I also called his chain of command to let them know. My husband had been suffering from PTSD for a number of years. At that point, he hadn't been in to work for three or four years, so no one really had any contact with him. He was going on with his life at home, isolated. I called the helpline to tell them about his suicide attempt and I got a call back. When you are going through an ordeal like that, a telephone call is not appropriate and it does not address your needs.

Mr. Yves Robillard: You also mentioned the challenge around accessing mental health services in his mother tongue. Tell us, if you would, about what it is like to access mental health services in a person's mother tongue?

Ms. Marie-Ève Archambault: I would say that, if you don't live in Valcartier or somewhere else in Quebec, it's incredibly tough to receive services in French. For us, the problem started when my husband was transferred to Ottawa. We had to submit a number of requests so that he could obtain services in French. He was in the midst of a severe crisis. At the time, he couldn't really say what he had to say in a language that wasn't his own. It was quite a roadblock at the beginning of his treatment. That was true for us as well.

Mr. Yves Robillard: I don't mean to neglect the other two witnesses.

Feel free to answer any of the questions I've asked.

Are there any issues that my questions didn't cover but you would like to share with the committee? That's for all three witnesses.

Ms. Lisa Cyr: Digressing a bit, I would mention language. I have friends with post-traumatic stress disorder and they don't speak English. They were sent to the military base in Trenton, where no one spoke French. They were harassed because of their language. They were mocked because they spoke French and didn't understand English. They fought to receive treatment in French. They had to drive an hour and 15 minutes away to see a therapist who spoke French.

That is not only inappropriate, but also unacceptable in the Canadian Armed Forces, which are supposed to be bilingual. Services should be available on site. Members should not have to drive an hour and 15 minutes away for treatment. That's an hour and 15 minutes each way. They were told their mileage would be reimbursed. Answers like that from the Canadian Armed Forces are not acceptable.

Mr. Yves Robillard: Madam Chair, do I have any time left?

[*English*]

The Chair: Thank you.

Thank you, Mr. Robillard.

To other committee members, for those with five or six minutes of question time, I'm probably going to take the better part of a minute from you—from everyone. For those who have only a short amount, I will let it stand the way it is. Everyone else can expect to lose about a minute, just to keep close to being on time and to give our witnesses the kind of respect and dignity they deserve.

Go ahead, Mr. Bezan.

● (1205)

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Madam Chair, we started this meeting about fifteen minutes late, so instead of cutting us off time on this important topic, I'd like to extend the meeting by about 10 to 15 minutes and ensure that all of us get our share of time to question the witnesses and put this all on the record. This is important to our study of mental health in the armed forces.

The Chair: I agree with that, but we're already going to go 15 minutes over. Do we want to go 15 minutes further?

I'll try to manage it as well as I can, but I know that other people have other committees and things afterwards. I'll try to be as generous as possible, but I'm going to really stick to the rules.

Okay? Thanks, everyone.

We go now to Monsieur Brunelle-Duceppe. Go ahead, please.

[*Translation*]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Thank you, Madam Chair.

To begin, I'd like to thank the three witnesses appearing before us today. I think all your testimonies were poignant. The word that springs to mind is “courage”. There's the courage it took for you to come and testify before this committee today, but also the courage that I imagine you have to show on a daily basis. Frankly, you have my admiration.

My first question is for Ms. Cyr.

Suicide is a very serious problem. Do you think the Canadian Armed Forces are proactive in dealing with mental health issues and suicide, or do they step in only when it's too late?

Ms. Lisa Cyr: Thank you for your question, Mr. Brunelle-Duceppe.

People are being treated far too late, until they are at the end of their rope. For me, personally, it wasn't until I said I was going to do magic that I was taken seriously. We always said we didn't break the rules of the Canadian Armed Forces. The harassment was always on the borderline of what is right and what is wrong. I had to say that I was going to take my own life if it didn't stop. I even mentioned what I had.

At first, I was even asked why I would talk to the media. I said that the day I was going to take my life, I would write a letter speaking out about what was happening in the Canadian Armed Forces and that they wouldn't have the chance to hide all the suicides they were hiding. I told them that the media would be made aware of what happened in the Canadian Armed Forces and where to find my body if I ever did it. I was asked why I would notify the media. I said it was because they were hiding the reality of what we are going through.

So, they act much too late. Suicides occur almost every day among our members, whether they are active or not. This is unacceptable. When they say that they talk about mental health every day, that they are doing everything they can to prevent suicides, and that they provide support and care to members, it's not true. It's not true that we have all that.

Mr. Alexis Brunelle-Duceppe: Excuse me, but I want to make the most of the time we have.

You just talked about this, but how do superiors deal with physicians' findings related to mental health?

Ms. Lisa Cyr: That's a very good question.

In my case, when I went to the second floor for help and was taken seriously, I was given a doctor's note. In the Canadian Armed Forces, when you're on leave, you can't be more than 50 kilometres from home. My family is in New Brunswick, and I live in Quebec City. My other family is in Montreal. I have to drive about two and a half hours to get to Montreal or New Brunswick.

The doctor and the mental health people gave me a note to forward to my superiors so that they would allow me to visit my family so that I could talk about my problem, get some fresh air and, most importantly, get support. I'm all alone at Valcartier, in Quebec City. My immediate family isn't here. What have I received from my superiors? They sent me back my note with a negative response saying that I had to stay at Valcartier because I had mandated programs to attend, and I had to go to my appointments. I didn't have any appointments. I was on leave and needed my family's support. I received absolutely nothing. Nada. Zilch. Zero.

Instead, they started calling me morning, noon and night, without talking on the other end. I contacted the police, but they told me that since I hadn't received any death threats, they couldn't verify who was associated with those phone numbers. This coincided rather well with the major's note refusing to let me go see my family. This went on for months. People went down my street. That was the support I got from my superiors.

● (1210)

Mr. Alexis Brunelle-Duceppe: I'd like to ask you one last question because I think I'm running out of time.

First of all, I want to congratulate you on your café.

Ms. Lisa Cyr: Thank you.

Mr. Alexis Brunelle-Duceppe: It must be good for the members and veterans that you've taken this initiative.

Do you think mental health is taboo among members and veterans?

Ms. Lisa Cyr: It is a huge taboo in the Canadian Armed Forces. Even among colleagues, we don't want to be labelled as having a mental health issue or suffering from post-traumatic stress disorder.

When I was told, the first thought I had was that I hadn't been to Afghanistan, so I couldn't be suffering from post-traumatic stress. However, I was made to understand that harassment was one of the causes. I ended up with physical health problems, including fibromyalgia, which is the result of post-traumatic stress, and migraines. So, in addition to having a mental health issue, I was overwhelmed to have a lot of physical health problems

The Chair: Thank you, Ms. Cyr.

Mr. Alexis Brunelle-Duceppe: I think Ms. Archambault wanted to talk about the fact that it's taboo.

Ms. Marie-Ève Archambault: Yes, it's really taboo. My husband's diagnosis was made quickly. Once the valve opened, he never went back to work. We went to the hospital once, and he never went back to work again. I was asked to say that he had a congenital degenerative heart condition, so the chain of command wouldn't know he was being looked at for post-traumatic shock. People called my house for several weeks, and I had to give cockamamie answers.

Mr. Alexis Brunelle-Duceppe: Thank you very much, Ms. Archambault.

The Chair: Thank you very much.

[*English*]

We go to Mr. Garrison, please.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair.

As this is the last day of our hearings on mental health, I just want to note for the chair that we were promised by the Canadian Armed Forces we would get a report on the number of deaths by suicide in 2020. I don't believe we have received that information yet. Of course, this is also to note that I was disturbed by the comment that the numbers don't really indicate anything on an annual basis, because what we'd like to see is a trend downward and certainly that's not what we've seen.

The Chair: Thank you. We'll look into that.

Mr. Randall Garrison: Secondly, Rear-Admiral Bernatchez promised us a paper on self-harm in the military codes of conduct of other armed forces. I believe there are significant differences. I don't believe we've received that either.

Let me turn to the witnesses now and say a tremendous thank you for being here. I know that it's difficult to talk about personal situations, though I'm sure I can't understand how difficult that is. Secondly, I know that there is a fear of being singled out. It's not just the taboo but it's also attitudes toward mental health, both outside the military and inside the military, that somehow it is the problem of the person who's suffering from mental health challenges rather than the actual problem of our response to those challenges. I really do thank you very much for being here.

There's a sort of disconnect we're seeing in these hearings. We heard from Canadian Armed Forces personnel on the question of access that 90% of positions are filled and we have guidelines on waits, yet what we heard from you today as families is that there are significant problems with access to services. We did not see any acknowledgement of that in the formal presentations from the Canadian Armed Forces. Thank you for reinforcing what we're hearing from all families.

There's also a disconnect on the question of self-harm being in the code of conduct. We heard from Rear-Admiral Bernatchez that there are no charges laid so this is not a problem, as if the code of conduct is not the foundation for all discipline within the military.

My specific question today is about the response of the Canadian Armed Forces in particular to suicidal ideations. What I've heard many times before is that discipline is often the first response, and if it's not formal discipline it's measures that look an awful lot like discipline to the person who's suffering from those mental health challenges.

Maybe, Madam Archambault, I could start with you. Did it seem that discipline was the first recourse from the Canadian Armed Forces?

● (1215)

[*Translation*]

Ms. Marie-Ève Archambault: I can't say it was a disciplinary thing. But I can say that it was pushed aside, that it wasn't always taken seriously. In our case, I sent a message because I feared for my husband's life. I had made videos of him behaving in certain ways, but I didn't get a response for several days. The decision was made to medicate him, thinking it would pass, but unfortunately, the attempt was made.

As I explained earlier, we are in the process of separating. For sure, I fear for the future, because my husband is still sick.

[*English*]

Mr. Randall Garrison: Thank you very much, Madam Archambault.

It's very important that you've mentioned the Facebook group with 85 members. I think there's a tendency for the military to say, “We have some isolated cases”. I thank you for the work you're doing there to bring people together. There's strength in doing so.

Mr. Chauhan, on the question of discipline as part of the military response, could you comment on your brother's situation?

Mr. Hinesh Chauhan: I don't think I could speak on his behalf or know what he was facing when it was recognized that he had any psychological issues. What I have heard from peers, though, was that folks or soldiers who have gone to sick parade with suicidal ideations have not been treated immediately. Despite going in and saying that this is how they're feeling, they still had to wait months before they were referred to the appropriate professional. Within their place of work, within their units, they are extremely reluctant to discuss it or to raise it with their chain of command. There is a very strong stigma that exists.

Mr. Randall Garrison: My impression is that, of course, when people are removed from their work and when there are restrictions on others communicating with them, it would feel an awful lot like discipline to the person who is struggling with those issues.

Mr. Hinesh Chauhan: Yes, that's agreed.

Mr. Randall Garrison: Madame Cyr, on the same question to you about the response to mental health challenges, the response to complaints of harassment, have you seen a response with disciplinary measures?

[*Translation*]

Ms. Lisa Cyr: Exactly. It's seen as disciplinary action. We're being cornered. I was put in an office with the person who was harassing me. I wasn't on the premises with them, but I was put direclty in line with them and made to feel like I was the problem, not the Canadian forces.

We're being cornered, and they keep hitting us. We are subject to disciplinary action and bad reports, which shouldn't be the case. We're really made to feel like a number and—excuse the expression—like shit. That's the reality.

The Chair: Thank you very much.

[*English*]

Mr. Dowdall, please.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Thank you, Madam Chair.

I want to take a moment as well to thank all three witnesses for their heartfelt, compelling and quite thought-disturbing comments here today.

As a quick backdrop, I've been an MP for a year. Before here, I was the mayor of a community that encompasses Base Borden, one of the largest training bases in Canada. I worked closely with the base during my years municipally. One of the things I noticed, and certainly a lot of the people in our community noticed, was some of what has come out in comments here today.

The military police would come off the base. A lot of the individuals don't live on that base anymore. They've become part of our community, which is fantastic. They're our hockey coaches, soccer coaches or are getting involved in whatever it might be. However, a lot of times, they'll come off the base for different things. I know some of them unfortunately are suicides, but it could be assaults or whatever it might be. You were talking earlier about drug addiction, alcohol abuse and things of that nature. Even I, in regard to the suicides, unless the hospital told me, these were not things we really knew in the community.

I know last week we had Bell Let's Talk Day. Basically, the premise is, let us talk about these issues that are affecting people. As a past mayor I wonder, do all three of you think we can do a better job?

Let's talk about this. We have the 2017 suicide strategy, together with Veterans Affairs, and I thank Randall for asking that question, because it's something I want to know constantly: Where are we at? Are we improving? Where will we be? Do you think we need to find a way for the military to stress what's going on in people? That's the first question.

I'm going to ask both questions, because we have only five minutes. You can answer the second one as well.

The second question goes to the fact that you're saying you often have to travel far for help. I've stated that before. If you have mental issues, you have to drive, from where I am, an hour and a half to Toronto in traffic. It's just not good. Do you think it's something that we should really invest in, perhaps with private enterprise, on the base?

Investing in those types of agencies or institutions that can help people immediately, and veterans after the fact because a lot of them continue to live around here, do you think that is one of the key elements that could help save lives and perhaps save relationships as well?

● (1220)

[*Translation*]

Ms. Marie-Ève Archambault: I can answer that question.

Indeed, agreements should be established with private practices to allow people to remain within a reasonable distance of their homes. Many of us have children and work. We also need to take care of our spouses who are sick. My husband, for example, can no longer drive in traffic because he becomes aggressive behind the wheel. So we had to change the appointment times. He now has a driver.

Distance is a significant factor. We lose a lot of time on the road, and we don't have enough time to deal with the problems. To have this leeway and to be able to access counselling services would be a very good thing

[*English*]

Mr. Terry Dowdall: Do any other individuals want to comment on that fact?

Mr. Hinesh Chauhan: I would.

In terms of return on investment, you won't get much of a difference. It's really the culture to be able to discuss openly issues surrounding mental health, to discuss suicide or suicide ideation within the ranks. Military leaders need to be more open, show humility and discuss this with their troops to show that they're human, that the challenges they face at home and professionally match what others are facing and that there's a broad spectrum of these issues.

The minute we are more open about it, the minute that culture shifts, there will be less of these surprises, because they won't be surprises. There will be a greater dialogue among peers with the chain of command, helping those members get the services they need.

It's really about cultural change and putting those resources toward increased awareness training, increased mandatory training and creating metrics. We need to create targets that leaders need to strive for and reach, because they'll be measured on it annually. That's where you will get the best return.

[*Translation*]

Ms. Marie-Ève Archambault: Allow me to add something. OSISS-type peer support organizations, both member-to-member and spouse-to-spouse, should also be promoted a little more. This would be good. Programs like Bell Let's Talk are all well and good, but people don't want to talk about their mental health issues. It has to stay a little bit internal. If there was better promotion and acceptance among military peers, we could definitely save some of them.

● (1225)

[*English*]

The Chair: Thank you.

We will move on to Mr. Spengemann.

[*Translation*]

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Thank you very much, Madam Chair.

Ms. Archambault, Mr. Chauhan and Ms. Cyr, thank you for being with us and for your testimony. I'd also like to thank you for making the decision to speak to us today. It's very important to hear from you directly and personally to fully understand the extent of the problem and the nuances.

[*English*]

Mr. Chauhan, my deepest condolences to you and to your family on the loss of Warrant Officer Sanjeev Raman Chauhan, your brother. I hope that in some way our conversation today will be part of honouring his life and service.

In your opening remarks, you spoke about the systemic challenges we're facing. There's a lot of talk about systemic issues. It's Black History Month, day one. We're looking at systemic anti-Black racism in Canada. We're looking at equity, diversity and inclusion systemically across so many different areas. We're looking at gender equality very prominently as a way of lifting up the Canadian Forces as an employer for all Canadians.

If you look at the continuum of mental health, all the way from wellness to the worst outcome that your brother suffered, suicide, and if you look at service all the way from recruitment to transition back to civilian life in the armed forces, what are the big systemic changes that need to be made to really get to the root of this problem?

There were some solutions discussed earlier in testimony with colleagues that were very promising, some of which are already under way. How do we change what you referred to as culture in your previous exchange with my colleague, Mr. Benzen?

How do we change the system itself to be much more sensitive to this issue that really starts probably much earlier on symptomatically than when somebody even contemplates suicide or self-harm?

Mr. Hinesh Chauhan: That's a very big question.

Based on the nature of how the Canadian Armed Forces works with the hierarchy, the ability for lower-ranking members to come forward and speak up in a town hall or any sort of forum won't happen. It never will. It hasn't.

Having something like an anonymous survey with pointed questions to then measure, not unlike the public service employee survey.... I think that's a very effective tool to establish a baseline of where we are and to identify specific areas that we need to improve.

In the cradle-to-grave perspective for a member, from recruitment to release, I don't think any one thing would help a member throughout their career. I think it's a matter of identifying those gaps within the system and then working towards filling those gaps, getting input from the members who are facing these challenges without repercussion and creating that baseline for measurement.

Mr. Sven Spengemann: I'd like to get the views of Madame Archambault and Madame Cyr, as well.

In your view, is the system of help that's available right now still too demand-based, in the sense that it's up to the individual service member to seek help at the very time she or he, because of the illness and injury, isn't in a position to do that? Should there be more of a shift towards a supply-based approach to providing health care and mental wellness?

[*Translation*]

Ms. Marie-Ève Archambault: Absolutely. People who are at a point where they are thinking about suicide aren't at all in a psychological state to seek help, let alone from their loved ones. It's impossible.

Ms. Lisa Cyr: Exactly. When you go out, you are already affected by taking medication and you lose your memory.

In my case, in terms of Canadian Forces and VAC services, it's a monumental flop. I wasn't adequately supported in my transition. They blamed me and said I should have transitioned properly. We lack support and are being left to fend for ourselves. In addition to having physical and mental problems, we have to deal with the endless paperwork. We don't know what to do anymore. It isn't true that we have guidance; there's a big gap in this regard.

I have to fight to get $27,000 back. Otherwise, it would mean that I wouldn't have had a salary for a year. I gave 12 years of my life to the Canadian Armed Forces, and now I have to fight for what I'm owed. It's unthinkable. There should be a lot more staff at VAC who are skilled in this area, even if it means employing former military personnel who know the system so they can better guide us.

Often, the problem is that these are people who have no knowledge of the military and issues. They don't care a bit about us. It's a pity, but that's the way it is. We're numbers.

● (1230)

Mr. Sven Spengemann: Thank you very much.

Thank you, Madam Chair.

The Chair: Thank you.

Mr. Brunelle-Duceppe, you have the floor.

Mr. Alexis Brunelle-Duceppe: Thank you, Madam Chair.

All three witnesses mentioned that it was difficult, upon leaving the Canadian Forces, to get medical follow-up or to know what to do to obtain the social and other services they were entitled to. I know this is a serious problem, and it needs to be improved as soon as possible.

Ms. Cyr, who should be contacted to complain about the follow-up? Is it the ombudsman? What does the service you receive from the ombudsman look like?

Ms. Lisa Cyr: We are always referred to the ombudsman for all sorts of things. He is like our ultimate tool, and he becomes our advocate.

In my case, I called and asked for help because I owed Manulife $25,000 after I bought a business to help me, in addition to helping my colleagues and the company with mental health issues. I was told that they were sorry, but many of the items in my file weren't accepted and others were. I asked what he meant, as I was talking about the $25,000 owed to Manulife, while I was being told the details of my case. The individual on the other end of the phone said that he was also a military veteran and that we weren't being helped. He told me that I had to manage on my own and that I just had to fill out my application.

Fortunately, I had spoken with my Veterans Affairs Canada worker the day before, and she told me that since fibromyalgia was not yet recognized by the forces, it could not be included in my reintegration program. That was the negative aspect of my situation. However, the next day, the employee from the ombudsman's office presented this to me like a huge barrier. Honestly, that day, if I had been in a bad situation or in a depressive phase, as I sometimes am, I would have killed myself because I was in such a state. He confused me so much instead of helping me that I was no longer in control of myself.

I had to validate the facts again with my counsellor. She told me that this was exactly what we had talked about the day before. I then told her that at the ombudsman's office I had just been told something else.

This individual is supposed to be a military veteran. Maybe we should be careful about who is hired and their ability to help people.

It really wasn't pleasant.

The Chair: Thank you very much.

[*English*]

Mr. Garrison, go ahead, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I want to express my condolences again to Mr. Chauhan for the loss of his brother. I'm also going to ask him to do something difficult here.

Two of my constituents I've gotten to know over the past decade, Sheila and Shaun Fynes, lost their son to death by suicide in the Canadian military nearly a decade ago. We were told in committee that the processes have changed since then. They talked about the poor notification process and the difficulty in getting information after the death by suicide.

What you said today struck me as a lack of change in the way families were treated after suicide. I know it's very difficult, but could I ask you to say a bit more about the notification process, the release of the body and the other kinds of obstacles and barriers families face?

Mr. Hinesh Chauhan: Absolutely.

Immediately, the notification.... I'm in Ottawa, my parents are in Ottawa, my sister-in-law is in Petawawa and my brother was in Petawawa. His CO and my sister-in-law called to inform me as soon as he was discovered. That was quick, and a team was being sent to notify my parents. I raced over to see my parents to let them know before the team got there. It was definitely the hardest thing I've ever had to do.

The following day, I went to Petawawa to help my sister-in-law. There were departmental or designated assistants who were fantastic. Everything in terms of the red tape, the bureaucracy, the process—that was hard. It wasn't as if someone sat us down and said, hey, this is the list of things to do. It was only because I was in the military and a bureaucrat and know how poorly websites and information are laid out that I was able to hunt it down, reach out to a friend to get an information booklet on it and guide her through it.

The frustration of trying to find his body, that was extremely disappointing. He died on base. It was the military police who were called. They should have been able to tell me—it's within their jurisdiction—but nobody could.

The process.... The first thing I asked on the first day was to get the paperwork for the continuation of the medical plan services. That didn't come until I wrote a letter to the minister's office and she got that paperwork, which was over a month later. There was no one at any point who was able to hold our hand, a single point of contact to walk us through the process and to make sure everything was okay. Don't get me wrong; the designated assistants are there to do that, but they are members in trade, the same trade as my brother. They're not administrative clerks. They're not people who understand the release process, so they're just playing the middle man. It is difficult. It is frustrating, and even on release.... For my release, I was quickly shown the door. It was a medical release, and once it was recognized that I was gainfully employed—I was in the reserves at the time— it was, “Oh, you've got a good job, fare thee well.”

In the case of my brother, it was pretty similar. There were other complications. For example, he had a pending court martial. He wasn't convicted. It didn't go through. In trying to gain him access to the National Military Cemetery, we got a response saying, no, he couldn't access the cemetery because he had a pending court martial, yet he wasn't convicted. Again, I had to fight for that, for him to gain access.

There's no real single point of contact. Having a single point of contact with a single list that tells you what to do and who to call—you have to go to CRA for this, you have to go to the funeral home for this, you have to contact Veterans Affairs for that, you have to contact the transition centre for this, you have to contact....There are so many different parties you need to contact. There should be a single point of contact in the administration who is knowledgeable. That's where the solution is.

Having the designated assistant is a step in the right direction, but there's more to do. There was no social worker or psychologist who was there to provide support to my sister-in-law and my nephews. The chaplain was there the whole way through and, again, was a very caring individual who provided excellent service, the same as the designated assistants.

● (1235)

The Chair: Thank you very much.

Madam Gallant.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Thank you, Madam Chair and through you, to our witnesses.

First of all, thank you for sharing what must be very painful memories and even a painful process to go through and to talk to us about today.

My first questions are for Mr. Chauhan. I'd like to know, first of all, how long the delay was between the court martial and the time your brother died.

● (1240)

Mr. Hinesh Chauhan: The incident occurred in June 2019, and his court martial was scheduled for October 19, 2020, over a year later.

Mrs. Cheryl Gallant: Was this court martial something that would pertain only to the military, or was it something that had he done it in civilian life he would have been in trouble too?

Mr. Hinesh Chauhan: I'm not sure of the exact charges.

Mrs. Cheryl Gallant: That's fine.

Was your brother with JPSU, the joint personnel support unit, once he had been pulled from his unit?

Mr. Hinesh Chauhan: I'm not sure.

Mrs. Cheryl Gallant: Was he on a waiting list to see a psychologist, a psychiatrist, somebody professional?

Mr. Hinesh Chauhan: He had been seen.... He was on medical category. He had gotten treatment and was removed from the medical category, and then promoted and continued to be heavily medicated. I don't know if, towards the end, he continued to receive any psychiatric or psychological services.

Mrs. Cheryl Gallant: Suicide is sometimes downplayed as a person having had a predisposition to it due to life experiences prior to joining the forces.

Is there any reason to think your brother was predisposed to mental illness?

Mr. Hinesh Chauhan: It definitely runs in the family. As I said, my grandmother committed suicide. He did have a previous attempt in 2000 when he was based in Edmonton.

I would say yes.

Mrs. Cheryl Gallant: With your brother was it a traumatic experience in theatre, or do you know if it had anything to do with carrying out duties that may be perceived as unethical or even outside the laws of armed conflict? Do you have any idea what was bothering him and triggered it?

Mr. Hinesh Chauhan: I think there are several things to the largest factors. Something shifted in him after his tour to Afghanistan. That's when he started drinking.

He was released from the forces in 2000 and rejoined in 2007, when he hadn't had a drink in several years. After Afghanistan he started drinking heavily. In Iraq he lost a friend. One of his peers was killed over there, and I think that really changed him.

Mrs. Cheryl Gallant: Madame Cyr, you mentioned that suicides are often hidden or buried. How are suicides in the military hidden or buried? If a suicide is not made public either in news or implied in an obituary, if there is even an obituary, are you saying these suicides are not counted?

[*Translation*]

Ms. Lisa Cyr: Often, suicides aren't counted because they are passed off as something else, or simply because the person is said to have died by suicide for personal reasons and not for reasons related what they experienced in the forces. Often, too, this will be covered up by saying it was an accidental death. The word “suicide” won't be put in the obituary.

It happens even among us, in the army. One of my colleagues killed himself the day before he returned from Afghanistan, in our lovely chemical toilets, and it was made to look like an accident in Afghanistan, which wasn't the reality. Today, I am still fine, but that's why I said that I would notify the media if I ever decided to do it. It's to demystify this.

[*English*]

Mrs. Cheryl Gallant: Is there any way that you're aware of to track veterans who commit suicide?

[*Translation*]

Ms. Lisa Cyr: We talk to the person's family and friends and we watch their behaviour. Sometimes they confide in us. At the coffee shop that I bought, at one point, someone started crying as he was petting one of our cats. He let it out. He was having suicidal thoughts. I chatted with him and told him what I had experienced in the forces. I told him that I had also had suicidal thoughts. Eventually, I was able to lift his spirits a little. However, family and friends really need to listen to the person.

It's very easy for the military to hide the situation from people. It is not talked about. They say it is not suicide or that the person committed suicide for personal reasons, not for reasons related to the forces.

● (1245)

[*English*]

The Chair: Thank you very much.

I'm afraid it's over to Mr. Baker now, please.

Mr. Yvan Baker (Etobicoke Centre, Lib.): Thank you very much, Madam Chair.

[*Translation*]

My thanks to the witnesses for joining us and for their testimony.

I am sorry for what you had to go through. The events you have described are appalling.

I only have four minutes and perhaps not all the witnesses will be able to respond. I will begin with Ms. Archambault.

You said that there were no mental health services in place and you talked about the barriers to accessing them. Can you describe the ideal system? What should be in place? What experience have you and your family had with the support from the Canadian Armed Forces?

Ms. Marie-Ève Archambault: First, there should be a way to detect problems. As I said earlier, members who return home after a mission are in a sort of grey area for a while. They will go see a social worker or someone who will conduct a short assessment, but that is not enough to detect problem behaviours. The unfortunate thing is that the family is not involved at that stage. If they were, it could really make a difference. I could have said, for example, that my husband got up last night and was scratching the wall, he was looking for his gun, I touched him, he grabbed me by the hair, he was screaming, crying, throwing up. If I had given that information, which he didn't know because he was asleep, it might have changed things.

There is also the consent that we hear so much about. The member must give his consent to have access to a service. At the beginning, my husband was certainly very angry with me. He felt that I was destroying his career, that I wanted to trap him. These people develop hypervigilance and extreme mistrust. The need for this darned consent meant that, instead of waiting one year to get access to care, we suffered alone at home for 10 years. That's how long it took for him to finally accept help because he never wanted to ask for it.

In addition, the family must play a central role, when a member returns from a mission or even if they do not go abroad. All sorts of things may cause post-traumatic stress. When you have a concern or when a change in behaviour is reported, it is important to consider it.

Mr. Yvan Baker: Thank you.

You talked about the mental health services you received in a civilian hospital in Toronto. I'm wondering what services should be provided by the Canadian Forces. That is what I am trying to understand as a member of Parliament. Should services like those you received in Toronto be available to people like you and your family?

Ms. Marie-Ève Archambault: Yes, that's sort of what helped me understand things better. We took the time that was needed. I stayed there for a number of days and I trained with all sorts of experts. We think that post-traumatic stress makes people violent, but it is more than that. Something physical happens in the brain.

In my husband's case, things in the frontal lobe don't work anymore because the cortisol level is too high. This has lifelong consequences and sometimes we are not aware of it. Family members need to understand and respond to some of the consequences of PTSD. You need to know what you are dealing with. It would be nice to be able to take some brief training on a smaller scale, as it is still very expensive. There could be an awareness day explaining the disorder to families and children. Children don't understand why daddy is suddenly screaming and has no patience. There are books on the subject and they should be promoted a little more. It is important to have access to a specialist who can explain what it is, because getting information on the Internet can be very scary.

● (1250)

Mr. Yvan Baker: I understand.

[*English*]

Chair, do I have any time left?

The Chair: No, I think that's it, Mr. Baker.

Thank you very much.

[*Translation*]

Mr. Yvan Baker: Thank you very much.

[*English*]

The Chair: We will go to Mr. Bezan, then we'll go to Monsieur Brunelle-Duceppe and then Mr. Garrison.

Mr. James Bezan: Thank you, Madam Chair.

Through you to our witnesses. Thanks for the candour and the input you're providing on this very important study.

Mr. Chauhan, our deepest condolences on the loss of your brother. Your ability to share your experience, as a veteran, as a soldier and a family member who lost one to suicide is invaluable to this committee.

If we had more time, I'd love to drill down with Madame Archambault about the role of the military family resource centres and what can be done differently there. I'd like to talk more in depth with Madame Cyr about pet therapy and the importance of it to mental health for our veterans and those who are currently serving in the Canadian Armed Forces and how we can provide better opportunities for pet therapy.

Because of the time we have, I want to focus on Mr. Chauhan and his expertise.

I really appreciate all the comments you made earlier. You talked about the town hall situation and whether or not veterans would come out. When I was parliamentary secretary to the minister of defence, we had a number of town halls across the country. They were off base, so people could come forward both as veterans and currently serving members to talk about their injuries, both visible and invisible. I was very surprised by how forthright they were and how many complaints they had. I was able to have senior officers with me dressed as civilians, who were able to hear for the first time about where there were gaps in the programs.

You talked about how measurement drives behaviour and the metrics around that. I've always believed that if you don't measure it, you can't manage it. If we're going to make these significant changes.... You mentioned the Israel Defense Forces and how they've been able to get their numbers down. If you look at the metrics they're using, what do we need to do differently here in Canada, so the Canadian Armed Forces can make the changes that are so necessary for reducing suicide?

Mr. Hinesh Chauhan: First, I'd just like to mention that, in terms of town halls, when you're talking physical injuries in the forces, it's easy for someone to talk about that because it's understood, it's recognized, it's visible and a person isn't faking it. A psychological disorder, however, or any sort of mental angst or mental wellness issue is viewed as weakness generally, so those open discussions wouldn't occur.

Mr. James Bezan: I'll just say that they did occur in our conversations. By and large, most of the discussions were around PTSD. Some guys would talk about their physical injuries, but most of it was talking about their PTSD, which at that point in time was still really being defined a decade ago.

Mr. Hinesh Chauhan: I also think PTSD is more common. Members can talk openly about it because they all experience it. They're all in theatre together. Depression, anxiety and how we all react to certain life pressures varies. One person may be able to take it all stride and another person may not. That's where I think that stigma comes from.

In terms of the metrics and the specific actions the IDF has taken, I wasn't able to find that. I'm still digging to try to understand what they've done. They did note that it's been a few years that they've been working at it and are now enjoying the benefits of it.

I wanted to share as well that in the entire departmental plan for National Defence, there's only one sentence about a suicide strategy. It simply says to hire more resources. That's the message or the takeaway I got, as opposed to something more meaningful or trying to reduce it by *x* amount. I feel they're just words. Until there's actual quantified inputs that are listed, I don't feel it's a meaningful initiative.

● (1255)

Mr. James Bezan: You also talked about mental health first aid. You were probably still with the forces when they introduced the Road to Mental Readiness, especially for anyone who was deploying. Now all troops, of course, are getting that training.

Is mental health first aid part of that program, or is it something that still needs to be developed in greater consultation with medical professionals?

Mr. Hinesh Chauhan: It needs to be developed much more. There are different levels of mental health first aid. It comes in a one-day session or a multi-day session. It's learning how to recognize certain disorders or behaviours, and then how to deal with that individual to get them off the ledge or simply to guide them in the right direction. It's about how to be more empathetic.

Mr. James Bezan: How about extending that training to families as well? All too often, especially with the Road to Mental Readiness program, it's about the soldier and not about the family, and of course it's the family that can best identify changes in behaviour. If we want to have measurement drive behaviour, let's start bringing the families more into this as well, and not just those who are currently serving.

Mr. Hinesh Chauhan: The members need to get it, but families need to be aware of it. First, they need to be able to recognize it and help the member, the partner or the dad. Second, they need direction on where to direct them or who to call when a member needs help that the family can't provide or doesn't have the luxury of time to handle.

The Chair: Thank you very much.

We're on to Monsieur Brunelle-Duceppe.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you, Madam Chair.

Mr. Chauhan, first of all, I would like to express my most sincere condolences for the death of your brother. Your presence here today proves how strong and courageous you are, as are Ms. Cyr and Ms. Archambault.

As this is my last turn, I would like to give each of you 45 seconds to answer this question: if you had a message for the members of the forces listening to your story today, what would it be?

My dear witnesses, you have 45 seconds each. Thank you again for joining us to share your stories.

Ms. Marie-Ève Archambault: Do not be ashamed of seeking help, because once you are in the system, you still get something good out of it. It needs to be demystified and we need to stop ostracizing people who dare to seek help on bended knee, as they say. I think that needs to be emphasized and families need to be involved in the process so that they can help you detect and solve problems before they become too big. That's how we can save lives.

Mr. Alexis Brunelle-Duceppe: Thank you, Ms. Archambault.

Ms. Cyr, the floor is yours.

Ms. Lisa Cyr: I would agree. You really need to get the help you need and not be ashamed of it. You have to be brave and go bang on some doors. If you're in Quebec City, or if you come to Quebec City, you can visit our café. You can also access the website of the Café Félin Ma Langue Aux Chats, and write to us privately. We will try to give you the help you need and direct you to where you can find help. You must never give up.

Mr. Alexis Brunelle-Duceppe: Thank you so much, Ms. Cyr.

Mr. Chauhan, the floor is yours.

[*English*]

Mr. Hinesh Chauhan: It's to get the leaders to ensure their organizations recognize that these challenges exist, and to stop the stigma and get the platoon commanders, troop commanders, company commanders and squadron commanders to talk with their troops and be more open about these challenges.

[*Translation*]

Mr. Alexis Brunelle-Duceppe: Thank you very much, you have been wonderful, and I applaud all three of you once again for your great courage.

[*English*]

The Chair: Thank you very much.

Mr. Garrison, please.

Mr. Randall Garrison: Thank you very much, Madam Chair.

Monsieur Brunelle-Duceppe went in the same direction I wanted to go here at the end.

I would like to ask something much more specific of each of the three witnesses. If there were one specific thing that would be your highest priority—not an attitudinal thing but a change in process or procedure—from the experience you've had that you would like us to recommend to the government, what would that be?

We'll go in the order of the testimony.

● (1300)

[*Translation*]

Ms. Marie-Ève Archambault: I think it would be the continuum of services between the end of military life and the transition to civilian life. For us, that was the last straw in terms of my husband's suicide attempt. Something in the continuum is really missing. There is a grey area that is not being addressed and I think that's where the focus should be.

[*English*]

Mr. Hinesh Chauhan: We have to make the wisest choice for where we're going to direct our resources to get the best results. The strategy and action plan for suicide that VAC and DND have produced lists a lot of good ideas but no tangible metrics.

If we look at the Israel Defense Forces and what they've done—because whatever they've done hasn't just decreased suicide—there's obviously been some sort of greater recognition and awareness of mental health to be able to achieve that result.

Mr. Randall Garrison: Thank you very much.

Madame Cyr.

[*Translation*]

Ms. Lisa Cyr: I agree. We need help when we come out of the forces. Someone has to be there to support us and not leave us to our own devices.

I would also recommend that the commanders strictly follow the mandatory programs that are presented every year. Disciplinary action must also be taken in cases of harassment. In my case, the individual who harassed me was a master warrant officer and now he is a chief warrant officer. Promotions like that should not happen because it shows others that there is no problem, that they can psychologically harass other people and that they will still be promoted. This should not happen. These people should be demoted and perhaps even removed from the Canadian Armed Forces.

We do not receive enough support.

[*English*]

Mr. Randall Garrison: Thank you very much, once again, to all three witnesses.

I would ask the chair whether we can ask our analysts to have a look at the record of the Israel Defense Forces in reducing suicides, and to provide that information to members.

The Chair: Absolutely, Mr. Garrison, we will do that.

Mr. Bezan, there are still a couple of minutes if you have one more question to ask.

Mr. James Bezan: Thank you, Madam Chair.

First of all, I want to thank all of our witnesses for their service to this nation, both as veterans as well as military family members. This is a testament to the sacrifice that each and every one of you had to pay for that service.

Madame Cyr, I wanted to come back to you on pet therapy. Could you address how important this issue is? You said that you ran into some difficulties with programming around setting up your cat café.

Madame Archambault, could you talk about whether or not military family resource centres provided you with the help you needed, or at least directed you toward the appropriate resources, so that you could get that counselling, as well as a better way to deal with your husband's PTSD?

[*Translation*]

Ms. Lisa Cyr: As I explained to you earlier, pet therapy is really the third type of therapy for which I paid. In 2015, when the harassment was at its peak, a small dog, a Yorkshire Terrier, came into my life. I thank him every day for saving my life. My dog follows me everywhere. He allows me to go shopping and to go on a few outings.

Opening a café with cats was a great opportunity. It is the only café where there is one dog among 14 cats. Pet therapy has allowed us to honour our friends who lost their fight to suicide. For me, it was very important to think of my friends who lost their fight by taking their own lives or when fighting in Afghanistan. They did not know how to, or were not able to, find the help they needed when they needed it, and then found that there was no other way out.

In my opinion, pet therapy should be a part of everyone's life. Everyone should have a pet therapy café in their community. We are also giving kids with autism the opportunity to do internships by working with us. We also give veterans who are in transition the opportunity to volunteer. Through pet therapy, we are very non-judgmental. In our café, you can hold a cat in your arms and cry if you need to. The important thing is to be who you really are and to let your emotions out. That is what we stand for. You can also sit in a corner with your coffee, panini, soup or dessert.

The atmosphere we have created in our café is sort of like a cottage. We don't just have tables, like in a regular café. We also have loveseats, rocking chairs and low tables with cushions. When you enter our café, you take off your shoes to feel at home. Right away, we destabilize you so that you can be even more yourself, in contact with yourself. In our café, the clocks always indicate 11:11. Why is that? It's very important to us. On November 11 at 11 o'clock we have to observe a minute of silence to honour the people who fought for us. So in our café you can see two clocks that always show 11:11.

There is also a bright star. It reminds us that there is a star shining for us in the sky. Someone is there for us, be it our brothers who lost their fight or members of our family. It can also symbolize the small light that people need to carry on. That's what we want to offer in our coffee shop. People love the fact that our cats are named after our friends. They have a history. They are purebred cats, which is not the case elsewhere. It's good to rescue cats, but it's hard to do pet therapy properly with cats that come from a shelter. We saved one cat, whose name is Karine. Karine suffers a bit from post-traumatic stress disorder. She has been through some difficult things and has an anxious side. I like to make the connection between her and us. We can identify with her. We can see in her what we are feeling ourselves. When people come to our café, they can make a connection between the cats and their own emotions.

We try to provide a little more peace, support and freedom to the people who come to our café. We are known in many parts of the world, which makes us happy. When it was allowed, we welcomed people from Australia, Brazil and many other places. People came to the café because it was a really unusual concept. There are a lot of cafés with cats, but we are proud to say that our concept, our mission and what we do, is really unique. It's pet therapy.

● (1305)

However, since our café is considered a restaurant, we are not allowed to apply for the necessary funds from the government, either for mental health or anything else, because we have not yet created a foundation or a non-profit organization. It's a little frustrating. Because our café is considered a restaurant, we have to support ourselves. So my pension income is invested in my café, in my therapy and in the therapy of my clients.

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

Ms. Lisa Cyr: No, that's okay.

That's the goal, but we don't have the help we need. For example, the Canadian Forces could say that some veterans have created something for the community and that they're going to help us, but unfortunately we don't have that support. So if you are able to do something, please do.

The Chair: Thank you very much.

Once again, thank you to all the witnesses for having the courage to share their stories with us today. Their testimony is very important. I think it's an example of leadership and altruism that the world could well follow.

[*English*]

I think all of us were touched by your words, and it just strengthened our commitment to make a difference. That's what you have done here today. You have made a difference, and you will make differences in people's lives as we go forward.

● (1310)

[*Translation*]

Thank you, everyone.

[*English*]

I have a final note to the committee. Friday's meeting will be a steering committee meeting only, to discuss the scope of the military justice study that we're working towards right now.

With that, I thank all of our witnesses and the committee for the excellent questions and for everything that we've learned today. I wish you all the very best. Please, take good care.

The meeting is adjourned.